

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2015 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>WEST VALLEY PENSION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
	1c Effective date of plan <u>08/31/1998</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CH2M HILL BWXT WEST VALLEY, LLC</u> <u>10282 ROCK SPRINGS ROAD</u> <u>WEST VALLEY, NY 14171-9702</u>	2b Employer Identification Number (EIN) <u>90-0629675</u> 2c Plan Sponsor's telephone number <u>716-942-4720</u> 2d Business code (see instructions) <u>541330</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/17/2016</u>	<u>LAURA ORTEGA</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2015)
v. 150123

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name CH2M HILL B&W WEST VALLEY, LLC	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 823
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 160
a(2) Total number of active participants at the end of the plan year	6a(2) 156
b Retired or separated participants receiving benefits.....	6b 251
c Other retired or separated participants entitled to future benefits.....	6c 375
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 782
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 37
f Total. Add lines 6d and 6e	6f 819
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 3F 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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.

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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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 _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan WEST VALLEY PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CH2M HILL BWXT WEST VALLEY, LLC	D Employer Identification Number (EIN) 90-0629675
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2015			
2	Assets:			
	a Market value	2a	89259910	
	b Actuarial value	2b	86678267	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment	279	37786424	37786424
	b For terminated vested participants	407	24402656	24402656
	c For active participants	148	23046314	25138347
	d Total	834	85235394	87327427
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
	a Funding target disregarding prescribed at-risk assumptions	4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	6.34%	
6	Target normal cost	6	1828956	

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.

<div>SIGN HERE</div>	<div>Signature of actuary</div> <div>LINDA C. ECKHOLM</div> <div>Type or print name of actuary</div> <div>TOWERS WATSON DELAWARE INC.</div> <div>Firm name</div> <div>600 UNIVERSITY STREET, SUITE 3100 SEATTLE, WA 98101-1176</div> <div>Address of the firm</div>	<div>Date</div> <div>14-05358</div> <div>Most recent enrollment number</div> <div>206-625-1125</div> <div>Telephone number (including area code)</div>
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Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		1187108
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		1031036
9	Amount remaining (line 7 minus line 8)		156072
10	Interest on line 9 using prior year's actual return of <u>9.59%</u>		14967
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		300
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.55%</u>		20
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		320
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	171039

Part III Funding Percentages			
14	Funding target attainment percentage	14	99.06 %
15	Adjusted funding target attainment percentage	15	99.06 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	97.59 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/10/2015	349994				
07/09/2015	521033				
10/07/2015	339874				
01/08/2016	461589				
09/07/2016	305339				
07/01/2015		211565			
Totals ►			18(b)	1977829	18(c) 211565

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a 0
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 1881802
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
0	0	0
(4) 4th	0	

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
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 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	1828956	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	820199		222548
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	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	2051504	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	171039	171039
36 Additional cash requirement (line 34 minus line 35)	36	1880465	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1881802	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1337	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	1337	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☒ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan WEST VALLEY PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CH2M HILL BWXT WEST VALLEY, LLC	D Employer Identification Number (EIN) 90-0629675	

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

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

MERCER INVESTMENT MANAGEMENT

99 HIGH STREET
BOSTON, MA 02110

30-0282430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 52	FIDUCIARY	81734	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

TOWERS WATSON

600 UNIVERSITY STREET, STE 3100
SEATTLE, WA 98101

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11		65297	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MILLIMAN

1301 FIFTH AVE STE 3800
SEATTLE, WA 98101

91-0675641

(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?
38		64236	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

STATE STREET

1200 CROWN COLONY DR, CC1-3
QUINCY, MA 02169

04-2456637

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18		45808	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

(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?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(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?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2015 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>WEST VALLEY PENSION PLAN</u>	B Three-digit plan number (PN) ► <u>001</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CH2M HILL BWXT WEST VALLEY, LLC</u>	D Employer Identification Number (EIN) <u>90-0629675</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MGI US SMALL/MID CAP GROWTH EQTY</u>				
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>				
c EIN-PN <u>03-0566611-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2517963</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MGI US SMALL/MID CAP VALUE EQUITY C</u>				
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>				
c EIN-PN <u>03-0566616-104</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2300982</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MGI US CORE OPPORTUNISTIC FI CT</u>				
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>				
c EIN-PN <u>03-0566615-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2879596</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MGI NON-US CORE EQUITY CT</u>				
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>				
c EIN-PN <u>03-0566617-009</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10803074</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MGI L/D INV GRADE FIXED INC PFT 1IT</u>				
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>				
c EIN-PN <u>26-6700496-016</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13162685</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MGI US LONG DURATION BOND</u>				
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>				
c EIN-PN <u>04-7014330-008</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12785189</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MGI US PASSIVE FIXED INCOME CT</u>				
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>				
c EIN-PN <u>03-0566612-007</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1942698</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: MGI US LARGE CAP PASSIVE EQUITY CT**b** Name of sponsor of entity listed in (a): MERCER TRUST COMPANY

c EIN-PN 03-0566613-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17137783
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a Name of MTIA, CCT, PSA, or 103-12 IE: MGI LONG DURATION PASSIVE FIXED INC**b** Name of sponsor of entity listed in (a): MERCER TRUST COMPANY

c EIN-PN 51-0560117-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6514173
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a Name of MTIA, CCT, PSA, or 103-12 IE: MGI EMERGING MARKETS EQUITY FUND**b** Name of sponsor of entity listed in (a): MERCER TRUST COMPANY

c EIN-PN 32-6219484-017	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3001336
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a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER GLOBAL LOW VOLATILITY EQUITY**b** Name of sponsor of entity listed in (a): MERCER TRUST COMPANY

c EIN-PN 35-7004395-018	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6702278
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a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER OPPORTUNISTIC FIXED INC FUND**b** Name of sponsor of entity listed in (a): MERCER TRUST COMPANY

c EIN-PN 36-7630030-020	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3978627
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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)
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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)
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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)
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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)
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Part II Information on Participating Plans (to be completed by DFEs)

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan WEST VALLEY PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 CH2M HILL BWXT WEST VALLEY, LLC	D Employer Identification Number (EIN) 90-0629675	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	315915	766928
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		24
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	311634	418721
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	88645871	83726384
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	89273420	84912057

