

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [ ] automatic extension... 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 CSC OUTSOURCING INC. HOULY PENSION PLAN
1b Three-digit plan number (PN) 011
1c Effective date of plan 11/02/1991
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) COMPUTER SCIENCES CORPORATION 20408 BASHAN DRIVE, SUITE 231 ASHBURN, VA 20147-5552
2b Employer Identification Number (EIN) 95-2043126
2c Plan Sponsor's telephone number 855-657-2394
2d Business code (see instructions) 541519

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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include Santosh Karagada (plan administrator) and Chris Voci (employer/plan sponsor).

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  DXC EMPLOYEE BENEFITS FIDUCIARY COMMITTEE  20408 BASHAN DRIVE SUITE 231 ASHBURN, VA 20147-5552	<b>3b</b> Administrator's EIN 91-2079975																				
	<b>3c</b> Administrator's telephone number 855-657-2394																				
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN																				
	<b>4d</b> PN																				
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 411																				
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1"> <tr><td><b>6a(1)</b></td><td>17</td></tr> <tr><td><b>6a(2)</b></td><td>15</td></tr> <tr><td><b>6b</b></td><td>273</td></tr> <tr><td><b>6c</b></td><td>61</td></tr> <tr><td><b>6d</b></td><td>349</td></tr> <tr><td><b>6e</b></td><td>50</td></tr> <tr><td><b>6f</b></td><td>399</td></tr> <tr><td><b>6g(1)</b></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td></tr> <tr><td><b>6h</b></td><td></td></tr> </table>	<b>6a(1)</b>	17	<b>6a(2)</b>	15	<b>6b</b>	273	<b>6c</b>	61	<b>6d</b>	349	<b>6e</b>	50	<b>6f</b>	399	<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	
<b>6a(1)</b>	17																				
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<b>6g(1)</b>																					
<b>6g(2)</b>																					
<b>6h</b>																					
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>																				

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 1B

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b> (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u> (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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.

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**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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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.

<b>A</b> Name of plan <u>CSC OUTSOURCING INC. HOULY PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>011</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>COMPUTER SCIENCES CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>95-2043126</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>		<u>18147771</u>
<b>b</b> Actuarial value .....	<b>2b</b>		<u>19193306</u>
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>322</u>	<u>13916667</u>	<u>13916667</u>
<b>b</b> For terminated vested participants .....	<u>73</u>	<u>2171936</u>	<u>2171936</u>
<b>c</b> For active participants .....	<u>17</u>	<u>1155346</u>	<u>1191241</u>
<b>d</b> Total .....	<u>412</u>	<u>17243949</u>	<u>17279844</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</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 .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>		<u>5.01 %</u>
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>		<u>2554</u>
<b>b</b> Expected plan-related expenses .....	<b>6b</b>		<u>192000</u>
<b>c</b> Target normal cost .....	<b>6c</b>		<u>194554</u>

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

<b>SIGN HERE</b>  Signature of actuary  <u>JOSEPH C. SNELL, FSA, EA</u> Type or print name of actuary  <u>AON CONSULTING, INC.</u> Firm name  <u>MCS# 17834 PO BOX 7505 FORT WASHINGTON, PA 19034</u> Address of the firm	<u>09/17/2025</u> Date  <u>23-05878</u> Most recent enrollment number  <u>610-834-2100</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	1385876
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	41206
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	1344670
<b>10</b>	Interest on line 9 using prior year's actual return of <u>11.06</u> % .....	0	148721
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.13</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	1493391

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	102.43 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	111.07 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	101.76 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>					
<b>18</b> 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
			<b>Totals ▶</b>	<b>18(b)</b>	0
				<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b> 0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 0
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>c</b> 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		

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 62
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

<b>Part VI Miscellaneous Items</b>				
<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>26</b> Demographic and benefit information				
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				<b>27</b>

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>				
<b>28</b> Unpaid minimum required contributions for all prior years .....				<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c) .....				<b>31a</b> 194554
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 194554
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	0		0	
<b>b</b> Waiver amortization installment.....	0		0	
<b>33</b> 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 .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 0
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....			0	
<b>36</b> Additional cash requirement (line 34 minus line 35) .....				<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....				<b>37</b> 0
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> 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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021				

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>CSC OUTSOURCING INC. HOULY PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>011</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>COMPUTER SCIENCES CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>95-2043126</b>	

**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

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**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)

AON CONSULTING

22-2232264

(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 13 50	NONE	139626	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BANK OF NEW YORK MELLON

13-5160382

(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?
21 28 50 51 59 62	NONE	96763	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DELOITTE & TOUCHE LLP

13-3891517

(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 50	NONE	22000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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.

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>CSC OUTSOURCING INC. HOULY PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>011</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>COMPUTER SCIENCES CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>95-2043126</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>MT FOR PARTIC CSC RETIREMENT PLANS</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>COMPUTER SCIENCES CORPORATION</u>		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>81-6820513-301</u>	<u>M</u>		<u>16737606</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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)

**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)

**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)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>CSC OUTSOURCING INC. HOULY PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>011</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>COMPUTER SCIENCES CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>95-2043126</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	16737606
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	18122925	16737606
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>		
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	18122925	16737606

**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.

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		476447
(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)		
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		476447

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1574763	
(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)		1574763
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)	140067	
(3) Recordkeeping fees .....	2i(3)		
(4) IQPA audit fees .....	2i(4)	22000	
(5) Investment advisory and investment management fees .....	2i(5)	83324	
(6) Bank or trust company trustee/custodial fees .....	2i(6)		
(7) Actuarial fees .....	2i(7)		
(8) Legal fees .....	2i(8)		
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses.....	2i(11)	41612	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		287003
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		1861766

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		-1385319
<b>l</b> 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)  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)  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: **DELOITTE & TOUCHE LLP**

(2) EIN: **13-3891517**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> 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.)		X	
<b>b</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.)		X	
<b>c</b> 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.)		X	
<b>d</b> 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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		10000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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?		X	
<b>h</b> 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?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
<b>j</b> 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.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.			

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 556480.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>CSC OUTSOURCING INC. HOULY PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>011</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>COMPUTER SCIENCES CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>95-2043126</u>	

<b>Part I</b>	<b>Distributions</b>
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**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): 13-5160382

**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		2
---	--	---

<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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

<b>Part IV</b>	<b>ESOPs</b> (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:

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

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**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: \_\_\_\_\_

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

# CSC Outsourcing Inc. Hourly Pension Plan

Employer ID No: 95-2043126

Plan No: 011

Financial Statements as of December 31, 2024 and 2023 and for

the Year Ended December 31, 2024, and

Independent Auditor's Report

## CSC OUTSOURCING INC. HOURLY PENSION PLAN

### Table of Contents

	<b>Page(s)</b>
Independent Auditor's Report	1 – 2
Financial Statements:	
Statements of Net Assets Available for Benefits and Accumulated Plan Benefits as of December 31, 2024 and 2023	3
Statement of Changes in Net Assets Available for Benefits and Changes in Accumulated Plan Benefits for the Year Ended December 31, 2024	4
Notes to the Financial Statements as of December 31, 2024 and 2023 and for the Year Ended December 31, 2024	5 – 12

NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



**Deloitte & Touche LLP**

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Suite 800

McLean, VA 22102-4219

## **INDEPENDENT AUDITOR'S REPORT**

To the Plan Administrator of  
CSC Outsourcing Inc. Hourly Pension Plan

### **Opinion**

We have audited the financial statements of CSC Outsourcing Inc. Hourly Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and accumulated plan benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits and changes in accumulated plan benefits for the year ended December 31, 2024 and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and accumulated plan benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its accumulated plan benefits for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

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 Auditor's 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 audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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.

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 for one year after the date that the financial statements are 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.

## **Auditor's Responsibilities for the Audit of the Financial Statements**

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 auditor's 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 the 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.

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.

*Deloitte & Touche LLP*

September 19, 2025

**CSC OUTSOURCING INC. HOURLY PENSION PLAN**

Statements of Net Assets Available for Benefits and  
Accumulated Plan Benefits

As of December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Net Assets Available for Benefits		
Interest in Master Trust	\$ 16,737,606	\$ 18,122,925
Accumulated Plan Benefits (note 6)		
Actuarial present value of vested benefits:		
Participants currently receiving payments	12,182,508	13,213,899
Other participants	<u>2,820,413</u>	<u>3,070,498</u>
	15,002,921	16,284,397
Actuarial present value of non-vested benefits	<u>33,973</u>	<u>32,918</u>
Total actuarial present value of accumulated plan benefits	<u>15,036,894</u>	<u>16,317,315</u>
Excess of net assets available for benefits over actuarial present value of accumulated plan benefits	<u>\$ 1,700,712</u>	<u>\$ 1,805,610</u>

See accompanying notes to financial statements.

