Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF BABCOCK & WILCOX COMMERCIAL OPERATIONS

1b Three-digit plan number (PN) ▶ 032

1c Effective date of plan 02/01/2005

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)
THE BABCOCK & WILCOX COMPANY

13024 BALLANTYNE CORPORATE PLACE
SUITE 700
CHARLOTTE, NC 28277

2b Employer Identification Number (EIN) 13-2933685

2c Plan Sponsor's telephone number 704-625-4900

2d Business code (see instructions) 339900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2017	GAIL STEVENS
	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

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

THE BABCOCK & WILCOX BENEFITS COMMITTEE

13024 BALLANTYNE CORPORATE PLACE
SUITE 700
CHARLOTTE, NC 28277

3b Administrator's EIN: 13-2933685

3c Administrator's telephone number: 704-625-4900

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

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	7677
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)**	1183
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	846
b	Retired or separated participants receiving benefits	**6b**	4558
c	Other retired or separated participants entitled to future benefits	**6c**	1230
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	6634
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	885
f	Total. Add lines **6d** and **6e**.	**6f**	7519
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**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1B 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)** ☐ 0 **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)

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 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

▶ **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
RETIREMENT PLAN FOR EMPLOYEES OF BABCOCK & WILCOX COMMERCIAL OPERATIONS

B Three-digit plan number (PN) ▶ 032

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
THE BABCOCK & WILCOX COMPANY

D Employer Identification Number (EIN)
13-2933685

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 2016

2 Assets:

a Market value	**2a**	856873538
b Actuarial value	**2b**	890851008

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	5331	630560484	630560484
b For terminated vested participants	1259	37037031	37037031
c For active participants	1183	227954553	236627405
d Total	7773	895552068	904224920

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**	6.02 %
6 Target normal cost	**6**	5718109

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/19/2017
Date

SONJA C. BORSARI, FSA, EA, MAAA
Type or print name of actuary

17-05568
Most recent enrollment number

CONDUENT HR CONSULTING, LLC
Firm name

203-886-6756
Telephone number (including area code)

500 PLAZA DRIVE
SECAUCUS, NJ 07096-1533
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	6946296
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	4372645
9	Amount remaining (line 7 minus line 8)	0	2573651
10	Interest on line 9 using prior year's actual return of -2.09%	0	-53789
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.22%		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	2519862

Part III Funding Percentages

14	Funding target attainment percentage	14	98.24%
15	Adjusted funding target attainment percentage	15	98.24%
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	101.25%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/14/2017	6433634	0			
			Totals ► 18(b)	6433634	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	5825202

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.43%	5.91%	6.65%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 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**	5718109
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	15893774	2626024
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**	8344133

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2519862	2519862

36 Additional cash requirement (line 34 minus line 35)	**36**	5824271
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	5825202

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

a Total (excess, if any, of line 37 over line 36)	**38a**	931
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	931
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**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF BABCOCK & WILCOX COMMERCIAL OPERATIONS

B Three-digit plan number (PN) ▶ 032

C Plan sponsor's name as shown on line 2a of Form 5500
THE BABCOCK & WILCOX COMPANY

D Employer Identification Number (EIN)
13-2933685

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(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 ☐

(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 ☐

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)

(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 ☐

(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

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

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

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

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

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

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

(complete as many entries as needed)

a Name: LANCE MOSBY	**b** EIN: 84-1656069	
c Position: AUDITOR		
d Address: 11511 KATY FREEWAY SUITE 590 HOUSTON, TX 77079	**e** Telephone: 281-596-0444	

Explanation: THE PREVIOUS AUDITOR WAS TERMINATED AS B&W MANAGEMENT WANTED TO ENGAGE A LOCAL (CHARLOTTE, NC) BASED AUDITOR.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF BABCOCK & WILCOX COMMERCIAL OPERATIONS

B Three-digit plan number (PN) ▶ 032

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
THE BABCOCK & WILCOX COMPANY

D Employer Identification Number (EIN)
13-2933685

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: B&W PENSION TRUST

b Name of sponsor of entity listed in (a): THE BABCOCK & WILCOX COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-2933685-034	M	856820748

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF BABCOCK & WILCOX COMMERCIAL OPERATIONS

B Three-digit plan number (PN) ▶ 032

C Plan sponsor's name as shown on line 2a of Form 5500
THE BABCOCK & WILCOX COMPANY

D Employer Identification Number (EIN)
13-2933685

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)	0	6433634
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(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)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	854052746	856820748
(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)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**		
	(2) Employer real property	**1d(2)**		
e	Buildings and other property used in plan operation	**1e**		
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	854052746	863254382
	Liabilities			
g	Benefit claims payable	**1g**		
h	Operating payables	**1h**		
i	Acquisition indebtedness	**1i**		
j	Other liabilities	**1j**		
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	854052746	863254382

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)**	6433634	
	(B) Participants	**2a(1)(B)**		
	(C) Others (including rollovers)	**2a(1)(C)**		
	(2) Noncash contributions	**2a(2)**		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		6433634
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**		
	(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)**		0
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**		
	(B) Common stock	**2b(2)(B)**		
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		0
	(3) Rents	**2b(3)**		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**		
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**		
	(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)**		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		67206087
(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		73639721
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	67181305	
(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)		67181305
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)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		67181305
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		6458416
l Transfers of assets:			
(1) To this plan	2l(1)		3952528
(2) From this plan	2l(2)		1209308

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) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

(1) Name: DIXON HUGHES GOODMAN LLP (2) EIN: 56-0747981

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	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.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		15000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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)
BWXT RETIREMENT PLAN	72-1172705	001

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 3999876. (See instructions.)

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 sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF BABCOCK & WILCOX COMMERCIAL OPERATIONS

B Three-digit plan number (PN) ▶ 032

C Plan sponsor's name as shown on line 2a of Form 5500
THE BABCOCK & WILCOX COMPANY

D Employer Identification Number (EIN)
13-2933685

Part I Distributions

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

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

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

EIN(s): 36-1561860

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** 13

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that 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:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 43.0 % Investment-Grade Debt: 56.0 % High-Yield Debt: 1.0 % Real Estate: 0.0 % Other: 0.0 %

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? If "No," skip b	☐ Yes	☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Current year" ADP test	☐ "Prior year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test	☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes	☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter ____/____/____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter ____/____/____.

The Babcock & Wilcox Company

Retirement Plan for Employees of Babcock & Wilcox Commercial Operations

Financial statements as of and for the years ended
December 31, 2016 and 2015, and
Independent Auditors' Report

DIXON HUGHES GOODMAN LLP

Independent Auditors' Report

To the Participants and Babcock & Wilcox Investment Committee
The Retirement Plan for Employees of Babcock & Wilcox Commercial Operations

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Retirement Plan for Employees of Babcock & Wilcox Commercial Operations (the "Plan"), which comprises the statements of net assets available for benefits as of December 31, 2016 and 2015, 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits 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 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by Northern Trust Corporation, the trustee of the Plan, except for comparing such 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 investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2016 and 2015, 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.