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	57620	48880
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	57620	48880

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	89215800	84863177
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1977829	
(B) Participants	2a(1)(B)	211565	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2189394
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	129	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		129
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	5657253	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5657253	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-1652068
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		537455

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4242079	
(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)		4242079
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	111104	
(2) Contract administrator fees	2i(2)	64236	
(3) Investment advisory and management fees	2i(3)	81734	
(4) Other	2i(4)	390925	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		647999
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4890078

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-4352623
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: DOPKINS & COMPANY, LLP

(2) EIN: 16-0929175

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X		
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		

	Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X		
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>WEST VALLEY PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CH2M HILL BWXT WEST VALLEY, LLC</u>	D Employer Identification Number (EIN) <u>90-0629675</u>

Part I	Distributions
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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	
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): <u>25-0659306</u>		
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	<u>9</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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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
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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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 contributed more than 5% of total contributions to the plan during the plan year (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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:		14a	
	a The current year		14b	
	b The plan year immediately preceding the current plan year		14c	
	c The second preceding plan year			
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:			
	a The corresponding number for the plan year immediately preceding the current plan year		15a	
	b The corresponding number for the second preceding plan year		15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:			
	a Enter the number of employers who withdrew during the preceding plan year		16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers		16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐			

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Part VII	IRS Compliance Questions
-----------------	---------------------------------

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

**WEST VALLEY
PENSION PLAN**

Financial Report

December 31, 2015 and 2014

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INDEPENDENT AUDITOR'S REPORT

To West Valley Pension Plan Investment Committee
West Valley Pension Plan
West Valley, New York

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of West Valley Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by State Street Bank and Trust Co., the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2015 and 2014, and for the years then ended, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Emphasis of Matter

As described in Note 2 to the financial statements, effective January 1, 2015 the Plan adopted new accounting guidance related to the presentation and disclosure of the fair value of certain investments. The 2014 financial statement disclosures have also been revised to reflect the retrospective application of adopting this new accounting guidance. Our disclaimer of opinion is not modified with respect to this matter.

Other Matter

The supplemental schedules: (1) Schedule H, Line 4i - Schedule of assets (held at end of year) as of December 31, 2015; and (2) Schedule H, Line 4j - Schedule of reportable transactions for the year ended December 31, 2015, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. These supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



CERTIFIED PUBLIC ACCOUNTANTS

October 12, 2016

WEST VALLEY PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2015 and 2014

ASSETS	2015	2014
Cash	\$ 418,721	\$ 311,634
Investments, at fair value:		
Common trust funds	83,726,384	88,645,871
Receivables:		
Employer contributions	766,928	315,915
Accrued interest	24	-
Total assets	84,912,057	89,273,420
LIABILITIES		
Accrued expenses	48,880	57,620
Net assets available for benefits	\$ 84,863,177	\$ 89,215,800

WEST VALLEY PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS Years Ended December 31, 2015 and 2014

	2015	2014
Additions to net assets attributed to:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ (1,652,068)	\$ 7,877,178
Interest	129	-
	<u>(1,651,939)</u>	<u>7,877,178</u>
Employer contributions	1,977,829	1,108,873
Participant contributions	211,565	203,225
	<u>2,189,394</u>	<u>1,312,098</u>
Total additions	<u>537,455</u>	<u>9,189,276</u>
Deductions from net assets attributed to:		
Benefits	4,242,079	3,938,893
Administrative expenses	647,999	633,484
Total deductions	<u>4,890,078</u>	<u>4,572,377</u>
Net increase (decrease) in net assets available for benefits	(4,352,623)	4,616,899
Net assets available for benefits:		
Beginning of year	<u>89,215,800</u>	<u>84,598,901</u>
End of year	<u>\$ 84,863,177</u>	<u>\$ 89,215,800</u>

WEST VALLEY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Plan Description

The following description of West Valley Pension Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General:

The Plan was established on August 31, 1998 and is a contributory defined benefit pension plan covering the employees of CH2M HILL BWXT West Valley, LLC (the Company) and former employees of West Valley Environmental Services, LLC (WVES) for the period September 1, 2007 to August 28, 2011 and prior to September 1, 2007, West Valley Nuclear Services Company LLC (WVNSC). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is administered by the West Valley Pension Plan Investment Committee (the Committee). The Committee has overall responsibility for the operation and administration of the Plan and determines the appropriateness of the Plan's investment offerings and monitors investment performance.

The Company, WVES and WVNSC were formed for the sole purpose of performing environmental cleanup at the West Valley Demonstration Project (WVDP) in Western New York State funded through a contract with the United States Department of Energy (DOE). The DOE contract for the cleanup of WVDP was held by WVNSC until September 1, 2007, when WVES was awarded the contract with the DOE and, as a result, the employees of WVNSC then became employees of WVES. In 2011, WVES' contract with the DOE expired and the contract for the next phase of the cleanup at the WVDP was awarded to the Company. As a result, the Company became the sponsor of the Plan and certain employees of WVES became employees of the Company effective August 29, 2011.

Effective August 28, 2011, the Plan was amended to freeze participation to employees hired or rehired after August 28, 2011, with the exception of participants covered by the collective bargaining agreement between the Company and the International Association of Machinists and Aerospace Workers, Local 2401 (IAM) who were on layoff, as defined by the Plan document, as of August 29, 2011 and are recalled to work within the eligible period. An IAM participant with less than two years of eligibility service as of the date of the IAM participant's layoff has an eligible period of twelve months from the date of the layoff. An IAM participant with two or more years of eligibility service as of the date of the IAM participant's layoff has an eligible period of sixty months from the date of layoff.

Eligibility:

All employees of the Company hired prior to August 29, 2011 are eligible to participate in the Plan. The Plan also covers retired and terminated vested employees of WVES and WVNSC. A participant's service at certain affiliates of WVES and WVNSC were considered eligible service. As a requirement of participation, participants are required to contribute to the Plan an amount equal to 1.5% of compensation, as defined.

WEST VALLEY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Plan Description (Continued)

Pension benefits:

Participants become fully vested after five years of service, as defined by the Plan. There is no partial vesting of benefits. A participant with less than five years of service is entitled to receive a benefit equal to the amount of his or her contributions and interest attributable to those contributions.