**CSC OUTSOURCING INC. HOURLY PENSION PLAN**

Statement of Changes in Net Assets Available for Benefits and  
Changes in Accumulated Plan Benefits  
Year ended December 31, 2024

Net Decrease in Net Assets Available for Benefits:

Plan's interest in the Master Trust's investment income	\$476,447
Deductions:	
Benefits paid	(1,574,763)
Administrative expenses	(287,003)
Total deductions	<u>(1,861,766)</u>
Net decrease	<u>(1,385,319)</u>

Net Change in Actuarial Present Value of Accumulated Plan Benefits (note 6)  
Increase (decrease) during the year attributable to:

Interest accumulation	916,932
Change in actuarial assumptions	(651,608)
Benefits paid	(1,574,763)
Other changes	29,018
Net decrease	<u>(1,280,421)</u>

Decrease in excess of net assets available for benefits over actuarial  
present value of accumulated plan benefits

(104,898)

Excess of net assets available for benefits over actuarial present value of  
accumulated plan benefits:

Beginning of year	<u>\$1,805,610</u>
End of year	<u><u>\$1,700,712</u></u>

See accompanying notes to financial statements.

## CSC OUTSOURCING INC. HOURLY PENSION PLAN

Notes to Financial Statements

As of December 31, 2024 and 2023 and for the Year Ended December 31, 2024

### Note 1 - Description of the Plan

The following brief description of the CSC Outsourcing Inc. Hourly Pension Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan documents for more complete information.

The Plan is a defined benefit pension plan adopted by the action of the Board of Directors of then Computer Sciences Corporation (CSC) on November 2, 1991 as a result of CSC acquiring certain assets and employees of the Data Systems Division of General Dynamics Corporation.

DXC Technology Company (“DXC” or the “Company”) was formed on April 1, 2017, when CSC, Hewlett Packard Enterprise Company (“HPE”), Everett SpinCo, Inc. (“Everett”), and New Everett Merger Sub Inc., a wholly-owned subsidiary of Everett (“Merger Sub”), completed the strategic combination of CSC with the Enterprise Services business of HPE (“HPES”). The combination was accomplished through a series of transactions that included the transfer by HPE of HPES to Everett, spin-off by HPE of Everett on March 31, 2017, and the merger of Merger Sub and into CSC on April 1, 2017 (the “HPES Merger”). At the time of HPES Merger, Everett was renamed DXC, and as a result of the HPES Merger, CSC became a direct wholly owned subsidiary of DXC.

As CSC changed to DXC, the CSC Employee Benefits Fiduciary Committee became the DXC Employee Benefits Fiduciary Committee (“the Committee”), which generally consists of five members appointed by the Compensation Committee of the Board of Directors of the Company who serve without additional compensation and are reimbursed by the Company for all reasonable expenses incurred in the discharge of their duties as members of the Committee to the extent such expenses are not paid by the Plan. The Committee serves as the named fiduciary and administrator of the Plan and has the power to interpret, construe and administer the Plan, and to decide any dispute which may arise under the Plan.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). The Plan is one of two plans that participate in the Computer Science Corporation Master Trust Participating Retirement Plans (the “Master Trust”) held by the Bank of New York Mellon (the “Trustee”).

#### (a) Eligibility

Any hourly paid employee in a collective bargaining unit or other group to which the Plan has been extended and who is not covered by another plan of the Company, is eligible to participate.

#### (b) Vesting

All eligible participants currently accruing benefits in the Plan fully vest after a five-year period.

## CSC OUTSOURCING INC. HOURLY PENSION PLAN

### Notes to Financial Statements

As of December 31, 2024 and 2023 and for the Year Ended December 31, 2024

#### **(c) Benefit Provisions**

The Plan generally provides for normal retirement benefits upon reaching age 65 and has provisions for early retirement and death benefits.

#### **(d) Administrative Expenses**

The Company administers the Plan and administrative costs are paid by the Company or the Plan in accordance with the Plan document. The Plan has not paid the Company directly in 2024. Trustee fees and administrative costs paid by the Plan are reflected in the financial statements as administrative expenses of the Plan.

### **Note 2 - Summary of Significant Accounting Policies**

#### **(a) Basis of Accounting**

The accompanying financial statements have been prepared in accordance with U.S. generally accepted accounting principles (“GAAP”).

#### **(b) Use of Estimates**

The preparation of financial statements in conformity with GAAP requires plan 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 and changes therein at the date of the financial statements. Actual results could differ materially from those estimates.

#### **(c) Risks and Uncertainties**

The Master Trust utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

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.

## **CSC OUTSOURCING INC. HOURLY PENSION PLAN**

### Notes to Financial Statements

As of December 31, 2024 and 2023 and for the Year Ended December 31, 2024

#### **(d) Security Transactions**

Security transactions in the Master Trust are accounted for on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest income is accounted for on the accrual basis. Net appreciation in fair value of investments includes realized and unrealized gains and losses on investments sold or held during the year.

#### **(e) Valuation of Investment Securities**

Investments in the Master Trust are stated at fair value. Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (see Note 5 – Fair Value Measurements).

#### **(f) Payment of Benefits**

Benefit payments to participants are recorded upon distribution.

### **Note 3 - Tax Status**

The Internal Revenue Service (“IRS”) has determined and informed the Company by a determination letter dated January 4, 2018, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (the “Code”) and therefore, is exempt from taxation. In December 2016, the IRS began publishing a Required Amendments List (“List”) for individually designed plans which specifies changes in qualification requirements. The List is published annually and requires plans to be amended for each item on the List, as applicable, to retain its tax exempt status. The Plan has been subsequently amended since the date of the most recent determination letter, however, the Company and the tax counsel believe that the Plan is currently designed, has been amended, and is being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan’s financial statements.

### **Note 4 - Interest in Master Trust**

The Plan has an interest in the Master Trust. At December 31, 2024 and 2023, the Plan’s interest in the assets of the Master Trust was approximately 95.68% and 95.84%, respectively.

The following represents the investments held by the Master Trust and the Plan’s interest in the Master Trust as of December 31:

## CSC OUTSOURCING INC. HOURLY PENSION PLAN

### Notes to Financial Statements

As of December 31, 2024 and 2023 and for the Year Ended December 31, 2024

	2024		2023	
	Master Trust	Plan's Interest in Master Trust	Master Trust	Plan's Interest in Master Trust
Investments — at fair value:				
Cash and cash equivalents	\$ 267,270	\$ 255,747	\$ 281,146	\$ 269,394
Registered investments	1,543,448	1,476,906	1,715,661	1,643,945
Collective Trust Funds	15,712,303	15,034,908	16,941,959	16,233,775
Total Investments - at fair value	17,523,021	16,767,561	18,938,766	18,147,114
Pending Trades receivable and				
Accrued Income/(expense)	(31,185)	(29,955)	(28,927)	(24,189)
Total Assets	\$ 17,491,836	\$ 16,737,606	\$ 18,909,839	\$ 18,122,925

Net investment income of the Master Trust for the year ended December 31, 2024 was composed as follows:

Net appreciation in the fair value of investments	\$ 455,192
Dividends	34,939
Interest	7,918
Net investment gain	\$ 498,049

### Note 5 - Fair Value Measurements

The objective of a fair value measurement is to estimate the price to sell an asset or transfer a liability in an orderly transaction between market participants at the measurement date under current market conditions. Such transactions to sell an asset or transfer a liability are assumed to occur in the principal market for that asset or liability, or in the absence of the principal market, the most advantageous market.

Assets and liabilities subject to fair value measurement disclosures are required to be classified according to a three-level fair value hierarchy with respect to the inputs used to determine fair value. The level in which an asset or liability is disclosed within the fair value hierarchy is based on the lowest level input that is significant to the related fair value measurement in its entirety. The levels of input are defined as follows:

Level 1: Quoted prices unadjusted for identical assets or liabilities in an active market.