DIXON HUGHES GOODMAN LLP

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

The form and content of the information included in the financial statements, other than that derived from the information certified by the trustee, have 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Dixon Hughes Goodman LLP

Charlotte, North Carolina
June 23, 2017

Retirement Plan for Employees of Babcock & Wilcox Commercial Operations
Statements of Net Assets Available for Benefits

	December 31, 2016	December 31, 2015
Investments, at fair value:		
Plan's interest in net assets of the Master Trust	$ 856,820,748	$ 854,052,746
Contributions receivable:		
Employer contributions	6,433,634	—
Total contributions receivable	6,433,634	—
Net assets available for benefits	**$ 863,254,382**	**$ 854,052,746**

Retirement Plan for Employees of Babcock & Wilcox Commercial Operations
Statements of Changes in Net Assets Available for Benefits

	December 31, 2016	December 31, 2015
Additions to net assets:		
Plan's interest in investment income of the Master Trust	$ 67,206,087	$ —
Employer contributions	6,433,634	—
Total additions	73,639,721	—
Deductions from net assets:		
Plan's interest in investment loss of the Master Trust	—	23,182,654
Benefits paid directly to participants	67,181,305	63,286,587
Total deductions	67,181,305	86,469,241
Net increase (decrease) before transfers from Master Trust	6,458,416	(86,469,241)
Transfers from (to) former parent retirement Master Trust	2,743,220	(2,853,896)
Net increase (decrease)	**$ 9,201,636**	**$ (89,323,137)**
Net assets available for benefits		
Beginning of year	854,052,746	943,375,883
End of year	**$ 863,254,382**	**$ 854,052,746**

RETIREMENT PLAN FOR EMPLOYEES OF
BABCOCK & WILCOX
COMMERCIAL OPERATIONS

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2016 and 2015

NOTE 1 - BASIS OF FINANCIAL STATEMENTS

On June 30, 2015, The Babcock & Wilcox Company (the “former Parent”) completed the spin-off of its Power Generation business into an independent, publicly traded company named Babcock & Wilcox Enterprises, Inc. (“B&W”). Prior to the spin-off, the former Parent established a new master trust (the “B&W Pension Trust”) to hold the assets of the Retirement Plan for Employees of Babcock & Wilcox Commercial Operations (the "Plan"). Concurrent with the spin-off, the former Parent was renamed BWX Technologies, Inc. and Babcock and Wilcox Power Generation Group, Inc., a subsidiary of B&W, was renamed as The Babcock & Wilcox Company (the “Company”).

All contributions made to the Plan are invested in the B&W Pension Trust. The Babcock & Wilcox Investment Committee (the “Investment Committee”), a committee appointed by the Board of Directors of the Company, has full discretionary authority for the management and control of the assets of the B&W Pension Trust. The Investment Committee may delegate authority to investment managers to manage certain assets of the B&W Pension Trust, including the power to acquire and dispose of certain assets of the B&W Pension Trust.

During 1987, a predecessor to the B&W Pension Trust purchased a non-participating single premium annuity contract from Metropolitan Life Insurance Company (“Metropolitan”) covering substantially all pre-January 1, 1987 retirees, including retirees of certain predecessor plans (the “1987 Annuity Contract”). Under the 1987 Annuity Contract, Metropolitan is obligated to pay the pension benefits to said retirees or their beneficiaries. The 1987 Annuity Contract is excluded from plan assets, and benefits to be provided by the 1987 Annuity Contract are excluded from the actuarial data provided in these financial statements.

In December 2011, a predecessor to the B&W Pension Trust purchased a non-participating single premium annuity contract from Metropolitan covering those retirees covered by the 1987 Annuity Contract who received an ad hoc pension increase in 1998 (the “2011 Annuity Contract”). Under the 2011 Annuity Contract, Metropolitan is obligated to pay the ad hoc pension increase in 1998 to said retirees or their beneficiaries. The 2011 Annuity Contract is excluded from plan assets, and benefits to be provided by the 2011 Annuity Contract beginning January 1, 2012 are excluded from the actuarial data provided in these financial statements.

NOTE 2 - DESCRIPTION OF PLAN

The following brief description of the Plan is provided for general information purposes only. Participants should refer to the Summary Plan Description for more detailed information or to the official plan documents for complete information.

General

The Plan is a non-contributory defined benefit pension plan administered by The Babcock & Wilcox Benefits Committee (the "Benefits Committee"), which is appointed by the Board of Directors of the Company. Although participation in the Plan is closed to new salaried participants, the Plan covers substantially all hourly-paid employees and salaried employees of the Company and its participating subsidiaries and affiliates who were hired or rehired prior to the applicable participation freeze date, except for non-resident alien employees who do not earn income in the United States, employees under certain collective bargaining agreements, and leased employees. Eligible employees became participants when they attained age 21 and completed one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Pension benefits and vesting

An employee who has participated in the Plan for five years (including participation in a predecessor plan) or has a frozen accrued benefit is entitled to receive pension benefits at his normal retirement age, but depending on age and years of service, a participant may be able to elect early retirement. Benefits are also payable upon the death or disability of a participant. Participants become fully vested in plan benefits after five years of service or on the applicable freeze date for participants with a frozen accrued benefit. Benefits under the Plan are based on years of service and a flat benefit rate for substantially all hourly employees and on years of service and the highest consecutive five-year average of compensation during the last ten years of service for all other employees. Plan benefits for active salaried plan participants which were not already frozen were frozen effective as of December 31, 2015, such that the accrued benefits of such participants will not increase as a result of any compensation earned or service performed after December 31, 2015. Supplemental payments are also made to certain participants affected by changes in other postretirement benefit plans.

NOTE 3 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP"). Benefit payments to participants are recorded upon distribution.

Use of estimates

The preparation of financial statements in conformity U.S. GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Among the most significant estimates in the financial statements are the assumptions underlying the actuarial present value of accumulated plan benefits. Actual results could differ from those estimates, and those differences could be material.

Investment valuation

Investments in securities are valued at fair value. Fair value determinations are made by reference to available quoted market prices on national exchanges when available or by reference to quoted prices for similar securities when available. See Note 9 for further discussion of valuation methodologies used with respect to the investments of the Master Trust.

Realized gains and losses on the sale of investments and unrealized gains and losses in the fair value of investments held by the Master Trust are presented as net appreciation (depreciation) in the fair value of investments in the Master Trust. Purchases and sales of investments are recorded on the trade dates. Interest income is accrued as earned; dividends are recorded as income on the ex-dividend date.

Risks and uncertainties

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

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

Transfers with affiliated and unaffiliated plans

Transfers to or from an affiliated plan may be recognized from time to time to move actuarially determined asset values associated with the liabilities of participants who may transfer between affiliated retirement plans as a result of a transfer between various business units of B&W and the former Parent. In connection with the spin-off that occurred in 2015 as described in Note 1, transfers were made between the former Parent and the Plan to place each participant in the plan and company in which the participant historically was employed. The result of the net transfer was an increase of $2,743,220 and a decrease of $2,853,896 in 2016 and 2015, respectively. No further asset or liability transfers will be made.