In 2011, in connection with the transition of the DOE contract from WVES to the Company, certain participants of the Plan that terminated employment with WVES between July 1, 2011 and August 28, 2011 were considered to be part of a partial termination. As a result, participants that terminated in that time period became fully vested in their benefits regardless of the number or years of service.

A participant's monthly normal retirement benefit, at age 65, is generally based on years of credited service and the career accumulation amount of 1/12 of two percent of compensation for each year of service. The Plan generally provides a reduced benefit for early retirement. Eligibility for early retirement is attained upon (1) completion of 10 years of eligibility service and attaining age 60, or (2) completion of 30 years of eligibility service and attaining age 58. Retirement benefits are paid to pensioners or beneficiaries in various forms consisting of annuities, lump-sum payments, or a combination of both.

Death benefits:

If an active employee dies, the spouse may be entitled to a spouse survivor benefit. Depending on the employee's age and/or eligible service at the time of death, the spouse may qualify for an immediate spouse survivor benefit or deferred spouse survivor benefit. The benefit payable to the spouse is equal to 55% of the employee's early retirement benefit, except that the benefit is reduced as if the employee retired at the date of death (subject to a maximum benefit reduction for early commencement) and assuming that a joint and survivor benefit and 55% form of payment had been elected. Benefit payments are guaranteed for 60 months and payable to the spouse's beneficiary, if necessary. If the employee was not married and dies before retirement, the named beneficiary will receive a refund of the employee's contributions to the Plan plus interest earned.

Administrative expenses:

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Expenses paid by the Plan include trustee and investment advisory fees, actuarial fees, Pension Benefit Guaranty Corporation (PBGC) premiums and certain other administrative costs. Investment expenses related to management of the funds that the Plan invests are included in net appreciation of fair value of investments.

WEST VALLEY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 2. Significant Accounting Policies

Basis of accounting:

The accompanying financial statements are prepared on the accrual basis of accounting.

Investment valuation and income recognition:

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. The Committee determines the Plan's valuation policies utilizing information provided by its investment advisors and the trustee. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest is recorded on the accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

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. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. The accumulated plan benefits for active participants are based on their prior service and compensation. Benefits payable under all circumstances (retirement, death, disability and termination of employment) are only included to the extent they are deemed attributable to service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and reflects 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 decrements such as for death, disability, withdrawal or retirement) between the valuation date and expected date of payment.

The significant actuarial assumptions used in the valuation are shown below:

Discount rate – 5.70% and 5.90% at December 31, 2015 and 2014, respectively.

Interest earned on employee contributions - 3.00%

Rate of pay increases – A 2.00% increase in 2014, a 2.60% in 2015 and a 2.60% increase for 2016 and beyond

Mortality basis - Mortality tables as prescribed by the Internal Revenue Code (the Code) using static tables with separate mortality rates for annuitants and non-annuitants

Average retirement age - Ranging from 5% at age 58 to 100% at age 70

WEST VALLEY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 2. Significant Accounting Policies (Continued)

Actuarial present value of accumulated plan benefits (continued):

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2015 and 2014. Had valuations been performed as of December 31, there would be no material differences.

Payment of benefits:

Benefit payments are recorded when paid.

Use of estimates:

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

Recent accounting pronouncements:

In 2015, the Plan adopted Part II of *Accounting Standards Update No. 2015-12, Plan Accounting: Defined Benefit Pension Plans, Topic 960; Defined Contribution Plans, Topic 962; and Health and Welfare Benefit Plans, Topic 965* (ASU 2015-12). Part II eliminates the requirements for plans to disclose individual investments that represent five percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. It also allows investments measured at fair value to be disaggregated by general type and no longer requires plans to disaggregate investments by nature, characteristics and risks. Further, significant investment strategies for an investment in a fund that files a U.S. Department of Labor Form 5500 as a direct filing entity, when the plan uses the net asset value (NAV) practical expedient, are no longer required. Prior year disclosures have been revised to reflect the retrospective application, with no effect on net assets available for benefits or the changes in net assets available for benefits.

In 2015, the Plan also adopted *Accounting Standards Update No. 2015-07, Fair Value Measurement, Topic 820* (ASU 2015-07), which removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the NAV per share practical expedient. This guidance also removes the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the NAV per share practical expedient. Prior year disclosures have been revised to reflect the retrospective application, with no effect on net assets available for benefits or the changes in net assets available for benefits.

WEST VALLEY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 2. Significant Accounting Policies (Continued)

Subsequent events:

Subsequent events have been evaluated through October 12, 2016, which is the date the financial statements were available to be issued.

Note 3. Plan Termination

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

- a) Benefits attributable to employee contributions, taking into account those paid out before termination.
- b) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- c) Other vested benefits insured by the PBGC, a U.S. government agency, up to the applicable limitations.
- d) All other vested benefits (that is, vested benefits not insured by the PBGC).
- e) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

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

WEST VALLEY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 4. Information Certified by the Plan's Trustee

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. State Street Bank and Trust Co. (State Street) certified the fair value of investments in common trust funds of \$83,726,384 and \$88,645,871 at December 31, 2015 and 2014, respectively. State Street has also certified to the completeness and accuracy of net appreciation (depreciation) of \$(1,652,068) and \$7,877,178 for the years ended December 31, 2015 and 2014, and interest income of \$129 and \$-0- for the years ended December 31, 2015 and 2014, respectively.

Note 5. Fair Value Measurements

Accounting principles generally accepted in the United States of America establishes a framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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, 2015 and 2014.

WEST VALLEY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 5. Fair Value Measurements (Continued)

Common trust funds: Valued at the (NAV) of units of the common trust. 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 NAV. Plan transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust fund, the fund manager reserves the right to temporarily delay withdrawal from the trust funds in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following tables set forth by type and level, within the fair value hierarchy, the Plan's investments at fair value at December 31, 2015 and 2014. The classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

	2015			
	Level 1	Level 2	Level 3	Total
Common trust funds measured at NAV ^(a)	\$ -	\$ -	\$ -	\$ 83,726,384

	2014			
	Level 1	Level 2	Level 3	Total
Common trust funds measured at NAV ^(a)	\$ -	\$ -	\$ -	\$ 88,645,871

- (a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in the table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

There were no unfunded commitments related to any investments held by the Plan at December 31, 2015 and 2014.