Level 2: Quoted prices for similar assets or liabilities in an active market, quoted prices for identical similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable and market-corroborated inputs which are derived principally from or corroborated by observable market data.

Level 3: Unobservable inputs that reflect the entity's own assumptions which market participants would use in pricing the asset or liability.

## CSC OUTSOURCING INC. HOURLY PENSION PLAN

### Notes to Financial Statements

As of December 31, 2024 and 2023 and for the Year Ended December 31, 2024

Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Cash and cash equivalents are held in a short-term collective investment fund, which is valued at published closing price as reported by the fund. The short-term investment fund is not exchange-traded and therefore is categorized as Level 2.

Shares of registered investment companies are valued at the daily closing price as reported by the fund. Mutual funds held by the Master Trust are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Master Trust are deemed to be actively traded.

Collective trust funds are reported at Net Asset Value (“NAV”). The NAV as provided by the Trustee, 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 liabilities. 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 net asset value. Were the Master Trust to initiate a full redemption of the collective trusts, the investment advisor reserves the right to temporarily delay withdrawal from the collective trusts in order to confirm that securities liquidations will be carried out in an orderly business manner. The collective trust funds held by the Master Trust have a daily redemption frequency and have no unfunded commitments or notice period.

The fair value of the Master Trust assets by investment category and the corresponding level within the fair value hierarchy as of December 31, 2024 was as follows:

	Level 1	Level 2	Level 3	Total
Equity:				
Registered Investments	\$ 1,543,448	\$ -	\$ -	\$ 1,543,448
Cash and cash equivalents	-	267,270	-	267,270
Total Assets in the fair value hierarchy	1,543,448	267,270	-	1,810,718
Collective trust funds measured at NAV as practical expedient*	-	-	-	15,712,303
Investments at fair value	\$ 1,543,448	\$ 267,270	\$ -	\$ 17,523,021

## CSC OUTSOURCING INC. HOURLY PENSION PLAN

### Notes to Financial Statements

As of December 31, 2024 and 2023 and for the Year Ended December 31, 2024

The fair value of the Master Trust assets by investment category and the corresponding level within the fair value hierarchy as of December 31, 2023 was as follows:

	Level 1	Level 2	Level 3	Total
Equity:				
Registered Investments	\$ 1,715,661	\$ -	\$ -	\$ 1,715,661
Cash and cash equivalents	-	281,146	-	281,146
Total Assets in the fair value hierarchy	1,715,661	281,146	-	1,996,807
Collective trust funds measured at NAV as practical expedient*	-	-	-	16,941,959
Investments at fair value	\$ 1,715,661	\$ 281,146	\$ -	\$ 18,938,766

\* Certain investments that are measured at fair value using the NAV per share (or its equivalent) as a practical expedient which are not required to be categorized in the fair value hierarchy.

### Note 6 - Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. Benefits payable as a result of retirement, death, disability or termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and is the amount resulting from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrement for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. Benefits under the Plan are based on the benefit structure for which the retiree or active employee is eligible for in accordance with the Plan document.

The actuarial present value of accumulated plan benefits presented in the accompanying financial statements as of December 31, 2024 and 2023 is presented using end of year benefit information date. The actuarial present value of accumulated plan benefits is measured as of January 1, 2025 and 2024 which is a proxy for December 31, 2024 and 2023, respectively. The effect of plan amendments on accumulated plan benefits is

## CSC OUTSOURCING INC. HOURLY PENSION PLAN

### Notes to Financial Statements

As of December 31, 2024 and 2023 and for the Year Ended December 31, 2024

recognized during the year in which such amendments are adopted. There were no amendments effective January 1 recognized in the above actuarial present value of accumulated plan benefits.

The assumptions used in the determination of the present value of accumulated plan benefits as of December 31, 2024 and 2023, were as follows:

Interest rate	6.50% and 5.90% for 2024 and 2023 respectively
Mortality	For 2024 and 2023, the amounts-weighted aggregate base rates from the Pri-2012 and mortality study projected generationally from 2012 with Scale MP-2021.
Average retirement age	62 for 2024 and 2023

The foregoing actuarial assumptions are based upon the presumption that the Plan continues indefinitely. If the Plan were to be terminated, different actuarial assumptions and other factors would be applicable in determining the actuarial present value of accumulated plan benefits. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that certain changes in these estimates and assumptions could be material to the financial statements.

#### Note 7 - Funding Policy

The Company's funding policy is to make contributions to the Plan in amounts, as determined by an independent actuary, that at least meet the minimum requirements of the Code and ERISA, and that may exceed such minimum requirements if determined to be beneficial to the Company for cost recoverability, tax, or other regulatory reasons. In order to meet the various regulatory objectives, contributions that are paid by the Company in the following year may be reflected in the current year as contributions receivable on the net assets available for benefits and statements of accumulated plan benefits.

The Company was not required to make cash contributions to the Plan for the years ended December 31, 2024 and 2023 in order to meet the minimum funding requirements of the Code and ERISA.

#### Note 8 - Plan Termination

Although it has not expressed any intention to do so, the Company reserves the right, under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan. In the event of Plan termination, participants become fully vested and the net assets of the Plan will be distributed in accordance with the Plan document terms and, as required, by the Pension Benefit Guaranty Corporation (PBGC) and the IRS regulations.

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

## **CSC OUTSOURCING INC. HOURLY PENSION PLAN**

### Notes to Financial Statements

As of December 31, 2024 and 2023 and for the Year Ended December 31, 2024

at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee while other benefits may not be provided at all.

#### **Note 9 - Exempt Party-in-Interest Transactions**

As discussed in Note 1, The Bank of New York Mellon is the Trustee as defined by the Plan and, therefore, the Plan's transactions with the Trustee qualify as exempt party-in-interest transactions. During the year ended December 31, 2024, the Plan paid the Trustee \$83,034 for the trustee fees. Additionally, the Plan paid the Trustee \$20,711 for the administration cost of the Plan.

#### **Note 10 - Subsequent Events**

The Plan evaluated subsequent events and transactions that occurred after December 31, 2024 through September 19, 2025, the date the financial statements were available to be issued. No events occurred that require additional disclosure or adjustments to the Plan's financial statements.

Schedule SB Attachment (Form 5500)—2024 Plan Year  
 CSC Outsourcing Inc. Hourly Pension Plan  
 EIN: 95-2043126 PN: 011

Schedule SB, line 26a — Schedule of Active Participant Data as of  
 January 1, 2024

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44		1								
45-49								1		
50-54						1	1			
55-59			1			1	1		1	
60-64		2	1							
65-69			2	1	1	1				1
70+										

N- 17

Schedule SB Attachment (Form 5500)—2024 Plan Year  
CSC Outsourcing Inc. Hourly Pension Plan  
EIN: 95-2043126 PN: 011

## Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor, reflecting ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	See Table 2
Average Retirement Age	Age 62
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b).
Withdrawal Rates	See Table 3
Disability Rates	See Tables 4–5
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 90% of males and 65% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior year, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>

Schedule SB Attachment (Form 5500)—2024 Plan Year  
CSC Outsourcing Inc. Hourly Pension Plan  
EIN: 95-2043126 PN: 011

Unlimited Expected Return on Assets

2022 Plan Year	6.35%
2023 Plan Year	6.70%
2024 Plan Year	5.90%

Trust Expenses Included in Target Normal Cost

Last year's non-investment related plan expenses paid from the Trust, adjusted at the beginning of year for known material change in expenditures from the plan

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2024

Schedule SB Attachment (Form 5500)—2024 Plan Year  
 CSC Outsourcing Inc. Hourly Pension Plan  
 EIN: 95-2043126 PN: 011

**Table 1**

**Retirement Rates—From Actives Status**

<b>Age</b>	<b>Rate</b>
55	9.00%
56	6.00%
57	7.00%
58	7.00%
59	7.00%
60	8.00%
61	11.00%
62	25.00%
63	20.00%
64	25.00%
65	50.00%
66	30.00%
67	30.00%
68	30.00%
69	30.00%
70+	100.00%

**Table 2**

**Retirement Rates—From Deferred Vested Status**

<b>Age</b>	<b>Rate</b>
55	2.00%
56	2.00%
57	2.00%
58	2.00%
59	5.00%
60	5.00%
61	30.00%
62	10.00%
63	10.00%
64	30.00%
65+	100.00%