Administrative expenses

Administrative expenses, Trustee fees and the PBGC premium are paid from the Master Trust and deducted from investment income or added to investment losses in the Statements of Changes in Net Assets Available for Benefits. Administrative expenses were $3,618,896 and $3,409,073 for the years ended December 31, 2016 and 2015, respectively.

NOTE 4 - TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated June 17, 2014, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code. The Plan has been amended since receiving the determination letter; however, the Company and plan management believe that the Plan is currently designed and operated in compliance with the applicable requirements of the Internal Revenue Code and the Plan and related trust continue to be tax-exempt.

U.S GAAP requires the plan administrators to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrators have analyzed the tax positions taken by the Plan and have concluded that as of December 31, 2016 and 2015 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 jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 5 - FUNDING POLICY

The Plan is funded based on actuarial recommendations and to at least meet the minimum funding requirements of ERISA. During the years ended December 31, 2016 and 2015 the Plan met these minimum funding requirements.

NOTE 6 - PLAN TERMINATION

In the event of plan termination, benefits accrued under the Plan would become non-forfeitable to the extent then funded and the net assets of the Plan would be allocated as prescribed by ERISA and its related regulations. The Committee would determine the date and method of distribution of the net assets and would distribute such assets in accordance with the provisions of the Plan.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (“PBGC”) (a U.S. governmental agency) 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 dollar amount and type limitations. The maximum annual benefit for a 65 year old retiree guaranteed by PBGC for plans terminating in 2016 was $60,136. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. 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 those benefits and may also depend on the level of benefits guaranteed by the PBGC.

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

NOTE 7 - 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 employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits, as calculated by the Plan's actuary, is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

For accounting purposes, life expectancy of participants and disabled participants was determined using the tables mandated by the Pension Protection Act, projected 7 years for annuitants and 15 years for non-annuitants. The expected rate of return on plan assets used in the valuations was 6.9% and 7.2% at January 1, 2016 and 2015, respectively. The discount rate used in the valuations was 4.3% and 4.0% at January 1, 2016 and 2015, respectively. The actuarial cost method is the Unit Credit Method. The Plan’s actuary has used the Standard Premium Funding Target for 2016 and 2015. In developing the Plan’s funding requirements, the Plan’s actuary has used the PPA Segment Rates for funding purposes with adjustments under MAP-21 and HATFA, mortality rates mandated by IRS regulations and expected administrative expenses of $5,200,000 loaded into the target normal cost. Decrements in participant levels have generally been based on historical business unit experience.

The actuarial present value of accumulated plan benefits was as follows:

	January 1, 2016	January 1, 2015
Vested and nonvested benefits:		
Participants currently receiving payments	$ 759,435,121	$ 773,671,029
Other participants	356,832,650	378,377,143
Total vested	1,116,267,771	1,152,048,172
Nonvested benefits	10,493,229	14,552,992
Total vested and nonvested benefits	$1,126,761,000	$1,166,601,164

The changes in the actuarial present value of accumulated plan benefits that occurred during the year ended January 1, 2016 and 2015 were as follows:

	January 1, 2016	January 1, 2015
(Decrease) increase during the year attributable to:		
Benefits accumulated	$ 19,478,440	$ 15,736,528
Plan amendments	482,868	—
Increase due to passage of time	(41,925,611)	149,682,081
Changes in assumptions	45,410,726	47,255,342
Benefits paid	(63,286,587)	(60,410,127)
Net (decrease) increase	(39,840,164)	152,263,824
Actuarial present value of accumulated plan benefits:		
Beginning of year	1,166,601,164	1,014,337,340
End of year	$1,126,761,000	$1,166,601,164

The fluctuations in the 2016 and 2015 actuarial present value due to changes in assumptions were primarily due to changes in the discount rate used to determine the present value of the obligations.

Benefit restrictions can be placed on the Plan based generally upon the ratio of adjusted actuarial value of plan assets to an actuarially determined funding target. No restrictions were applicable for 2016 or 2015.

NOTE 8 - FINANCIAL INFORMATION OF THE MASTER TRUST (Certified by Trustees) (Unaudited)

Pursuant to the provisions of 29CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan's independent auditors did not perform any auditing procedures with respect to the information certified by the Trustees, except for comparing such information to the related financial statements. All financial data included in the financial statements and their accompanying notes relating to investments, income (loss) from investments, and net appreciation (depreciation) in fair value of investments was obtained from the information certified by the Trustees. The Trustees, on a combined basis, have certified the Plan's interest in net assets of the Master Trust of $856,820,748 and $854,052,746 at December 31, 2016 and 2015, respectively, and the Plan's interest in investment income of the Master Trust, before related expenses, of $75,262,393 for the year ended December 31, 2016 and the Plan's interest in investment loss of the Master Trust, before related expenses of $16,088,055 for the year ended December 31, 2015. At December 31, 2016 and 2015, the Plan had a proportionate undivided interest in the net assets held by the Master Trust of 100%, respectively. The investment in the Master Trust is the only investment held by the Plan.

The following is a summary of the Master Trust's financial information and data certified by the Trustee as complete and accurate in accordance with 29CFR2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

NET ASSETS OF THE MASTER TRUST
(CERTIFIED BY TRUSTEES)

	December 31, 2016	December 31, 2015
Values determined by quoted market prices:		
Common stocks	$ 62,934,577	$ 57,383,632
U.S. Government securities	143,142,055	142,144,384
Interest-bearing cash	14,247,587	14,288,680
Values determined otherwise:		
Fixed income securities and corporate bonds	298,274,962	323,591,046
Commingled trust funds	331,832,158	312,352,912
Total Investments	850,431,339	849,760,654
Other investment related net assets (liabilities)	1,865,087	(979,792)
Interest and dividends receivable	4,524,322	5,271,884
Net assets	$ 856,820,748	$ 854,052,746

INVESTMENT INCOME OF THE MASTER TRUST
(CERTIFIED BY TRUSTEES)

	December 31, 2016	December 31, 2015
Net realized and unrealized appreciation (depreciation) fair value of investments	$ 53,261,655	$ (41,464,847)
Interest and dividend income	22,000,738	27,648,971
Other investment expense	(8,056,306)	(9,366,778)
Total investment income (loss)	$ 67,206,087	$ (23,182,654)

Substantially all cash and cash equivalent balances held by the Master Trust are in excess of federally insured limits.

NOTE 9 - FAIR VALUE OF INVESTMENTS

Financial Accounting Standards Board Accounting Standards Codification 820, *Fair Value Measurements and Disclosures* ("ASC 820"), defines fair value as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants at the measurement date. ASC 820 also expands the disclosure requirements around fair value and establishes a hierarchy for valuation inputs that emphasizes the use of observable inputs when measuring fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). Categorization of instruments within the fair level hierarchy is based upon the lowest level of input that is significant to the fair value measurement. The three levels of the fair value hierarchy under ASC 820 are described below:

Level 1 Inputs are based on unadjusted quoted prices for identical instruments traded in active markets.