WEST VALLEY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 6. Actuarial Present Value of Accumulated Plan Benefits

A summary of the actuarial present value of accumulated plan benefits as of December 31, 2015 and 2014 follows:

	Unaudited 2015	2014
Vested benefits:		
Participants currently receiving benefits	\$ 43,907,025	\$ 40,858,644
Other participants	56,147,891	54,658,865
Total vested	<u>100,054,916</u>	<u>95,517,509</u>
Nonvested benefits	<u>2,456,240</u>	<u>2,360,030</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 102,511,156</u>	<u>\$ 97,877,539</u>

The changes in the actuarial present value of accumulated plan benefits for the years ended December 31, 2015 and 2014 is summarized as follows:

	Unaudited 2015	2014
Actuarial present value of accumulated plan benefits at beginning of year	\$ 97,877,539	\$ 82,481,777
Increase (decrease) attributable to:		
Interest	5,752,830	5,331,041
Benefits accumulated	1,749,091	1,503,685
Actuarial losses	6,981	207,596
Change in assumptions	1,366,794	12,292,333
Benefits paid	<u>(4,242,079)</u>	<u>(3,938,893)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 102,511,156</u>	<u>\$ 97,877,539</u>

On September 30, 2016, the Company received an actuarial valuation report for the year ended December 31, 2015. The information has not been audited and is presented for informational purposes only.

The change in assumptions for the year ended December 31, 2015 is related to updating the mortality tables projection scales MP-2014 to the MP-2015 table; and decreasing the discount rate assumption from 5.9% to 5.7%. The change in assumptions for the year ended December 31, 2014 is related to updating the mortality tables to the RP-2014 mortality tables with MP-2014 projection scales; decreasing the salary rate decrease assumption from 2.8% for 2015 and beyond to 2.6% for 2015 and beyond; reducing the employee contribution interest rate assumption from 4.0% to 3.0%; and decreasing the discount rate assumption from 6.5% to 5.9%.

WEST VALLEY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 7. Funding Policy

As a condition of participation, active participants are required to contribute 1.5% of their compensation, as defined, to the Plan. Total participant accumulated contributions for active participants, including interest credited at the annual rate of 120% of the federal mid-term interest rate for the first month of the prior Plan year (2.10% for 2015 and 1.04% for 2014), was \$4,567,648 and \$4,502,268 at December 31, 2015 and 2014, respectively. The Company contributes such amounts as are necessary (calculated on an actuarial basis), such that, when combined with participants' contributions, the Plan will have assets sufficient to meet the benefits requirements to be paid to participants and meet the minimum funding requirements of ERISA. The Company made contributions of \$1,977,829 and \$1,108,873 for the 2015 and 2014 Plan year, respectively. The Company's 2015 and 2014 contributions met the minimum requirements of ERISA.

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Note 8. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Plan by a letter dated May 24, 2012, that the Plan is qualified and the trust established under the Plan is tax-exempt under the appropriate sections of the Code. The Plan has been amended since receiving the determination letter. The Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2015 and 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing authorities; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for the years prior to 2012.

WEST VALLEY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 9. Party-in-Interest Transactions

A party-in-interest is defined under the Department of Labor's regulations as any fiduciary of the Plan, any party rendering services to the Plan, the employer, certain participants, and others. The Plan's investments are shares of common trust funds held by State Street. State Street is the trustee as defined by the Plan and, therefore, transactions with these funds qualify as party-in-interest transactions. Fees recorded for trustee services amounted to \$45,808 and \$50,035 for the years ended December 31, 2015 and 2014, respectively. Investment advisory, actuarial services and recordkeeping are provided to the Plan by Mercer Global Investments, Inc., Towers Watson and Milliman, Inc., respectively. As such, transactions with these service providers qualify as party-in-interest transactions. Fees recorded for these service providers amounted to \$211,267 and \$255,891 for the years ended December 31, 2015 and 2014, respectively.

Note 10. Risks and Uncertainties

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

* * * * *

SUPPLEMENTAL SCHEDULES

WEST VALLEY PENSION PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2015

EIN: 90-0629675

PLAN NUMBER: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investments, including maturity date, rate of interest, collateral par or maturity value	(d) Cost	(e) Current Value
	MGI U.S. Large Cap Passive Equity Fund	Common fund - 827,113 shares	\$ 16,914,463	\$ 17,137,783
	MGI Long Duration Investment Grade Fixed Income Fund	Common fund - 744,917 shares	13,713,924	13,162,685
	MGI U.S. Long Duration Bond Fund	Common fund - 678,980 shares	13,220,183	12,785,189
	MGI Non U.S. Core Equity Fund	Common fund - 735,403 shares	10,641,285	10,803,074
	Mercer Global Low Volatility Equity	Common fund - 488,148 shares	6,463,085	6,702,278
	MGI Long Duration Passive Fixed Income Fund	Common fund - 355,383 shares	6,731,494	6,514,173
	Mercer Opportunistic Fixed Income Fund	Common fund - 452,117 shares	4,561,857	3,978,627
	MGI Emerging Markets Equity Fund	Common fund- 344,585 shares	3,473,241	3,001,336
	MGI U.S. Core Opportunistic Fixed Income Fund	Common fund - 185,422 shares	2,879,596	2,879,596
	MGI U.S. Small / Mid Cap Growth Equity Fund	Common fund - 119,278 shares	2,568,059	2,517,963
	MGI U.S. Small / Mid Cap Value Equity Fund	Common fund - 138,363 shares	2,363,245	2,300,982
	MGI U.S. Passive Fixed Income Fund	Common fund - 123,503 shares	1,931,586	1,942,698
			85,462,018	83,726,384
	* State Street Short-Term Investment Fund	Interest bearing cash	418,721	418,721
			\$ 85,880,739	\$ 84,145,105

* Party named is a party-in-interest.