**Table 3**

**Withdrawal Rates**

<b>Age</b>	<b>Rate</b>	<b>Age</b>	<b>Rate</b>
20	25.00%	50	3.00%
21	24.00%	51	3.00%
22	23.00%	52	3.00%
23	22.00%	53	3.00%
24	21.00%	54	3.00%
25	20.00%	55	3.00%
26	19.00%	56+	0.00%

Schedule SB Attachment (Form 5500)—2024 Plan Year  
CSC Outsourcing Inc. Hourly Pension Plan  
EIN: 95-2043126 PN: 011

27	18.00%
28	17.00%
29	16.00%
30	15.00%
31	14.00%
32	13.00%
33	13.00%
34	12.00%
35	12.00%
36	11.00%
37	11.00%
38	10.00%
39	9.00%
40	9.00%
41	9.00%
42	9.00%
43	9.00%
44	9.00%
45	6.00%
46	6.00%
47	6.00%
48	6.00%
49	6.00%

Schedule SB Attachment (Form 5500)—2024 Plan Year  
 CSC Outsourcing Inc. Hourly Pension Plan  
 EIN: 95-2043126 PN: 011

**Table 4**

**Disability Rates—All Other Unions**

<b>Age</b>	<b>Rate</b>	<b>Age</b>	<b>Rate</b>
19	0.03%	49	0.07%
20	0.03%	50	0.10%
21	0.03%	51	0.10%
22	0.03%	52	0.10%
23	0.03%	53	0.10%
24	0.03%	54	0.10%
25	0.03%	55	0.18%
26	0.03%	56	0.18%
27	0.03%	57	0.18%
28	0.03%	58	0.18%
29	0.03%	59	0.18%
30	0.03%	60	0.37%
31	0.03%	61	0.37%
32	0.03%	62	0.37%
33	0.03%	63	0.37%
34	0.03%	64	0.37%
35	0.04%	65+	0.00%
36	0.04%		
37	0.04%		
38	0.04%		
39	0.04%		
40	0.05%		
41	0.05%		
42	0.05%		
43	0.05%		
44	0.05%		
45	0.07%		
46	0.07%		
47	0.07%		
48	0.07%		

Schedule SB Attachment (Form 5500)—2024 Plan Year  
 CSC Outsourcing Inc. Hourly Pension Plan  
 EIN: 95-2043126 PN: 011

**Table 5**

**Disability Rates—Electric Boat Unions**

<b>Age</b>	<b>Rate</b>	<b>Age</b>	<b>Rate</b>
19	0.06%	49	0.14%
20	0.06%	50	0.20%
21	0.06%	51	0.20%
22	0.06%	52	0.20%
23	0.06%	53	0.20%
24	0.06%	54	0.20%
25	0.06%	55	0.36%
26	0.06%	56	0.36%
27	0.06%	57	0.36%
28	0.06%	58	0.36%
29	0.06%	59	0.36%
30	0.06%	60	0.74%
31	0.06%	61	0.74%
32	0.06%	62	0.74%
33	0.06%	63	0.74%
34	0.06%	64	0.74%
35	0.08%	65+	0.00%
36	0.08%		
37	0.08%		
38	0.08%		
39	0.08%		
40	0.10%		
41	0.10%		
42	0.10%		
43	0.10%		
44	0.10%		
45	0.14%		
46	0.14%		
47	0.14%		
48	0.14%		

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- ▶ **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.

<b>A</b> Name of plan CSC OUTSOURCING INC HOURLY PENSION PLAN	<b>B</b> Three-digit plan number (PN) ▶	011
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF COMPUTER SCIENCES CORPORATION	<b>D</b> Employer Identification Number (EIN) 95-2043126	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I	Basic Information	
<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>	
<b>2</b>	Assets:	
	<b>a</b> Market value .....	<b>2a</b> 18,147,771
	<b>b</b> Actuarial value .....	<b>2b</b> 19,193,306
<b>3</b>	Funding target/participant count breakdown	
	<b>a</b> For retired participants and beneficiaries receiving payment .....	322 13,916,667 13,916,667
	<b>b</b> For terminated vested participants .....	73 2,171,936 2,171,936
	<b>c</b> For active participants .....	17 1,155,346 1,191,241
	<b>d</b> Total .....	412 17,243,949 17,279,844
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>	
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>
	<b>b</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 .....	<b>4b</b>
<b>5</b>	Effective interest rate .....	<b>5</b> 5.01%
<b>6</b>	Target normal cost	
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b> 2,554
	<b>b</b> Expected plan-related expenses .....	<b>6b</b> 192,000
	<b>c</b> Target normal cost .....	<b>6c</b> 194,554

**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.

<b>SIGN HERE</b>	 Signature of actuary JOSEPH C. SNELL, FSA, EA Type or print name of actuary AON CONSULTING, INC. Firm name MSC# 17834 PO Box 7505 Fort Washington PA 19034 Address of the firm	 Date 2305878 Most recent enrollment number 610-834-2100 Telephone number (including area code)
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<b>Part II</b>	<b>Beginning of Year Carryover and Prefunding Balances</b>	(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	1,385,876
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	41,206
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	1,344,670
<b>10</b>	Interest on line 9 using prior year's actual return of <u>11.06%</u> .....	0	148,721
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.13%</u> .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	1,493,391

<b>Part III</b>	<b>Funding Percentages</b>		
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	102.43%
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	111.07%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	101.76%
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

**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	
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>	0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	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:

**a** Segment rates:

1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code)..... **21b** 4

**22** Weighted average retirement age ..... **22** 62

**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** 194,554

**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 194,554

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</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
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35).....			<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			<b>37</b> 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 Attachment (Form 5500)—2024 Plan Year  
 CSC Outsourcing Inc. Hourly Pension Plan  
 EIN: 95-2043126 PN: 011

**Schedule SB, line 22—Description of Weighted Average Retirement Age**

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) x (b) x (c)
55	9.00%	1.0000	4.95
56	6.00%	0.9100	3.06
57	7.00%	0.8554	3.41
58	7.00%	0.7955	3.23
59	7.00%	0.7398	3.06
60	8.00%	0.6880	3.30
61	11.00%	0.6330	4.25
62	25.00%	0.5634	8.73
63	20.00%	0.4225	5.32
64	25.00%	0.3380	5.41
65	50.00%	0.2535	8.24
66	30.00%	0.1268	2.51
67	30.00%	0.0887	1.78
68	30.00%	0.0621	1.27
69	30.00%	0.0435	0.90
70	100.00%	0.0304	2.13
	Weighted Average		61.55

## Schedule SB, Part V — Summary of Plan Provisions

### Hourly Employees Retirement Subplan (Aerospace) — Western Division

<b>Original Effective Date</b>	October 1, 1956
<b>Eligibility</b>	All hourly-paid TMD Western division employees (including all those who transferred from General Dynamics' Data Services Division on November 2, 1991) who are in a collective bargaining unit or other group to which the plan has been extended and who are not covered by another union.
<b>Credited Service</b>	
Prior to Effective Date	Continuous service prior to the effective date.
After Effective Date (including CSC service)	One year for each calendar year that member works or receives credit for at least 1,800 hours (fractional credit for less than 1,800 hours worked).
<b>Retirement Dates</b>	
Normal	Age 65.
Early	Between ages 55 and 65.
Disability	Ten years of continuous service.
<b>Retirement Benefits</b>	
Normal	(1) A monthly pension at rate shown in table below per year of credited service depending on collective bargaining agreement with each benefit level effective on the date shown.

Collective Bargaining Agreement	Effective Date of Benefit Rate							
	\$26	\$29	\$32	\$34	\$38	\$42	\$44	\$46
IAM 1125		N/A	07/11/1993	01/01/1995	08/15/1996	08/16/1999	09/01/2002	09/01/2003
IAM 1980	08/12/1991	09/01/1993	N/A	N/A				
IBT 986	09/23/1989	10/01/1993	N/A	N/A				
EAA			11/01/1993	01/01/1995				

(2) Bridge all breaks in service prior to January 1, 1976 at rate shown in table below (with effective dates).