Level 2 Inputs are based on unadjusted quoted prices for similar instruments in active markets or identical instruments in inactive markets and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the asset or liability.

Level 3 Inputs are generally unobservable and typically reflect estimates of assumptions that market participants would use in pricing the asset or liability. The fair values are usually determined using model-based techniques that include option pricing models, discounted cash flow models and similar valuation techniques.

Following is a description of the primary valuation methodologies used to measure the fair value of each class of Plan assets at December 31, 2016 and 2015.

Common stocks: Valued at the quoted market price of shares held as evidenced on listed trading exchanges.

Fixed income securities and corporate bonds: Valued based on comparisons with the quoted market price of similar securities with similar credit ratings (market approach) or by performing discounted cash flow analysis considering market conditions, credit terms and comparative credit ratings of the issuers (income approach). Observable inputs include quoted market prices for similar securities, interest rates on securities and credit ratings of various issuers.

U. S. Government securities: Valued using quoted market prices of the securities held as evidenced on listed trading exchanges.

Cash and cash equivalents: Valued at the notional monetary amount, adjusted for currency exchange rates when applicable.

Commingled trust funds: Valued by the trust manager at redemption prices established by the trustee based on the value of the underlying securities held in trust, which include securities having quoted market prices, securities similar to securities having quoted market prices (market approach) and securities for which discounted cash flow analysis and other subjective factors are necessary for valuation (income approach).

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date

Fair Value Measurements

The following table sets forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of December 31, 2016:

	Level 1	Level 2	Total
Common stocks	$ 62,934,577	$ —	$ 62,934,577
Fixed income securities	—	298,274,962	298,274,962
U.S. Government securities	143,142,055	—	143,142,055
Cash and accrued items	19,392,331	1,244,665	20,636,996
Commingled trust funds	—	331,832,158	331,832,158
Total	$ 225,468,963	$ 631,351,785	$ 856,820,748

The following table sets forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of December 31, 2015:

	Level 1	Level 2	Total
Common stocks	$ 57,383,632	$ —	$ 57,383,632
Fixed income securities	—	323,591,046	323,591,046
U.S. Government securities	142,144,384	—	142,144,384
Cash and accrued items	16,511,134	2,069,637	18,580,771
Commingled trust funds	—	312,352,912	312,352,912
Total	$ 216,039,150	$ 638,013,595	$ 854,052,745

Level 2 investments were valued at December 31, 2016 and 2015 using the market approach, with the exception of certain U. S. Government agency securities which were valued using the income approach.

The following table is a summary of the changes in the Plan's Level 3 instruments measured on a recurring basis for the year ended December 31, 2015:

	2015
Balance at beginning of year	$ 51,107,897
Issuance and acquisitions	1,266,000
Dispositions	(53,416,897)
Realized gains	3,915,000
Unrealized gains	(2,872,000)
Balance at end of year	$ —

All Level 3 assets were transferred to the former Parent during the spin-off transactions.

NOTE 10 - RELATED PARTY TRANSACTIONS

The Company, the Trustees and the affiliates of both are parties-in-interest to the Plan. B&W provides administrative services to and on behalf of the Plan with no compensation or reimbursement from the Plan. Fees paid by the Master Trust to the Trustees for custodial, recordkeeping, and investment advisory services provided to all plans in the Master Trust were approximately $3,618,896 and $3,409,073 for the years ended December 31, 2016 and 2015, respectively.

NOTE 11 - SUBSEQUENT EVENTS

The plan administrator has evaluated subsequent events through June 23, 2017, which is the date the financial statements were available to be issued, for their impact on amounts recorded and related disclosures, and have incorporated the related effects as appropriate.

Plan Name: Retirement Plan for Employees of Babcock & Wilcox Commercial Operations
EIN/PN: 13-2933685 / 032

Schedule SB, Line 26 – Schedule of Active Participant Data

		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 & up		Total	
		No.	Avg Frozen Benefit.*	No.	Avg Frozen Benefit.	No.	Avg Frozen Benefit.	No.	Avg Frozen Benefit.	No.	Avg Frozen Benefit.	No.	Avg Frozen Benefit.	No.	Avg Frozen Benefit.	No.	Avg Frozen Benefit.	No.	Avg Frozen Benefit.	No.	Avg Frozen Benefit.	No.	Avg Frozen Benefit.
Average Age	Under 25	0		2		0		0		0		0		0		0		0		0		2	
	25 to 29	0		0		1		1		0		0		0		0		0		0		2	
	30 to 34	0		1		7		21		5		0		0		0		0		0		34	
	35 to 39	0		0		8		40		39		2		0		0		0		0		89	
	40 to 44	0		0		7		39		58	17,988	13		11		0		0		0		128	20,976
	45 to 49	0		3		2		31		45		20		59	33,840	6		0		0		166	30,516
	50 to 54	0		1		4		22		55	21,744	21	28,032	74	33,456	34	41,160	7		0		218	32,172
	55 to 59	0		0		4		27		22		19		47	37,452	45	55,368	82	54,396	6		252	45,972
	60 to 64	0		1		1		18		16		13		29	43,980	15		59	53,484	82	51,672	234	46,716
	65 to 69	0		0		1		9		5		3		5		2		6		19		50	49,980
	70+	0		0		0		1		1		0		2		0		0		4		8	
	Total	0		8		35		209	16,488	246	18,876	91	28,368	227	34,620	102	46,752	154	52,380	111	54,504	1,183	39,048

*Cells with at least 20 participants with no average frozen benefit shown contain fewer than 20, non-hourly participants.

CONDUENT

Plan Name: Retirement Plan for Employees of Babcock & Wilcox Commercial Operations
EIN / PN: 13-2933685 / 032

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

Prescribed Funding Assumptions and Methods

The following assumptions and methods are prescribed by ERISA.

Funding interest rates

For 2016 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	1.34%	4.43%
Second Segment Rate	4.03%	5.91%
Third Segment Rate	5.06%	6.65%

Effective Interest Rate Based on constrained rates 6.02%

For 2015 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	1.15%	4.72%
Second Segment Rate	4.06%	6.11%
Third Segment Rate	5.15%	6.81%

Effective Interest Rate Based on constrained rates 6.22%

* Used for maximum tax-deduction purposes

**Used for minimum funding and benefit restriction purposes. See Appendix D under Segment Rate

Mortality

Mortality tables mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis, projected 7 years from the valuation date for annuitants and 15 years for non-annuitants.

Actuarial cost method

Unit Credit Method. The Funding Target is the present value of accrued benefits and based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected expenses to be paid from plan assets during the year.