WEST VALLEY PENSION PLAN

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
December 31, 2015

EIN: 90-0629675
PLAN NUMBER: 001

(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Assets	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Single Transactions:								
None								
Series Transactions:								
* State Street Short-Term Investment Fund	Interest bearing cash	\$ 5,764,309	\$ -	\$ -	\$ -	\$ 5,764,309	\$ 5,764,309	\$ -
* State Street Short-Term Investment Fund	Interest bearing cash	\$ -	\$ 5,657,232	\$ -	\$ -	\$ 5,657,232	\$ 5,657,232	\$ -

* Party named is a party-in-interest.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The plan was originally effective August 31, 1998. It was amended and restated effective January 1, 2015. This valuation accounts for the plan as amended through the valuation date.

Covered Employees	<p>All Eligible Employees may participate in the Plan. Eligible Employees are those employed at non-Excluded Units of the CH2M Hill BWXT West Valley, LLC (formerly West Valley Environmental Services LLC and CH2M Hill B&W West Valley, LLC) who are either non-represented or represented by a collective bargaining unit that has a written agreement with the company regarding participation in the Plan.</p> <p>Effective August 28, 2011, the plan was amended to freeze participation to employees hired or rehired after August 28, 2011, with the exception of "IAM participants" (defined below) covered by collective bargaining who are on Layoff as of August 29, 2011 and are recalled to work within the eligible period. The eligible period of time is defined as follows: For an IAM Participant who has less than two years of Eligibility Service as of the date of the IAM Participant's Layoff, the eligible period of time is twelve months from the date of the Layoff. For an IAM Participant who has two or more years of Eligibility Service as of the date of the IAM Participant's Layoff, the eligible period of time is sixty months from the date of Layoff.</p> <p>"IAM participants" are defined as employees who are covered by the collective bargaining agreement between the Company and the International Association of Machinists and Aerospace Workers, Local 2401.</p>
Participation Date	Date of becoming a covered employee

Definitions

Credited Service	Generally, all service as a contributing participant in the Plan is used to determine pension benefit amounts. Prior to January 1, 1995, all service as an Employee of CBS Corporation was generally included as Credited Service. Service while employed with an Affiliated Entity or Excluded Unit is not included. Service is included while receiving benefits under the Company's salary continuance and extension program or short-term or long-term disability plan or after being determined to be "Totally Disabled", up to a maximum continuous period of two years.
Eligibility Service	All Credited Service, plus service that would be credited except that the Employee elects not to contribute to the Plan or is employed by an Affiliated Entity or an Excluded Unit.
Vesting Date	The date the Participant completes five years of Eligibility Service or reaches Normal Retirement Date.

Plan Name:	West Valley Pension Plan
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Valuation Date:	January 1, 2015

SCHEDULE SB ATTACHMENTS

Plan Compensation Generally, regular compensation paid to a participant inclusive of overtime, bonus and other additional compensation payments, except that only 50% of an annual incentive award payable under any management incentive program is included.

Normal Retirement Date (NRD) The first day of the month following the participant's 65th birthday.

Eligibility for Benefits

Normal Retirement Retirement on Normal Retirement Date

Early Retirement The first of any month following the date the Participant attains:
(i) age 58 with at least 30 years of Eligibility Service or
(ii) age 60 with at least 10 years of Eligibility Service.

Pre-Retirement Death Benefit Death while accruing Eligibility Service and after attainment of Early Retirement Eligibility or any of the following:

<u>Age</u>	<u>Eligibility Service</u>
any	25 years or more
60 or older	10 years or more
50 or older	15 years or more

Vested Death Benefit Death after vesting date and before pre-retirement death benefit eligibility.

Benefits Paid Upon the Following Events

Normal Retirement Generally, a monthly amount equal to the greater of (a) The Career Accumulation Method and (b) the Flat Rate Method.

- (a) Career Accumulation Method: the sum of (i) and (ii)
(i) the monthly amount accumulated to January 1, 1992
(ii) 1/12 of 2% of Compensation for each calendar year commencing on or after January 1, 1992 in which an Employee contributed. A minimum of \$15 per year of Credited Service applied for 1992, 1993, and 1994 regardless of an Employee's election to contribute to the Plan.
- (b) Flat Rate Method: the sum of (i) and (ii)
(i) \$31 for years of Credited Service while contributing to the Plan
(ii) \$13 for years of Credited Service prior to January 1, 1995 in which an Employee was eligible to contribute to the Plan but elected not to contribute.

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Early Retirement

Employees Hired after December 31, 1994:

Determined as for Normal Retirement except that benefits are reduced by $\frac{1}{2}$ percent per month that Early Retirement Date precedes Participant's Normal Retirement Date.

Employees Hired before January 1, 1995:

If a Lump Sum form of payment is elected, the Participant will receive the sum of (i) and (ii), as follows:

- (i) A payment equal to the lump sum equivalent of the normal retirement benefit determined as of December 31, 1994. The lump sum equivalent will be calculated assuming benefits begin at Early Retirement Date. Benefits are reduced for early commencement by $\frac{1}{3}$ of 1% for each month that the Early Retirement Date precedes Normal Retirement Date, or, if the Participant has 30 or more years of Eligibility Service, by $\frac{1}{4}$ of 1% for each month that Early Retirement Date precedes the first of the month following the Participant's 60th birthday.
- (ii) An annuity equal to the difference between (a) the normal retirement benefit (based on total Credited Service) determined as of the Participant's Early Retirement Date and reduced by $\frac{1}{2}$ of 1% for each month that Early Retirement Date precedes Normal Retirement Date, and (b) the normal retirement benefit determined as of December 31, 1994, reduced for early commencement as described in (i) above.

If a participant has Eligible Service both prior to January 1, 1995 and after December 31, 1994 and an annuity form of payment is elected, the Participant's benefit is determined as for normal retirement except that benefits are reduced for early commencement by $\frac{1}{3}$ of 1% for each month that the Early Retirement Date precedes Normal Retirement Date, or, if the Participant has 30 or more years of Eligibility Service, by $\frac{1}{4}$ of 1% for each month that Early Retirement Date precedes the first of the month following the Participant's 60th birthday. Further, if the benefit payable on NRD using the Flat Rate Method produces a higher monthly benefit amount, then the unreduced Flat Rate benefit is payable upon Early Retirement.

Early Retirement Supplements

For Employees hired prior to January 1, 1995 who retire early and elect an annuity form of payment, a temporary monthly supplement is payable until age 62 equal to \$10 per year of Credited Service.