Schedule SB Attachment (Form 5500)—2024 Plan Year  
 CSC Outsourcing Inc. Hourly Pension Plan  
 EIN: 95-2043126 PN: 011

<b>Collective Bargaining Agreement</b>	<b>Effective Date of Bridge Benefit Rate \$10</b>	<b>\$14</b>
IAM 1125	07/16/1984 <sup>1</sup>	N/A
IAM 1980	06/17/1985	N/A
IBT 986	08/19/1985	N/A
EAA	10/23/1987	N/A

Early

A member retiring early on or after age 55, whose age plus service equal "85 points" or who has both attained age 62 and completed 10 years of continuous service, will be entitled to the full accrued benefit without reduction. A member retiring early with less than 85 points will have his accrued benefit reduced 3% for each point less than 85 or reduced 3% for each year prior to age 65, whichever provides the lesser reduction. Commencing August 15, 1994 for EAA, IAM 1980, and IAM 1125, the "Rule of 85" above will be "worn away." Early retirement benefit will be the greater of accrued benefit as of above dates using the above early retirement provisions or the accrued benefit as of the termination date reduced by 7% for each year prior to age 65.

Disability

Accrued normal retirement benefit.

**Termination**

If terminating employment after completion of five years of continuous service or if terminating employment due to disability prior to completion of 10 years of continuous service. The accrued normal retirement pension is payable commencing at age 65. The benefit may commence prior to age 65 on an actuarially equivalent basis.

**Death**

Before Retirement

If a member dies while eligible for early retirement or while eligible for a vested benefit and leaves a surviving spouse to whom he/she has been married for at least one year, the surviving spouse will be entitled to the benefit that would have been payable had the member terminated employment on the date of death with payment of benefit that would have been payable had the member terminated employment on the date of death with payment of benefits to commence on the earliest date permitted thereafter and elected the 50% contingent annuitant option.

After Retirement

Depends on the form of pension elected. All forms available for the former General Dynamics Retirement Plan are available for all benefits. In any event, the excess, if any, of the death benefit payable is paid to the beneficiary.

<sup>1</sup> ERISA-type only.

Schedule SB Attachment (Form 5500)—2024 Plan Year  
 CSC Outsourcing Inc. Hourly Pension Plan  
 EIN: 95-2043126 PN: 011

Hourly Employees Retirement Subplan (Aerospace) — Central Division

**Original Effective Date**

October 1, 1956

**Eligibility**

All hourly-paid TMD Central division employees (including all those who transferred from General Dynamics' Data Services Division on November 2, 1991) who are in a collective bargaining unit or other group to which the plan has been extended and who are not covered by another union.

**Credited Service**

Prior to Effective Date

Continuous service prior to the effective date.

After Effective Date (including CSC service)

One year for each calendar year that member works or receives credit for at least 1,800 hours (fractional credit for less than 1,800 hours worked).

**Retirement Dates**

Normal

Age 65.

Early

Between ages 55 and 65.

Disability

Ten years of continuous service.

**Retirement Benefits**

Normal

(1) A monthly pension at rate shown in table below per year of credited service with each benefit level effective on the date shown under the OPEIU collective bargaining agreement.

Effective Date of Base Benefit Rate	Amount
12/01/1990	\$29.00
12/01/1993	\$34.00
12/16/1996	\$35.00
01/01/1999	\$36.00
01/01/2000	\$37.00
01/01/2001	\$38.00
01/01/2003	\$39.00
01/01/2004	\$42.00
01/01/2005	\$42.00
01/01/2006	\$42.00

(2) Bridge all breaks in service prior to January 1, 1976 at rate shown in table below (with effective dates).

Collective Bargaining Agreement	Effective Date of Bridge Benefit Rate	\$10	\$14
OPEIU	12/30/1984		12/10/1990

Early

A member retiring early on or after age 55 whose age plus service equal "85 points" or who has both attained age 62 and completed 10 years of continuous service will be entitled to the full accrued benefit without reduction. A member retiring early with less than 85 points will have his accrued benefit reduced 3% for each point less than 85 or reduced 3% for each year prior to age 65, whichever provides the lesser reduction. Commencing December 11, 1995 for

Schedule SB Attachment (Form 5500)—2024 Plan Year  
CSC Outsourcing Inc. Hourly Pension Plan  
EIN: 95-2043126 PN: 011

	<p>OPEIU, the "Rule of 85" above will be "worn away." Early retirement benefit will be the greater of accrued benefit as of above dates using the above early retirement provisions or the accrued benefit as of the termination date reduced by 7% for each year prior to age 65.</p>
Disability	Accrued normal retirement benefit.
<b>Termination</b>	If terminating employment after completion of five years of continuous service or if terminating employment due to disability prior to completion of 10 years of continuous service. The accrued normal retirement pension is payable commencing at age 65. The benefit may commence prior to age 65 on an actuarially equivalent basis.
<b>Death</b>	
Before Retirement	If a member dies while eligible for early retirement or while eligible for a vested benefit and leaves a surviving spouse to whom he/she has been married for at least one year, the surviving spouse will be entitled to the benefit that would have been payable had the member terminated employment on the date of death with payment of benefit that would have been payable had the member terminated employment on the date of death with payment of benefits to commence on the earliest date permitted thereafter and elected the 50% contingent annuitant option.
After Retirement	Depends on the form of pension elected. All forms available for the former General Dynamics Retirement Plan are available for all benefits. In any event, the excess, if any, of the death benefit payable is paid to the beneficiary.

Schedule SB Attachment (Form 5500)—2024 Plan Year  
CSC Outsourcing Inc. Hourly Pension Plan  
EIN: 95-2043126 PN: 011

## Facilities Retirement Subplan (Navajo/Harlingen)

<b>Original Effective Date</b>	July 1, 1989
<b>Eligibility</b>	Any hourly-paid employee prior to November 2, 1991 of the Navajo Reservation NAPI Facility of the Pomona Division of General Dynamics Corporation and the Harlingen Facility of General Dynamics Services Company, who was transferred to the CSC TMI) Hourly Pension Plan.
<b>Credited Service</b>	
Prior to Effective Date	None.
After Effective Date (including CSC service)	One year for each calendar year that member works or receives credit for at least 1,800 hours (fractional credit for less than 1,800 hours worked).
<b>Retirement Dates</b>	
Normal	Age 65.
Early	Between ages 55 and 65, after completion of 10 years of continuous service.
Disability	Ten years of continuous service.
<b>Retirement Benefits</b>	
Normal	A monthly pension of \$12.00 per year of credited service.
Early	Accrued normal retirement benefit deferred to age 65 or reduced by 1/4% for each of the first 60 months prior to age 65 and 5/12% for each month prior to age 60 for immediate payment of benefits.
Disability	Accrued normal retirement benefit.
<b>Termination</b>	If terminating employment after completion of five years of continuous service, the accrued normal retirement pension is payable commencing at age 65. The benefit may commence prior to age 65 on an actuarially equivalent basis.
<b>Death</b>	
Before Retirement	If a member dies while eligible for early retirement or while eligible for a vested benefit and leaves a surviving spouse to whom he/she has been married for at least one year, the surviving spouse will be entitled to the benefit that would have been payable had the member terminated employment on the date of death with payment of benefits to commence on the earliest date permitted thereafter and elected the 50% contingent annuitant option.
After Retirement	Depends on the form of pension (based on prior General Dynamics optional forms) elected; in any event, the excess, if any, of the death benefit payable just prior to retirement over actual pension payments is paid to the beneficiary.

Schedule SB Attachment (Form 5500)—2024 Plan Year  
 CSC Outsourcing Inc. Hourly Pension Plan  
 EIN: 95-2043126 PN: 011

**Electric Boat Division Hourly Rate Employees (Eastern Center)**

<b>Original Effective Date</b>	July 1, 1956
<b>Eligibility</b>	All non-represented hourly-paid TMD Eastern Center employees who worked for General Dynamics' Electric Boat Division and those employees represented by the Metal Trades Council of New London County or the Pattern Makers' Association of New London, Conn. and Vicinity. Effective July 10, 2016 all future benefit accruals cease under the plan.
<b>Credited Service</b>	
Prior to Effective Date	Based on seniority on the effective date.
After Effective Date (including CSC service)	One year for each calendar year that member works or receives credit for at least 1,700 hours (fractional credit for less than 1,700 hours worked). No future credited service will be granted after July 9, 2016.
<b>Retirement Dates</b>	
Normal	Age 65.
Early	Between ages 55 and 65, after completion of 10 years of continuous service.
Disability	Ten years of continuous service.
<b>Retirement Benefits</b>	
Normal	(1) A monthly pension of \$18.00 per year of credited service while represented by the Metal Trades Council to be increased to \$20.00 effective September 1, 1991, \$23.00 effective January 1, 1994, \$29.00 effective January 1, 1995, \$31 effective January 1, 1996, \$33 effective January 1, 1999, \$35 effective January 1, 2000, \$38 effective January 1, 2001, \$42 effective January 1, 2004, \$43 effective January 1, 2005 and \$45 effective January 1, 2006.  (2) Bridge all breaks in service prior to January 1, 1976 at \$10.00 while represented by the Metal Trades Council, to be increased to \$14.00 effective July 1, 1991.
Early	A member retiring early on or after age 55 whose age plus service equal "85 points" will be entitled to the full accrued benefit without reduction. A member retiring early with less than 85 points will have his accrued benefit reduced 3% for each point less than 85 or reduced 3% for each year prior to age 65, whichever provides the lesser reduction. In addition, a member retiring early on or after age 62 with 10 years of vesting service will be entitled to the full accrued benefit without reduction.
Disability	Accrued normal retirement benefit.
<b>Termination</b>	
	If terminating employment after completion of five years of continuous service, the accrued normal retirement pension is payable commencing at age 65. The benefit may commence prior to age 65 on an actuarially equivalent basis.