Plan Name: Retirement Plan for Employees of Babcock & Wilcox Commercial Operations
EIN / PN: 13-2933685 / 032

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor and is an acceptable method under PPA.

Salary increase assumption

Not applicable since pay-related benefit accruals were frozen.

Frequency of optional payment forms

	B&W Salaried	B&W Hourly	MMC Salaried
Single Life Annuity	35.0%	45.0%	38.9%
Joint & Survivor 50%	25.0%	45.0%	27.8%
Joint & Survivor 75%	5.0%	10.0%	5.5%
Joint & Survivor 100%	25.0%	---	27.8%
Joint & Last Survivor $66^{2}/_{3}$%	5.0%	---	---
10-year Certain & Life	5.0%	---	---

Marital percentage

For 2016 Plan Year

For salaried participants, 85% of male participants and 75% of female participants are assumed to be married at death. For hourly participants, 65% of male participants and 55% of female participants are assumed to be married at death.

For 2015 Plan Year

90% of male and 50% of female participants are assumed to be married at death. Husbands are assumed to be two years older than their wives.

Mortality table

The mortality table is applied on a static basis. Separate annuitant and non-annuitant tables were used.

Cost of living increases

Not applicable.

Expenses

Expected plan expenses of $5,200,000 were added to the Target Normal Cost.

Plan Name: Retirement Plan for Employees of Babcock & Wilcox Commercial Operations
EIN / PN: 13-2933685 / 032

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Decrements

Representative values of the assumed annual rates of withdrawal, vesting, early retirement, disability and death are shown below. The retirement assumption was set according to an analysis of actual plan experience from 2009 through 2011. While the plan's experience may not be statistically credible, it does provide a reasonable indication of anticipated plan experience. Terminated vested participants are assumed to retire at age 65, unless adjusted for hardship service.

McDermott Employees:

Age	Withdrawal	Annual Rate of Early Retirement (Pre 4/1/98 Hires)	Annual Rate of Early Retirement (Post 4/1/98 Hires)	Disability	Death[1] Male	Death[1] Female
25	0.07875			0.001	0.000275	0.000134
30	0.05888			0.001	0.000380	0.000193
35	0.04372			0.001	0.000662	0.000337
40	0.03397			0.002	0.000841	0.000442
45	0.02633			0.002	0.001005	0.000682
50	0.01980	0.100		0.003	0.001217	0.000985
51	0.01875	0.025		0.004	0.001262	0.001100
52	0.01792	0.025		0.005	0.001309	0.001271
53	0.01710	0.025		0.005	0.001401	0.001468
54	0.01643	0.025		0.006	0.001503	0.001700
55	0.01575	0.025	0.025	0.007	0.001671	0.001969
56	0.01538	0.040	0.040	0.008	0.001883	0.002287
57	0.01538	0.040	0.040	0.009	0.002132	0.002577
58	0.01560	0.040	0.040	0.010	0.002424	0.002817
59	0.01575	0.100	0.100	0.011	0.002677	0.003081
60	0.01635	0.100	0.100	0.013	0.002959	0.003365
61	0.01643	0.120	0.120	0.016	0.003369	0.003668
62	0.01770	0.150	0.150		0.003704	0.003986
63	0.01905	0.200	0.200		0.004180	0.004314
64	0.02025	0.300	0.300		0.004540	0.004648
65	0.00000	0.400	0.400		0.004892	0.004983
66		0.350	0.350		0.005398	0.005314
67		0.350	0.350		0.005731	0.005636
68		0.350	0.350		0.005858	0.005945
69		0.350	0.350		0.006143	0.006240
70		1.000	1.000		0.006210	0.006517

[1] Pre-commencement rates

Plan Name: Retirement Plan for Employees of Babcock & Wilcox Commercial Operations
EIN / PN: 13-2933685 / 032

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

B & W Salaried Employees:

Age	Withdrawal	Annual Rate of Early Retirement (Pre 4/1/98 Hires)	Annual Rate of Early Retirement (Post 4/1/98 Hires)	Disability	Death[1] Male	Death[1] Female
25	0.07875			0.000	0.000275	0.000134
30	0.05888			0.000	0.000380	0.000193
35	0.04372			0.000	0.000662	0.000337
40	0.03397			0.000	0.000841	0.000442
45	0.02633			0.001	0.001005	0.000682
50	0.01980	0.100		0.002	0.001217	0.000985
51	0.01875	0.025		0.003	0.001262	0.001100
52	0.01792	0.025		0.003	0.001309	0.001271
53	0.01710	0.025		0.003	0.001401	0.001468
54	0.01643	0.025		0.004	0.001503	0.001700
55	0.01575	0.025	0.025	0.005	0.001671	0.001969
56	0.01538	0.040	0.040	0.005	0.001883	0.002287
57	0.01538	0.040	0.040	0.006	0.002132	0.002577
58	0.01560	0.040	0.040	0.007	0.002424	0.002817
59	0.01575	0.100	0.100	0.008	0.002677	0.003081
60	0.01635	0.100	0.100	0.009	0.002959	0.003365
61	0.01643	0.120	0.120	0.010	0.003369	0.003668
62	0.01770	0.150	0.150	0.011	0.003704	0.003986
63	0.01905	0.200	0.200	0.012	0.004180	0.004314
64	0.02025	0.300	0.300	0.013	0.004540	0.004648
65	0.00000	0.400	0.400	0.000	0.004892	0.004983
66		0.350	0.350		0.005398	0.005314
67		0.350	0.350		0.005731	0.005636
68		0.350	0.350		0.005858	0.005945
69		0.350	0.350		0.006143	0.006240
70		1.000	1.000		0.006210	0.006517

[1] Pre-commencement rates

Plan Name: Retirement Plan for Employees of Babcock & Wilcox Commercial Operations
EIN / PN: 13-2933685 / 032

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

B & W Hourly Employees:[1]

Age	Withdrawal	Annual Rate of Early Retirement		Disability	Death[2]	
		Reduced	Unreduced		Male	Female
25	0.07875			0.000	0.000275	0.000134
30	0.05888			0.000	0.000380	0.000193
35	0.04372			0.000	0.000662	0.000337
40	0.03397			0.000	0.000841	0.000442
45	0.02633			0.001	0.001005	0.000682
50	0.01980			0.002	0.001217	0.000985
51	0.01875			0.003	0.001262	0.001100
52	0.01792			0.003	0.001309	0.001271
53	0.01710			0.003	0.001401	0.001468
54	0.01643			0.004	0.001503	0.001700
55	0.01575	0.050	0.050	0.005	0.001671	0.001969
56	0.01538	0.040	0.040	0.005	0.001883	0.002287
57	0.01538	0.040	0.040	0.006	0.002132	0.002577
58	0.01560	0.040	0.040	0.007	0.002424	0.002817
59	0.01575	0.040	0.040	0.008	0.002677	0.003081
60	0.01635	0.060	0.060	0.009	0.002959	0.003365
61	0.01643		0.075	0.010	0.003369	0.003668
62	0.01770		0.100	0.011	0.003704	0.003986
63	0.01905		0.100	0.012	0.004180	0.004314
64	0.02025		0.100	0.013	0.004540	0.004648
65	0.00000		0.500	0.000	0.004892	0.004983
66			0.200		0.005398	0.005314
67			0.200		0.005731	0.005636
68			0.200		0.005858	0.005945
69			0.200		0.006143	0.006240
70			1.000		0.006210	0.006517

[1] The West Point location was closed in 2015, and all participants in that location were assumed to terminate in 2015. Participants who were eligible to retire were assumed to do so.