Deferred Retirement

An active Participant working beyond Normal Retirement Date may defer retirement after age 65 and continue to accrue benefits until the deferred retirement date.

Vested Termination

The benefit payable to a terminated vested Participant is the greater of the benefit determined as for normal retirement and an annuity that is the actuarial equivalent of the Participant's contributions with interest. A Participant who attains at least 30 years of Eligibility Service may elect to receive benefits beginning at age 58, and a Participant who attains at least 10 years of Eligibility Service may elect to receive benefits beginning at age 60. The benefits will be reduced by $\frac{1}{2}$ of 1% for each month that benefit commencement precedes Normal Retirement Date.

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Non-Vested Termination	A Participant who terminates employment non-vested receives a refund of contributions plus interest; or, if over \$5,000, an actuarially equivalent annuity beginning any time up to Normal Retirement Date.
Pre-Retirement Death	<p>Immediate benefit payable to Participant's spouse equal to 55% of the applicable amount below, adjusted for form assuming that the participant had elected the Joint and 55% form of payment:</p> <p>If the participant had fewer than 30 years of service, the amount is the greatest of the participant's</p> <ol style="list-style-type: none">Normal Retirement Benefit determined as of December 31, 1994 using the Career Accumulation Method, reduced by 1/3 of 1% for each month that the date of death precedes Normal Retirement Date up to a maximum reduction of 20%Normal Retirement Benefit determined as of December 31, 1994 using the Flat Rate MethodNormal Retirement Benefit determined as of the participant's date of death, reduced by 1/2 of 1% for each month that the date of death precedes Normal Retirement Date up to a maximum reduction of 42%. <p>If the participant had 30 or more years of service, the amount is the greatest of the participant's</p> <ol style="list-style-type: none">Normal Retirement Benefit determined as of December 31, 1994 using the Career Accumulation MethodNormal Retirement Benefit determined as of December 31, 1994 using the Flat Rate MethodNormal Retirement Benefit determined as of the participant's date of death, reduced by 1/2 of 1% for each month that the date of death precedes Normal Retirement Date up to a maximum reduction of 42% <p>If the surviving spouse of a Participant with Eligibility Service both prior to January 1, 1995 and after December 31, 1994 elects to receive the entire benefit as a monthly annuity, then (a) and (b) are changed to be based on the Normal Retirement Benefit determined as of the participant's date of death, not as of December 31, 1994 (regardless of whether the participant had 30 years of service). Payments are guaranteed for 60 months and payable to the spouse's beneficiary if necessary.</p>
Vested death benefit	Deferred benefit, payable to Participant's spouse at what would have been the employee's earliest benefit commencement date, equal to 55% of the Termination Benefit, assuming that the Joint and 55% form of payment had been elected. Payments are guaranteed for 60 months and payable to the spouse's beneficiary if necessary.

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Valuation Date:	January 1, 2015

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment

Normal Form of Payment

- Married Participant: 55% surviving spouse annuity with 60 payments guaranteed. The form reduction is 7.5% plus 0.5% for each year the joint annuitant is younger than the participant (or minus 0.5% for each year the joint annuitant is older than the participant) up to 15 years.
- Unmarried Participant: Single life annuity with 60 payments guaranteed.

Optional Forms of Payment

- Single life annuity with 60 payments guaranteed
- Joint and 100% survivor annuity with 60 payments guaranteed – The optional form reduction is 13.5% plus 0.5% for each year the joint annuitant is younger than the participant (or minus 0.5% for each year the joint annuitant is older than the participant) up to 27 years.
- Joint and 75% survivor annuity with 60 payments guaranteed - The optional form reduction is 10.5% plus 0.5% for each year the joint annuitant is younger than the participant (or minus 0.5% for each year the joint annuitant is older than the participant) up to 21 years.
- Joint and 55% survivor annuity with 60 payments guaranteed – The optional form reduction is 7.5% plus 0.5% for each year the joint annuitant is younger than the participant (or minus 0.5% for each year the joint annuitant is older than the participant) up to 15 years.
- Lump sum, based upon the benefit accrued as of 12/31/1994 (any additional benefit accruals are payable in any of the other optional benefit forms). If the lump sum value of the benefit accrued after 12/31/1994 is less than \$10,000, a participant may receive the lump sum value of his entire benefit.

Pension Increases

None.

Plan Participants' Contributions

On and after January 1, 1995, employees must elect to contribute one and one-half percent (1½%) of Compensation in order to receive Credited Service and earn a pension.

Maximum on benefits and pay

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

Benefits not valued

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

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

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Future Plan Changes

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

Changes in Benefits Valued Since Prior Year

There have been no changes to benefits valued since the prior year, other than the increase in the maximum benefit limit under IRC §415 as of January 1, 2015 which had no impact on the funding target.

Substantive Commitment

No substantive commitments other than the above plan provisions have been included in this valuation.

Plan Name:	West Valley Pension Plan
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WEST VALLEY PENSION PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2015

EIN: 90-0629675

PLAN NUMBER: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investments, including maturity date, rate of interest, collateral par or maturity value	(d) Cost	(e) Current Value
	MGI U.S. Large Cap Passive Equity Fund	Common fund - 827,113 shares	\$ 16,914,463	\$ 17,137,783
	MGI Long Duration Investment Grade Fixed Income Fund	Common fund - 744,917 shares	13,713,924	13,162,685
	MGI U.S. Long Duration Bond Fund	Common fund - 678,980 shares	13,220,183	12,785,189
	MGI Non U.S. Core Equity Fund	Common fund - 735,403 shares	10,641,285	10,803,074
	Mercer Global Low Volatility Equity	Common fund - 488,148 shares	6,463,085	6,702,278
	MGI Long Duration Passive Fixed Income Fund	Common fund - 355,383 shares	6,731,494	6,514,173
	Mercer Opportunistic Fixed Income Fund	Common fund - 452,117 shares	4,561,857	3,978,627
	MGI Emerging Markets Equity Fund	Common fund- 344,585 shares	3,473,241	3,001,336
	MGI U.S. Core Opportunistic Fixed Income Fund	Common fund - 185,422 shares	2,879,596	2,879,596
	MGI U.S. Small / Mid Cap Growth Equity Fund	Common fund - 119,278 shares	2,568,059	2,517,963
	MGI U.S. Small / Mid Cap Value Equity Fund	Common fund - 138,363 shares	2,363,245	2,300,982
	MGI U.S. Passive Fixed Income Fund	Common fund - 123,503 shares	1,931,586	1,942,698
			85,462,018	83,726,384
	* State Street Short-Term Investment Fund	Interest bearing cash	418,721	418,721
			\$ 85,880,739	\$ 84,145,105