Schedule SB Attachment (Form 5500)—2024 Plan Year  
CSC Outsourcing Inc. Hourly Pension Plan  
EIN: 95-2043126 PN: 011

**Death**

Before Retirement

If a member dies while eligible for early retirement or while eligible for a vested benefit and leaves a surviving spouse to whom he/she has been married for at least one year, the surviving spouse will be entitled to the benefit that would have been payable had the member terminated employment on the date of death with payment of benefits to commence on the earliest date permitted thereafter and elected the 50% contingent annuitant option.

After Retirement

Depends on the form of pension (optional forms are per the prior General Dynamics Retirement Plan) elected; in any event the excess, if any, of the death benefit payable just prior to retirement over actual pension payments is paid to the beneficiary.

Schedule SB Attachment (Form 5500)—2024 Plan Year  
 CSC Outsourcing Inc. Hourly Pension Plan  
 EIN: 95-2043126 PN: 011

Electric Boat Division Hourly Rate Technical Design Employees (Eastern Center)

**Original Effective Date**

July 1, 1954

**Eligibility**

All hourly-paid TMD Eastern Center employees who were transferred from the General Dynamics Electric Boat Division who are represented by the Marine Draftsmen's Association, Port of New London.

**Credited Service**

Prior to Effective Date

Based on seniority on the effective date.

After Effective Date (including CSC service)

One year for each calendar year that member works or receives credit for at least 1,700 hours (fractional credit for less than 1,700 hours worked).

**Retirement Dates**

Normal

Age 65.

Early

Between ages 55 and 65, after completion of 10 years of continuous service.

Disability

Ten years of continuous service.

**Retirement Benefits**

Normal

(1) For each year of credited service, a monthly pension equal to the amount that is applicable:

Benefit Rate Effective On Date	Amount
09/01/1990	\$19.00
08/29/1993	\$21.00
01/01/1995	\$24.00
01/01/1996	\$30.00
01/01/1997	\$32.00
01/01/1998	\$33.00
01/01/1999	\$34.00
01/01/2000	\$36.00
01/01/2001	\$37.00
01/01/2002	\$38.00
01/01/2003	\$41.00
01/01/2004	\$42.00
01/01/2005	\$43.00
01/01/2006	\$45.00

(2) Bridge all breaks in service prior to January 1, 1976 at \$10.00 (at \$14 effective for retirements after July 22, 1993).

Early

A member retiring early on or after age 55 whose age plus service equal "85 points" will be entitled to the full accrued benefit without reduction. A member retiring early with less than 85 points will have his accrued benefit reduced 3% for each point less than 85 or reduced 3% for each year prior to age 65, whichever provides the lesser reduction. In addition, a member retiring early on or after age 62 with 10 years of

Schedule SB Attachment (Form 5500)—2024 Plan Year  
CSC Outsourcing Inc. Hourly Pension Plan  
EIN: 95-2043126 PN: 011

	vesting service will be entitled to the full accrued benefit without reduction.
Disability	Accrued normal retirement benefit.
<b>Termination</b>	If terminating employment after completion of five years of continuous service, the accrued normal retirement pension is payable commencing at age 65. The benefit may commence prior to age 65 on an actuarially equivalent basis.
<b>Death</b>	
Before Retirement	If a member dies while eligible for early retirement or while eligible for a vested benefit and leaves a surviving spouse to whom he/she has been married for at least one year, the surviving spouse will be entitled to the benefit that would have been payable had the member terminated employment on the date of death with payment of benefits to commence on the earliest date permitted thereafter and elected the 50% contingent annuitant option.
After Retirement	Depends on the form of pension (optional forms are per prior General Dynamics Plan) elected; in any event, the excess, if any, of the death benefit payable just prior to retirement over actual pension payments is paid to the beneficiary.

Schedule SB Attachment (Form 5500)—2024 Plan Year  
 CSC Outsourcing Inc. Hourly Pension Plan  
 EIN: 95-2043126 PN: 011

## Electro Dynamic Hourly Rate Employees

**Original Effective Date**

January 1, 1954

**Eligibility**

All hourly-paid TMD employees of the former General Dynamics Electro Dynamic operation.

**Credited Service**

Prior to Effective Date

Based on seniority on the effective date.

After Effective Date (including CSC service)

One year for each calendar year that member works or receives credit for at least 1,700 hours (fractional credit for less than 1,700 hours worked).

**Retirement Dates**

Normal

Age 65.

Early

Between ages 55 and 65, after completion of 10 years of continuous service.

Disability

Ten years of continuous service.

**Retirement Benefits**

Normal

A monthly pension of \$19.00 per year of credited service.

Early

Accrued normal retirement benefit deferred to age 65 or reduced by 1/4% for each of the first 60 months prior to age 65 and 4/12% for each month prior to age 60 for immediate payment of benefits.

Disability

A monthly pension as shown below:

Effective Date	Not Eligible for Social Security		Eligible for Social Security	
	Rate Per Year of Credited Service	Subject to Minimum	Rate Per Year of Credited Service	Subject to Minimum
04/01/1990	\$36.00	\$402.00	\$20.00	\$233.00
04/01/1991	\$38.00	\$424.00	\$21.00	\$246.00
04/01/1992	\$40.00	\$446.00	\$22.00	\$259.00

**Termination**

If terminating employment after completion of five years of continuous service, the accrued normal retirement pension is payable commencing at age 65. The benefit may commence prior to age 65 on an actuarially equivalent basis.

**Death**

Before Retirement

If a member dies while eligible for early retirement or while eligible for a vested benefit and leaves a surviving spouse to whom he/she has been married for at least one year, the surviving spouse will be entitled to the benefit that would have been payable had the member terminated employment on the date of death with payment of benefits to commence on the earliest date permitted thereafter and elected the 50% contingent annuitant option.

After Retirement

Depends on the form of pension (optional forms are per the prior General Dynamics Plan) elected; in any event, the excess, if any, of the death benefit payable just prior to

Schedule SB Attachment (Form 5500)—2024 Plan Year  
CSC Outsourcing Inc. Hourly Pension Plan  
EIN: 95-2043126 PN: 011

retirement over actual pension payments is paid to the beneficiary.

Schedule SB Attachment (Form 5500)—2024 Plan Year  
CSC Outsourcing Inc. Hourly Pension Plan  
EIN: 95-2043126 PN: 011

## Camden Hourly Employees Retirement Subplan

<b>Original Effective Date</b>	January 1, 1968
<b>Eligibility</b>	All hourly-paid TMI employees at Camden, Arkansas.
<b>Credited Service</b>	
Prior to Effective Date	None.
After Effective Date (including CSC service)	One year for each calendar year that member works or receives credit for at least 1,800 hours (fractional credit for less than 1,800 hours worked).
<b>Retirement Dates</b>	
Normal	Age 65.
Early	Between ages 55 and 65.
Disability	Ten years of continuous service.
<b>Retirement Benefits</b>	
Normal	(1) A monthly pension of \$15.00 per year of credited service. (2) Bridge all breaks in service prior to July 1, 1976 at \$10.
Early	Accrued normal retirement benefit, deferred to age 65 or reduced according to plan terms for immediate payment of benefits.
Disability	Accrued normal retirement benefit.
<b>Termination</b>	If terminating employment after completion of five years of continuous service, the accrued normal retirement pension is payable commencing at age 65. The benefit may commence prior to age 65 on actuarially equivalent basis.
<b>Death</b>	
Before Retirement	If a member dies while eligible for early retirement or while eligible for a vested benefit and leaves a surviving spouse to whom he/she has been married for at least one year, the surviving spouse will be entitled to the benefit that would have been payable had the member terminated employment on the date of death with payment of benefits to commence on the earliest date permitted thereafter and elected the 50% contingent annuitant option.
After Retirement	Depends on the form of pension elected (using the prior General Dynamics optional forms); in any event, the excess, if any, of the death benefit payable just prior to retirement over actual pension payments is paid to the beneficiary.