[2] Pre-commencement rates

Plan Name: Retirement Plan for Employees of Babcock & Wilcox Commercial Operations
EIN / PN: 13-2933685 / 032

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Marine Mechanical Salaried Employees:

Age	Withdrawal		Annual Rate of Early Retirement		Disability		Death[1]	
	Male	Female	MMC Hourly	MMC Salaried	Male	Female	Male	Female
25	0.0690	0.1085			0.001	0.001	0.000275	0.000134
30	0.0521	0.0634			0.001	0.001	0.000380	0.000193
35	0.0324	0.0465			0.001	0.002	0.000662	0.000337
40	0.0169	0.0324			0.002	0.003	0.000841	0.000442
45	0.0085	0.0155			0.003	0.005	0.001005	0.000682
50	0.0014	0.0014			0.005	0.006	0.001217	0.000985
51	0.0014	0.0014			0.006	0.007	0.001262	0.001100
52					0.006	0.007	0.001309	0.001271
53					0.007	0.007	0.001401	0.001468
54					0.008	0.008	0.001503	0.001700
55			0.025	0.025	0.009	0.008	0.001671	0.001969
56			0.025	0.040	0.010	0.008	0.001883	0.002287
57			0.025	0.040	0.011	0.009	0.002132	0.002577
58			0.025	0.040	0.012	0.010	0.002424	0.002817
59			0.025	0.100	0.014	0.010	0.002677	0.003081
60			0.025	0.100	0.015	0.011	0.002959	0.003365
61			0.025	0.120	0.016	0.012	0.003369	0.003668
62			0.850	0.150	0.017	0.013	0.003704	0.003986
63			0.500	0.200	0.018	0.015	0.004180	0.004314
64			0.500	0.300	0.020	0.016	0.004540	0.004648
65			1.000	0.400	0.021	0.017	0.004892	0.004983
66				0.350	0.021	0.017	0.005398	0.005314
67				0.350	0.021	0.017	0.005731	0.005636
68				0.350	0.021	0.017	0.005858	0.005945
69				0.350	0.021	0.017	0.006143	0.006240
70				1.000	0.021	0.017	0.006210	0.006517

[1] Pre-commencement rates

Plan Name: Retirement Plan for Employees of Babcock & Wilcox Commercial Operations
EIN / PN: 13-2933685 / 032

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Asset valuation method

The Actuarial Value of Assets is Market Value as of the valuation date, including discounted receivable contributions, reduced by 2/3 and 1/3 of the of the gain/(loss) in the prior two years, respectively. The gain/(loss) for each period is determined as the actual return on Market Value during the period less the expected return on Market Value based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third segment rate. The expected rate of return is based on the plan's asset allocation and forward-looking expected rates of return by asset category. The resulting value is constrained to be within a corridor of 90% to 110% of Market Value, including discounted receivable contributions.

	Actuary's Assumption	Third Segment Rate	Reflecting PPA Limit
2016 Expected Return	6.89%	6.65%	6.65%
2015 Expected Return	7.20%	6.81%	6.81%
2014 Expected Return	7.20%	6.99%	6.99%

Future Actuarial Measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the economic and demographic assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report.

Impact of Assumption Changes

The change in the interest rate and mortality basis increased the Funding Target by approximately $31.9 million. The non-prescribed assumption changes increased the Funding Target by approximately $422,000.

Multiple Employer Plan Participating Employer Information

Retirement Plan for Employees of Babcock & Wilcox Commercial Operations

EIN: 13-2933685 / PN: 032

PYE: 12/31/2016

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
The Babcock & Wilcox Company	13-2933685	100%
TLT-Babcock, Inc.	34-1155470	0%

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

▶ **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
RETIREMENT PLAN FOR EMPLOYEES OF BABCOCK & WILCOX COMMERCIAL OPERATIONS

B Three-digit plan number (PN) ▶ 032

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
THE BABCOCK & WILCOX COMPANY

D Employer Identification Number (EIN)
13-2933685

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 2016

2 Assets:

a Market value	**2a**	856,873,538
b Actuarial value	**2b**	890,851,008

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	5,331	630,560,484	630,560,484
b For terminated vested participants	1,259	37,037,031	37,037,031
c For active participants	1,183	227,954,553	236,627,405
d Total	7,773	895,552,068	904,224,920

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**	6.02%
6 Target normal cost	**6**	5,718,109

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 Sonja C. Borsari SB

Signature of actuary

9/19/2017
Date

Sonja C. Borsari, FSA, EA, MAAA
Type or print name of actuary

1705568
Most recent enrollment number

Conduent HR Consulting, LLC
Firm name

203-886-6756
Telephone number (including area code)

500 Plaza Drive
Secaucus NJ 07096-1533
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	6,946,296
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	4,372,645
9	Amount remaining (line 7 minus line 8)	0	2,573,651
10	Interest on line 9 using prior year's actual return of -2.09%	0	-53,789
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.22%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	2,519,862

Part III Funding Percentages

14	Funding target attainment percentage	14	98.24%
15	Adjusted funding target attainment percentage	15	98.24%
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	101.25%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/14/2017	6,433,634	0			
		Totals ► 18(b)	6,433,634	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	5,825,202

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.43 %	5.91 %	6.65%	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
26 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	5,718,109
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	15,893,774	2,626,024
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	8,344,133

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2,519,862	2,519,862

36 Additional cash requirement (line 34 minus line 35)	36	5,824,271
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	5,825,202
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	931
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	931
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	
43 Excess installment acceleration amount to be carried over to future plan years	43	

CONDUENT

Plan Name: Retirement Plan for Employees of Babcock & Wilcox Commercial Operations
EIN/PN: 13-2933685 / 032

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

This table calculates the weighted average retirement age for all active persons in the plan