* Party named is a party-in-interest.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2015

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		0		1		0		0		0		0		0		0		0	
30 - 34	0		0		3		0		0		0		0		0		0		0	
35 - 39	0		0		1		1		0		0		0		0		0		0	
40 - 44	0		2		3		0		0		4		0		0		0		0	
45 - 49	0		1		1		2		1		4		10		1		0		0	
50 - 54	1		1		6		2		2		14		23		3		0		0	
55 - 59	0		0		1		5		1		13		12		8		0		0	
60 - 64	0		0		1		2		0		4		3		5		1		1	
65 - 69	0		0		0		0		0		2		2		0		0		0	
70 & Over	0		0		0		0		0		0		0		0		0		0	

Plan Name: West Valley Pension Plan
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 Plan Sponsor: CH2M Hill BWXT West Valley, LLC
 Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Plan Sponsor CH2M Hill BWXT West Valley, LLC

EIN / PN 90-0629675 / 001 effective August 29, 2011

26-0573235 / 001 effective January 1, 2011

26-1320627 / 009 for 2008 - 2010

33-0565601 / 009 for 2007

82-0508469 / 003 prior to 2007

Economic Assumptions

Interest rate basis:

Applicable month September

Yield curve basis Segment rates

Interest rates:	Not Reflecting Corridors	Reflecting Corridors
• First segment rate	1.15%	4.72%
• Second segment rate	4.06%	6.11%
• Third segment rate	5.15%	6.81%
• Effective interest rate	4.48%	6.34%

The interest rates shown above for "Reflecting Corridors" reflect the Highway and Transportation Funding Act (HATFA) signed into law on August 8, 2014. HATFA delays the widening of the corridors enacted by MAP-21 in 2012.

ASC 960 (plan accounting) 5.90%

Annual rates of increase

Compensation:	Year	Salary Scale
	2015 and later	2.60%

Future Social Security wage bases N/A

Statutory limits on compensation N/A

Interest on employee contribution balances 3.00%

Plan Name: West Valley Pension Plan

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Plan Sponsor: CH2M Hill BWXT West Valley, LLC

Valuation Date: January 1, 2015

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Demographic Assumptions

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

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

Mortality

- Healthy The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

- Disabled Same as mortality assumption for healthy lives.

Termination Rates varying by age and gender:

Percentage leaving during the year		
Attained Age	Males	Females
20	14.7%	21.6%
25	7.4	11.6
30	4.3	6.7
35	3.1	5.1
40	2.0	3.9
45	1.3	2.8
50	0.7	1.4
69	0.1	0.1
70 and over	0	0

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

Percentage becoming disabled during the year	
Age	Males and Females
25	0.015%
30	0.015
35	0.015
40	0.020
45	0.040
50	0.105
55	0.225
60	0.505
65 and over	0

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Valuation Date: January 1, 2015

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Retirement

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

Percentage retiring during the year	
Age	Males and Females
58	5%
59	5
60	15
61	20
62	25
63	35
64	50
65	40
66	40
67	40
68	40
69	40
70 and over	100

Average age: 62

Participants with deferred benefits are assumed to commence their benefit payments at age 65.

Benefit Commencement Date

- In service death benefit
Earliest of:
 - Immediately with 25 years of service
 - Age 50 with 15 years of service
 - Age 60 with 10 years of service
 - Age 65
- Deferred vested benefit
Earliest retirement age for active participants who terminate. Age 65 for participants with deferred vested benefits as of the valuation date.
- Disability benefit
Earliest retirement age
- Retirement benefit
Upon termination of employment

Form of payment

Participants are assumed to elect the normal form except that 25% of active participants are assumed to elect a lump sum payment on benefits accrued through December 31, 1994.

Lump sums were valued using the substitution of annuity form under IRS Regulation §1.430(d)-1(f)(4) without application of generational mortality.

For ASC 960 (plan accounting), lump sums were valued using the September 2013 24-month average three-segment rates without regard to the HATFA corridors.

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Percent married	For purposes of valuing the pre-retirement surviving spouse's benefit, 85% of eligible male participants and 65% of eligible female participants are assumed to be married.
Spouse age	Male spouses are assumed to be 3 years older than female spouses.
Covered pay	Compensation assumed paid in the current year beginning on the valuation date is the greater of the actual pay from the prior plan year adjusted by one-half year of the salary increase assumption and the current annual rate of pay.
Administrative expenses	Plan related expenses are assumed to be the average of actual administrative expenses net of PBGC premiums in the prior three years, plus expected PBGC premiums for the current year, rounded to the nearest thousand. The amount included this year for plan-related administrative expenses is \$528,000.
At-risk assumptions	For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year less employee contributions expected to be made to the trust during the plan year, as required by regulations under IRC §430.
Actuarial value of assets	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings of 6.50% and 6.40% for the 2014 and 2013 plan years respectively, (with such expected earnings limited as described in IRS Notice 2009-22) . The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.)

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Plan Sponsor:	CH2M Hill BWXT West Valley, LLC
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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2015

Type of Base		Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1	Shortfall	01/01/2015	(882,826)	7	(882,826)	(146,817)
2	Shortfall	01/01/2014	123,332	6	109,656	20,641
3	Shortfall	01/01/2013	2,071,971	5	1,593,369	348,724
Total					820,199	222,548

Plan Name: West Valley Pension Plan
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Plan Sponsor: CH2M Hill BWXT West Valley, LLC
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

Other than the prescribed changes in the discount rate and mortality, the following other changes in assumptions were made as part of this valuation:

- The annual salary increase assumption was changed from 2.80% for 2015 and later years for the January 1, 2014 valuation, to 2.60% for 2015 and later years as of January 1, 2015, to reflect a decrease in long term expectations.
- The mortality tables used for disabled participants are the same as those used for healthy participants. In the January 1, 2014 valuation the Revenue Ruling 96-7 mortality tables were used for disabled participants.
- Interest on employee contribution balances were updated from 4.00% per year to 3.00% per year.