Schedule SB Attachment (Form 5500)—2024 Plan Year  
CSC Outsourcing Inc. Hourly Pension Plan  
EIN: 95-2043126 PN: 011

## Commercial Hourly Employees

<b>Original Effective Date</b>	October 1, 1956
<b>Eligibility</b>	All hourly-paid TMD employees who are in a collective bargaining unit or other group to which the plan has been extended — mostly former hourly paid employees of Datagraphix.
<b>Credited Service</b>	
Prior to Effective Date	Continuous service prior to the effective date.
After Effective Date (including CSC service)	One year for each calendar year that member works or receives credit for at least 1,800 hours (fractional credit for less than 1,800 hours worked).
<b>Retirement Dates</b>	
Normal	Age 65.
Early	Between ages 55 and 65.
Disability	Ten years of continuous service.
<b>Retirement Benefits</b>	
Normal	(1) A monthly pension of \$16.00 per year of credited service. No additional benefits accrued after March 17, 1987.  (2) Bridge all breaks in service prior to July 1, 1976 at \$10.
Early	A member retiring early on or after age 55 whose age plus service equal "85 points" or who has both attained age 62 and completed 10 years of continuous service will be entitled to the full accrued benefit without reduction. A member retiring early with less than 85 points will have his accrued benefit reduced 3% for each point less than 85 or reduced 3% for each year prior to age 65, whichever provides the lesser reduction.
Disability	Accrued normal retirement benefit.
<b>Termination</b>	If terminating employment after completion of five years of continuous service or if terminating employment due to disability prior to completion of 10 years of continuous service, the accrued normal retirement pension is payable commencing at age 65. The benefit may commence prior to age 65 on an actuarially equivalent basis.

Schedule SB Attachment (Form 5500)—2024 Plan Year  
CSC Outsourcing Inc. Hourly Pension Plan  
EIN: 95-2043126 PN: 011

**Death**

Before Retirement

If a member dies while eligible for early retirement or while eligible for a vested benefit and leaves a surviving spouse to whom he/she has been married for at least one year, the surviving spouse will be entitled to the benefit that would have been payable had the member terminated employment on the date of death with payment of benefits to commence on the earliest date permitted thereafter and elected the 50% contingent annuitant option.

After Retirement

Depends on the form of pension (per former General Dynamics Plan) elected; in any event, the excess, if any, of the death benefit payable just prior to retirement over actual pension payments is paid to the beneficiary.

Schedule SB Attachment (Form 5500)—2024 Plan Year  
CSC Outsourcing Inc. Hourly Pension Plan  
EIN: 95-2043126 PN: 011

## Quincy Shipbuilding Division Hourly Rate

<b>Original Effective Date</b>	July 1, 1956
<b>Eligibility</b>	All hourly-paid TMD employees of the Quincy Shipbuilding Division except those covered under the "Technical Design" Plan.
<b>Credited Service</b>	
Prior to Effective Date	Continuous service prior to the effective date.
After Effective Date (including CSC service)	One year for each calendar year that member works or receives credit for at least 1,700 hours.
<b>Retirement Dates</b>	
Normal	Age 65.
Early	Between ages 55 and 65 after completion of 10 years of continuous service.
Disability	Ten years of continuous service.
<b>Retirement Benefits</b>	
Normal	A monthly pension of \$14.00 per year of credited service while a member employed at the Quincy facility (\$13.00 if on layoff status January 1, 1986).
Early	Accrued normal retirement benefit deferred to age 65 or reduced by 1/180th for each month prior to age 65 and after age 60, and actuarially reduced prior to age 60, for immediate payment of benefits.
Disability	Accrued normal retirement benefit.
<b>Termination</b>	If terminating employment after completion of five years of continuous service, the accrued normal retirement pension is payable commencing at age 65. The benefit may commence prior to age 65 on an actuarially equivalent basis.
<b>Death</b>	
Before Retirement	<p>If a member dies while eligible for early retirement or while eligible for a vested benefit and leaves a surviving spouse to whom he/she has been married for at least one year, the surviving spouse will be entitled to the benefit that would have been payable had the member terminated employment on the date of death with payment of benefits to commence on the earliest date permitted thereafter and elected the 50% contingent annuitant option.</p> <p>A member's benefit is reduced 0.12% for each year prior to age 55 that the death benefit coverage is effective (excluding periods of coverage prior to age 35) and further reduced 0.6% for each year of coverage after the 55th birthday and prior to age 65. An individual may file a waiver of death benefit coverage, thereby eliminating these charges.</p>
After Retirement	Depends on the form of pension (per former General Dynamics Plan) elected; in any event, the excess, if any, of the death benefit payable just prior to retirement over actual pension payments is paid to the beneficiary.

Schedule SB Attachment (Form 5500)—2024 Plan Year  
CSC Outsourcing Inc. Hourly Pension Plan  
EIN: 95-2043126 PN: 011

**Shutdown Provisions**

Carrying time for members who are laid off due to plant shutdown is extended to five years. Members between ages 50 and 55 with five years of service or between ages 45 and 50 with 10 years of service can receive benefits commencing on or after age 55 reduced 3/8% for each month prior to age 65.

Schedule SB Attachment (Form 5500)—2024 Plan Year  
 CSC Outsourcing Inc. Hourly Pension Plan  
 EIN: 95-2043126 PN: 011

## Land Systems UAW Pension Agreement

<b>Effective Date</b>	January 1, 1982 (originally August 1, 1950). Modified by June 18, 1994 collective bargaining agreement effective January 1, 1995. Effective April 2, 2016, all future benefit accruals cease under the plan.
<b>Eligibility</b>	All TMD Land Systems employees covered by the applicable collective bargaining agreement with the International Union, United Automobile, Aerospace, and Agricultural Implement Workers of America.
<b>Credited Service</b>	One year for each calendar year that member works or receives credit for at least 1,700 hours (fractional credit for less than 1,700 hours worked). No additional credited service will be granted after April 1, 2016.
<b>Retirement Dates</b>	
Normal	Age 65.
Early	At employee's option: (1) between ages 60 and 65 with 10 years of service, (2) between ages 55 and 60 with years of age plus service equal to 85 or more, or (3) before age 55 with 30 years of service.  At company's option or under mutually satisfactory conditions, between ages 55 and 65 with 10 years of service.
Disability	Ten years of continuous service prior to December 31, 1994. No disability retirement thereafter.
<b>Retirement Benefits</b>	
Normal	For each year of credited service, a monthly pension equal to the amount that is assigned to the Benefit Class Code applicable to him:

Benefit Class Code	Benefit Rate Effective On		
	07/01/1991	07/01/1992	07/01/1993
A	\$24.25	\$25.25	\$26.25
B	\$24.50	\$25.50	\$26.50
C	\$24.75	\$25.75	\$26.75
D	\$25.00	\$26.00	\$27.00

Effective January 1, 1995, there are no separate benefit classes and all retirees after that date receive a monthly pension equal to the following amounts times years of credited service:

Effective Date	Benefit Level
01/01/1995	\$29.00
01/01/1996	\$31.00
01/01/1997	\$33.00
06/22/1997	\$38.00
06/22/1998	\$39.00
06/22/1999	\$40.00
06/24/2000	\$43.00
06/24/2001	\$44.00
06/24/2002	\$45.00

Schedule SB Attachment (Form 5500)—2024 Plan Year  
 CSC Outsourcing Inc. Hourly Pension Plan  
 EIN: 95-2043126 PN: 011

06/24/2003 \$46.00

Further, any retiree prior to January 1, 1995 will have his or her Medicare Part B premium paid each month from the Trust (currently \$36.60).