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
50	299.9876	0.0437	13.1218	656.0914
51	316.3221	0.0114	3.5912	183.1494
52	343.0882	0.0120	4.1113	213.7864
53	382.1150	0.0124	4.7412	251.2818
54	398.1123	0.0129	5.1497	278.0840
55	432.3217	0.0350	15.1425	832.8379
56	451.5654	0.0428	19.3217	1,082.0172
57	467.1660	0.0426	19.9093	1,134.8300
58	504.4916	0.0464	23.4321	1,359.0634
59	538.3757	0.0965	51.9389	3,064.3956
60	547.6896	0.1150	63.0029	3,780.1765
61	546.0723	0.1194	65.1766	3,975.7709
62	518.4542	0.1488	77.1483	4,783.1915
63	468.8419	0.1875	87.9295	5,539.5616
64	409.5064	0.2751	112.6385	7,208.8616
65	307.9423	0.4192	129.0953	8,391.1916
66	189.3408	0.3307	62.6152	4,132.6044
67	144.7035	0.3337	48.2927	3,235.6093
68	98.5935	0.3206	31.6058	2,149.1922
69	71.4076	0.3177	22.6881	1,565.4807
70	50.2789	1.0000	50.2789	3,519.5261
71	4.0000	1.0000	4.0000	284.0000
72	1.0000	1.0000	1.0000	72.0000
73	1.0000	1.0000	1.0000	73.0000
74	1.0000	1.0000	1.0000	74.0000
Total			**917.9315**	**57,839.7036**
Weighted Average Retirement Age = 57839.7036 / 917.9315				**63.01**
Rounded Weighted Average Retirement Age				**63**

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

General note: The table presents values rounded to fewer significant digits than used in the calculation.

CONDUENT

Plan Name: Retirement Plan for Employees of Babcock & Wilcox Commercial Operations
EIN / PN: 13-2933685 / 032

Schedule SB, Part V – Summary of Plan Provisions

Summary of Main Plan Provisions For McDermott – Pre April 1, 1998 Hires

Eligibility

Completion of one year of service.

Normal retirement

Eligibility

Later of age 65 and completion of 5 years of service.

Benefit

Greatest of the following:

1. PIA Offset Formula

   1-2/3% of final average monthly compensation times credited service up to 40 years, minus 1.00% of the participant's age 65 (age 62 for pilots) monthly Primary Insurance Amount under the Social Security Law in effect at retirement times credited service up to 40 years, minus the monthly profit sharing and stock bonus retirement plan offset.

2. Minimum Formula

   The greater of $125.00 or $12.00 times credited service.

3. Frozen Grandfathered Formula

   For participants in the plan on December 31, 1975, a percentage of final average monthly compensation based on credited service as of February 28, 1994 minus the same percentage of the participant's age 65 (age 62 for pilots) monthly Primary Insurance Amount under the Social Security Law in effect on July 1, 1968 minus the monthly profit sharing and stock bonus retirement offset plus the benefit determined under the above PIA offset formula for service after February 28, 1994.

Benefits under this formula were frozen as of December 31, 2015.

Early retirement

Eligibility

Later of age 50 and completion of 10 years of service.

Benefit

Accrued pension reduced by 0.6% for each month that early retirement date precedes age 60, but not less than $12 per month for each year of credited service. If participant completed at least 6 months service in hardship area, one month is subtracted from age 60 for each month of hardship service (maximum 10 years) to determine reductions.

Deferred vested retirement

Eligibility

Completion of 5 years of service.

Plan Name: Retirement Plan for Employees of Babcock & Wilcox Commercial Operations
EIN / PN: 13-2933685 / 032

Schedule SB, Part V – Summary of Plan Provisions (continued)

Summary of Main Plan Provisions For McDermott – Pre April 1, 1998 Hires (continued)

Benefit

Accrued pension deferred to Normal Termination Benefit Commencement Date (normal retirement date, or if participant completed 6 months service in hardship area, date determined by subtracting number of months hardship service (maximum 120) from normal retirement date.) The accrued pension is 1-2/3% of final average monthly compensation at Date of Termination, times credited service at Date of Termination up to 40 years, minus 1.00% of the participant's age 65 (age 62 for pilots) monthly Primary Insurance Amount under the Social Security Law in effect at retirement, times credited service at normal retirement up to 40 years, multiplied by a fraction whose numerator is the credited service at termination and whose denominator is the credited service at normal retirement, minus the monthly profit sharing and stock bonus retirement plan offset, subject to the minimum benefits described under Normal Retirement determined based on service at date of termination. Benefits under this formula were frozen as of December 31, 2015.

Disability retirement

Eligibility

Completion of 15 years of service and total and permanent disability prior to normal retirement date.

Benefit

Accrued pension (including minimum).

Death benefit

Eligibility

Death in active service after completion of 5 years of service.

Death prior to Normal Retirement Date while receiving a disability pension.

Death after terminating employment with eligibility for a vested, early or normal retirement pension and prior to commencing receipt of benefits.

Benefit

The amount that would have been payable to the spouse had the member terminated from service on the date of death (if termination had not already occurred), survived to age 65, begun to receive benefits under a 50% joint and survivor annuity, and then died. The benefit to the spouse shall begin on what would have been the member's normal retirement date. However, the spouse may elect to begin receiving reduced benefits as early as the date which would have been the member's early retirement date.

Normal form of benefit

Single

Life annuity.

Married

50% joint and survivor annuity (actuarial equivalent of life annuity).

Optional forms

Ten year certain and life annuity.
Reduced 66 2/3% joint and last survivor annuity.
100% joint and survivor annuity.
75% joint and survivor annuity.

Plan Name: Retirement Plan for Employees of Babcock & Wilcox Commercial Operations
EIN / PN: 13-2933685 / 032

Schedule SB, Part V – Summary of Plan Provisions (continued)

Summary of Main Plan Provisions For McDermott – Pre April 1, 1998 Hires (continued)

Additional benefits

Early deferred participants, retired participants, and beneficiaries in receipt as of April 1, 1998.

An additional monthly amount determined by the participant's postretirement medical election and life insurance coverage:

Coverage Type	Additional Monthly Benefit
Single with Life Insurance	$ 123.00
Dependent with Life Insurance	$ 229.00
Family with Life Insurance	$ 335.00
Life Insurance Only	$ 17.00

Plan Name: Retirement Plan for Employees of Babcock & Wilcox Commercial Operations
EIN / PN: 13-2933685 / 032

Schedule SB, Part V – Summary of Plan Provisions (continued)

Summary of Main Plan Provisions For Babcock & Wilcox – Pre April 1, 1998 Hires

Coverage

Salaried

Salaried employees of The Babcock & Wilcox Company.

West Point Hourly

Members of Locals No. 900, 902 and 903 of the International Brotherhood of Boilermakers, Iron Ship Builders, Blacksmiths, Forgers and Helpers.

Lancaster Hourly

Employees covered by the collective bargaining agreement between the Company and the United Steelworkers of America, Locals 15156, 4708, 7532, 8406, or the United Plant Guard Workers of America, Local 502.

Eligibility

Attainment of age 21 and completion of 1 year of service.

Normal Retirement

Eligibility

Later of age 65 and completion of 5 years of service.

Benefit

Salaried

1.25% of average annual compensation for the 5 highest paid years during the last 10 years of credited service multiplied by years of credited service.

If member has 15 or more years of service, minimum benefit is $1,500. Proportionately less for less service.

For members affected by the $150,000 pay limit, the fresh-start formula with extended wear away applies to the December 31, 1993 frozen accrued benefit.