There were no other changes to non-prescribed actuarial assumptions for the January 1, 2015 valuation.

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Plan Sponsor:	CH2M Hill BWXT West Valley, LLC
Valuation Date:	January 1, 2015

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	CH2M Hill BWXT West Valley, LLC
EIN/PN	90-0629675/001
Plan Name	West Valley Pension Plan
Valuation Date	January 1, 2015
Enrolled Actuary	Linda Eckholm
Enrollment Number	14-05358

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 18c Employee Contributions Paid For the 2015 Plan Year

The following schedule of employee contributions reflects actual dates and contributions. Due to limited space, line 18c of the 2015 Schedule SB for West Valley Pension Plan shows the total employee contributions for the 2015 plan year at July 1, 2015.

Date	Amount Paid by Employees	Date	Amount Paid by Employees
01/02/2015	1,583.55	06/25/2015	6,503.45
01/09/2015	6,462.12	07/02/2015	1,837.39
01/15/2015	1,559.82	07/10/2015	6,560.45
01/23/2015	6,364.20	07/17/2015	1,730.47
01/30/2015	1,616.55	07/24/2015	6,512.85
02/06/2015	6,332.98	07/31/2015	1,737.05
02/13/2015	1,599.08	08/06/2015	6,322.44
02/20/2015	6,345.20	08/13/2015	1,551.90
02/27/2015	1,629.97	08/20/2015	6,335.57
03/06/2015	6,327.37	08/27/2015	1,530.33
03/13/2015	1,680.75	09/03/2015	6,315.62
03/20/2015	6,906.82	09/11/2015	1,507.97
03/27/2015	1,547.33	09/18/2015	6,393.26
04/02/2015	6,499.08	09/25/2015	1,622.69
04/08/2015	1,653.92	10/02/2015	6,494.33
04/17/2015	6,565.42	10/23/2015	9,911.30
04/24/2015	1,634.96	10/30/2015	6,655.65
05/01/2015	6,563.76	11/06/2015	1,784.86
05/08/2015	1,575.67	11/13/2015	6,704.08
05/15/2015	6,481.87	11/20/2015	1,744.18
05/22/2015	1,562.38	12/04/2015	8,371.16
05/29/2015	6,371.23	12/11/2015	6,503.15
06/05/2015	1,638.49	12/18/2015	1,811.25
06/12/2015	6,443.73	12/24/2015	6,552.86
06/19/2015	1,624.73		
Total			211,565.24

Plan Name: West Valley Pension Plan
EIN / PN: 90-0629675 / 001
Plan Sponsor: CH2M Hill BWXT West Valley, LLC
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2015

See Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement and then computing the average retirement age for the table.

Age	Rate of Retirement	Number of Retirements	Number of Remaining Participants	Weighted Average Age
			100,000	
58	5.00%	5,000	95,000	290,000
59	5.00%	4,750	90,250	280,250
60	15.00%	13,538	76,712	812,280
61	20.00%	15,342	61,370	935,862
62	25.00%	15,343	46,027	951,266
63	35.00%	16,109	29,918	1,014,867
64	50.00%	14,959	14,959	957,376
65	40.00%	5,984	8,975	388,960
66	40.00%	3,590	5,385	236,940
67	40.00%	2,154	3,231	144,318
68	40.00%	1,292	1,939	87,856
69	40.00%	776	1,163	53,544
70	100.00%	1,163	0	81,410
Weighted Average Age				62

Plan Name: West Valley Pension Plan
EIN / PN: 90-0629675 / 001
Plan Sponsor: CH2M Hill BWXT West Valley, LLC
Valuation Date: January 1, 2015

WEST VALLEY PENSION PLAN

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
December 31, 2015

EIN: 90-0629675
PLAN NUMBER: 001

(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Assets	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Single Transactions:								
None								
Series Transactions:								
* State Street Short-Term Investment Fund	Interest bearing cash	\$ 5,764,309	\$ -	\$ -	\$ -	\$ 5,764,309	\$ 5,764,309	\$ -
* State Street Short-Term Investment Fund	Interest bearing cash	\$ -	\$ 5,657,232	\$ -	\$ -	\$ 5,657,232	\$ 5,657,232	\$ -

* Party named is a party-in-interest.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan West Valley Pension Plan	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CH2M Hill BWXT West Valley, LLC	D Employer Identification Number (EIN) 90-0629675	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2015</u>			
2 Assets:			
a Market value.....	2a	89,259,910	
b Actuarial value.....	2b	86,678,267	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	279	37,786,424	37,786,424
b For terminated vested participants.....	407	24,402,656	24,402,656
c For active participants.....	148	23,046,314	25,138,347
d Total.....	834	85,235,394	87,327,427
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate.....	5	6.34%	
6 Target normal cost.....	6	1,828,956	

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary	<u>9/30/2016</u> Date 1405358 Most recent enrollment number 206-625-1125 Telephone number (including area code)
Linda C Eckholm Type or print name of actuary Towers Watson Delaware Inc. Firm name 600 University Street, Suite 3100 Seattle WA 98101 Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2015
v. 150123

Part II Beginning of Year Carryover and Prefunding Balances

Part II Beginning of Year Carryover and Prefunding		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1,187,108
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1,031,036
9	Amount remaining (line 7 minus line 8)	0	156,072
10	Interest on line 9 using prior year's actual return of <u>9.59</u> %	0	14,967
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		300
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.59</u> %		20
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		320
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	171,039

Part III	Funding Percentages
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14	Funding target attainment percentage	14	99.06%
15	Adjusted funding target attainment percentage	15	99.06%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	97.59%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/10/2015	349,994				
07/09/2015	521,033				
10/07/2015	339,874				
01/08/2016	461,589				
09/07/2016	305,339				
07/01/2015		211,565			
			Totals ►	18(b)	18(c)
				1,977,829	211,565

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	1,881,802

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
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%	☐ N/A, full yield curve used
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 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	1,828,956	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	820,199		222,548
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	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	2,051,504	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	171,039	171,039
36 Additional cash requirement (line 34 minus line 35)	36	1,880,465	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1,881,802	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1,337	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	1,337	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☒ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☒ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	