Early

- (1) A member retiring early at his own option will be entitled to the accrued normal retirement benefit reduced by the following early retirement factors.

Age	Early Retirement Factor	Age	Early Retirement Factor
62–64	100.0%	54	53.2%
61	93.3%	53	48.9%
60	86.7%	52	45.0%
59	80.8%	51	41.5%
58	75.2%	50	38.3%
57	69.4%	49	35.4%
56	63.5%	48	32.8%
55	57.9%	47	30.4%

If the member has 30 or more years of credited service, or has years of age plus credited service equal to 85 or more, then no reduction applies to any payments payable at age 62 and later (even if payments commence at reduced rate on an earlier date).

If a member retires prior to December 31, 1994 and if the member has 30 or more years of service, a monthly supplement is payable to age 62, which when added to the basic and temporary benefits, equals \$1,460 effective July 1, 1991, \$1,560 effective July 1, 1992 and \$1,660 effective July 1, 1993. This supplement is subject to an earnings test. After December 31, 1994, new retirees will not receive this supplement.

If a member retires prior to December 31, 1994 and if the member is at least age 55 with less than 30 years of credited service, an interim monthly supplement per year of credited service, payable to age 62, is paid as follows:

Age	Supplement Effective On		
	07/01/1991	07/01/1992	07/01/1993
61	\$ 17.20	\$ 18.60	\$ 20.00
60	\$ 17.20	\$ 18.60	\$ 20.00
59	\$ 14.60	\$ 15.80	\$ 17.00
58	\$ 13.20	\$ 14.20	\$ 15.30
57	\$ 11.30	\$ 12.20	\$ 13.20
56	\$ 9.25	\$ 10.00	\$ 10.80
55	\$ 7.95	\$ 8.60	\$ 9.25

New retirees after December 31, 1994 will not receive this supplement.

- (2) Early at company option: If a member retires early prior to December 31, 1994 at the company's option, or under mutually satisfactory conditions, the retirees shall be

Schedule SB Attachment (Form 5500)—2024 Plan Year  
 CSC Outsourcing Inc. Hourly Pension Plan  
 EIN: 95-2043126 PN: 011

entitled to unreduced accrued normal retirement benefits plus a temporary monthly pension, payable to age 62, equal to \$20.00 for each year of credited service, up to 30 years. This temporary benefit was increased to \$22.00 effective July 1, 1991 and \$24.00 effective July 1, 1993. A supplemental pension, as outlined above may also be payable. The company option no longer will exist after December 31, 1994.

**Disability**

If disabled prior to December 31, 1994, the disability benefit will be the accrued normal retirement benefit plus a temporary monthly pension payable to the earlier of age 62 or commencement of Social Security disability benefits, equal to \$20.00 for each year of credited service, up to 30 years. This was increased to \$22.00 effective July 1, 1991 and \$24.00 effective July 1, 1993. No disability benefits are payable if disabled after December 31, 1994.

**Benefit Class Code**

The benefit rate applicable to retirements and terminations is determined from the following table for retirees prior to January 1, 1995 based on the job classification held by the member for the greatest number of calendar days during the 24 consecutive months immediately preceding the last day worked:

<b>Job Classification Having a Maximum Base Hourly Rate</b>	<b>Benefit Class Code</b>
Effective June 17, 1991:	
\$15.07 or less	A
\$15.08–15.31	B
\$15.32–16.23	C
\$16.24 and over	D
Effective June 14, 1993:	
\$15.52 or less	A
\$15.53–15.76	B
\$15.77–16.72	C
\$16.73 and over	D

**Termination**

If terminating employment after completion of five years of continuous service, the accrued normal retirement pension is payable commencing at age 65.

**Death**

If a member dies while eligible for early retirement at employee option and leaves a surviving spouse to whom he/she has been married for at least one year, the surviving spouse will receive the benefit that would have been payable had the member retired at age 62 and elected the surviving spouse option.

If a member dies while eligible for a vested benefit but prior to eligibility for early retirement and leaves a surviving spouse to whom he/she has been married for at least one year, the surviving spouse will receive 50% of the benefit that would have been payable had the member terminated employment on the date of death with payment of benefits to commence on the earliest date permitted thereafter.

Schedule SB Attachment (Form 5500)—2024 Plan Year  
CSC Outsourcing Inc. Hourly Pension Plan  
EIN: 95-2043126 PN: 011

**Retirees between November 2, 1991  
and December 31, 1994**

Benefit per year of credited service is increased to  
\$29.00 for all class codes. There will be no future  
increases.

Schedule SB Attachment (Form 5500)—2024 Plan Year  
CSC Outsourcing Inc. Hourly Pension Plan  
EIN: 95-2043126 PN: 011

## Land Systems Pension Plan for Represented Salaried Employees (SERP)

<b>Effective Date</b>	January 1, 1982 (originally April 30, 1941).
<b>Eligibility</b>	Salaried TMD employees covered by a collective bargaining agreement to which Land Systems is a party with one year of service (maximum age of 65).
<b>Retirement Dates</b>	
Normal	Age 65.
Early	At employee's option: (1) between ages 60 and 65 with 10 years of credited service, (2) between ages 55 and 60 with years of age plus credited service equal to 85 or more.  For retirees before December 31, 1994, at company's option or under mutually satisfactory conditions, between ages 55 and 65 with 10 years of credited service.
Disability	Ten years of continuous service prior to January 1, 1995. No benefit if disabled thereafter.
<b>Pension</b>	
Normal	(a) Service prior to January 1, 1986: Based on benefits accrued prior to January 1, 1986 and increased by 10%.  (b) Service from January 1, 1986 through December 31, 1994: 1.25% of annual earnings over benefit base.  Benefit base equals benefit base effective for prior plan year plus 50% of any increase in the Social Security wage base, rounded down to nearest \$300.  (c) Service after December 31, 1994: No future accruals after this date. The accrued benefit is frozen as of December 31, 1994.

Schedule SB Attachment (Form 5500)—2024 Plan Year  
 CSC Outsourcing Inc. Hourly Pension Plan  
 EIN: 95-2043126 PN: 011

Early

At employee's option between ages 55 and 60 with years of age plus credited service equal to 85 or more, accrued normal retirement benefit reduced by the following early retirement factors:

Age	Early Retirement Factor	Age	Early Retirement Factor
59	80.8%	56	63.5%
58	75.2%	55	57.9%
57	69.4%		

At employee's option between ages 60 and 65 with 10 years of credited service or at company's option or under mutually satisfactory conditions, unreduced accrued normal retirement benefit. Company option eliminated effective January 1, 1995.

Disability

Accrued normal retirement benefit prior to January 1, 1995. No benefit if disabled thereafter.

**Employee Contributions**

No employee contributions are required subsequent to January 1, 1986.

**Termination**

Full vesting after five years of continuous service; payable on an actuarial equivalent basis, commencing any time between age 55 and the normal retirement date; in no event less than the member's own contributions with regular interest.

Members with 5–9 years of contributory participation after age 35 and prior to January 1, 1986 are partially vested (10% per year of such contributory participation).

Vesting is applied to the accrued retirement benefit payable at age 65, actuarially reduced for earlier payment.

**Death**

Before Retirement

If a member dies while eligible for early retirement at employee option and leaves a surviving spouse to whom he/she has been married for at least one year, the surviving spouse will receive the benefit that would have been payable had the member retired at age 65 and elected the surviving spouse option.

If a member dies while eligible for a vested benefit but prior to eligibility for early retirement and leaves a surviving spouse to whom he/she has been married for at least one year, the surviving spouse will receive 50% of the benefit that would have been payable had the member terminated employment on the date of death with payment of benefits to commence on the earliest date permitted thereafter.

After Retirement

The retirement benefit is payable as a 10 year certain and life annuity. Optional forms of payment are available.

**Plan Changes Since the Prior Year**

The valuation does not reflect any plan changes.

**Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan**

Schedule SB Attachment (Form 5500)—2024 Plan Year  
CSC Outsourcing Inc. Hourly Pension Plan  
EIN: 95-2043126 PN: 011

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

## Schedule SB, line 24 — Change in Actuarial Assumptions

### **Method Changes**

There have been no method changes in the funding valuation since the prior year.

### **Assumption Changes**

The funding valuation reflects the following assumption changes:

- A change in the expected long-term rate of return on plan assets from 6.70% to 5.90%.

This change was made to better reflect anticipated plan experience and did not reduce the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required.