Benefits under this formula were frozen as of December 31, 2015.

West Point Hourly

For terminations/retirements occurring between	Per month of service
8/1/2003 – 7/31/2004	$ 34.75
8/1/2004 – 7/31/2005	$ 36.00
8/1/2005 – 7/31/2007	$ 37.25
8/1/2007 – 7/31/2009	$ 41.25
8/1/2009 – 7/31/2010	$ 42.25
8/1/2010 – 7/31/2011	$ 42.75
8/1/2011 – 7/31/2012	$ 43.25
8/1/2012 – 7/31/2013	$ 44.25
8/1/2013 – 7/31/2014	$ 45.25
8/1/2014 – 7/31/2015	$ 46.25
On and after 8/1/2015	$ 47.00

Summary of Main Plan Provisions For Babcock & Wilcox – Pre April 1, 1998 Hires (continued)

Lancaster Hourly

For terminations/retirements occurring between	Per month of service
Before 9/1/2008	$ 41.50
9/1/2008 – 8/31/2009	$ 42.50
9/1/2009 – 8/31/2010	$ 43.50
9/1/2010 – 8/31/2011	$ 44.50
9/1/2011 – 8/31/2012	$ 45.00
9/1/2012 – 8/31/2013	$ 45.50
9/1/2013 – 8/31/2014	$ 46.00
9/1/2014 – 8/31/2015	$ 47.00
9/1/2015 – 8/31/2016	$ 47.50
9/1/2016 – 8/31/2017	$ 47.75
On and after 9/1/2017	$ 48.00

Early retirement

Eligibility

Salaried

Later of age 50 with completion of 15 years of service.

Hourly

Later of age 55 with completion of 15 years of service.

Benefit

Salaried

Accrued pension (excluding minimum) if age plus service equals 75; otherwise reduced by 4% times the difference between 75 and the member's age plus service.

Hourly

Accrued pension reduced by 0.4% for each month member is under age 62.

An additional supplement of $250 per month payable until age 65 for West Point Hourly participants retiring on or after August 1, 1998.

An additional supplement of $250 per month payable until age 65 for Lancaster Hourly participants retiring on or after September 1, 2000.

Special early retirement

Eligibility

Hourly

Attainment of age 62 and completion of 10 years of service or completion of 30 years of service.

Benefit

Accrued pension and for West Point, a supplement of $200 per month payable until age 62.

An additional supplement of $250 per month payable until age 65 for West Point Hourly participants retiring on or after August 1, 1998.

Summary of Main Plan Provisions For Babcock & Wilcox – Pre April 1, 1998 Hires (continued)

An additional supplement of $250 per month payable until age 65 for Lancaster Hourly participants retiring on or after September 1, 2000.

Disability retirement

Eligibility

Salaried

Completion of 15 years of service and totally and permanently disabled.

Hourly

Completion of 10 years of service and totally and permanently disabled.

Benefit:

Salaried

Accrued pension (including minimum).

Hourly

Accrued pension plus, until the member is eligible for unreduced benefits under the Social Security Act, an additional amount equal to:

An additional supplement of $250 per month payable until age 65 for West Point Hourly participants retiring on or after August 1, 1998.

An additional supplement of $250 per month payable until age 65 for Lancaster Hourly participants retiring on or after September 1, 2000.

Deferred vested retirement

Eligibility

Completion of 5 years of service.

Benefit

Salaried

Accrued pension deferred to age 65 or actuarially reduced pension payable at age 50 or later if member had 15 years of service.

Hourly

Accrued pension deferred to age 65 or actuarially reduced pension at age 55 if member had 15 years of service or at age 62 if member had 10 years of service.

Death benefit

Eligibility

Salaried

Death in active service after completion of 5 years of service.

Death prior to Normal Retirement Date while receiving a disability pension.

Death after terminating employment with eligibility for a vested, early or normal retirement pension and prior to commencing receipt of benefits.

Plan Name: Retirement Plan for Employees of Babcock & Wilcox Commercial Operations
EIN / PN: 13-2933685 / 032

Schedule SB, Part V – Summary of Plan Provisions (continued)

Summary of Main Plan Provisions For Babcock & Wilcox – Pre April 1, 1998 Hires (continued)

Hourly

Death in active service after completion of 5 years of service.

Death after terminating employment with eligibility for a vested, early or normal retirement pension and prior to commencing receipt of benefits.

Benefit

The amount that would have been payable to the spouse had the member terminated from service on the date of death (if termination had not already occurred), survived to age 65, begun to receive benefits under a 50% joint and survivor annuity, and then died. The benefit to the spouse shall begin what would have been the member's normal retirement date. However, the spouse may elect to begin receiving reduced benefits as early as the date which would have been the member's early retirement date.

Normal form of benefit

Salaried

Single

Life annuity.

Married

50% joint and survivor annuity (actuarial equivalent of life annuity).

Hourly

Single

Life annuity, except if member dies between ages 65 and 70, remaining monthly payments he would have received had he lived until age 70 are paid (except in case of vested deferred retirement).

Married

Reduced 50% joint and survivor annuity (actuarial equivalent of life annuity). Amounts payable for temporary periods are payable to pensioner only.

Optional forms – available to Salaried participants only

Ten year certain and life annuity.
Reduced 66 2/3% joint and last survivor annuity.
100% joint and survivor annuity.
75% joint and survivor annuity.

Additional benefits

As of April 1, 1998 for early deferred participants, retired participants, and beneficiaries in receipt at Salaried locations:

Coverage Type	Additional Monthly Benefit
Single with Life Insurance	$ 123.00
Dependent with Life Insurance	$ 229.00
Family with Life Insurance	$ 335.00
Life Insurance Only	$ 17.00

Plan Name: Retirement Plan for Employees of Babcock & Wilcox Commercial Operations
EIN / PN: 13-2933685 / 032

Schedule SB, Part V – Summary of Plan Provisions (continued)

Summary of Main Plan Provisions For Babcock & Wilcox – Pre April 1, 1998 Hires (continued)

As of August 1, 1998 for early deferred participants, retired participants and beneficiaries in receipt at West Point hourly:

Coverage Type	Additional Monthly Benefit
Single with Life Insurance	$ 49.00
Family with Life Insurance	$ 74.00
Life Insurance Only	$ 24.00

For West Point hourly participants who retired prior to August 1, 1998 a monthly supplement to age 65:

Coverage Type	Additional Monthly Benefit
Single	$ 81.00
Family	$ 268.00

As of September 1, 2000 for early deferred participants, retired participants and beneficiaries in receipt at Lancaster hourly:

Coverage Type	Additional Monthly Benefit
Single with Life Insurance	$ 49.00
Family with Life Insurance	$ 74.00
Life Insurance Only	$ 24.00

For Lancaster hourly participants who retired prior to September 1, 2000 a monthly supplement to age 65:

Coverage Type	Additional Monthly Benefit
Single	$ 81.00
Family	$ 268.00

Contributions

All contributions to support the Plan are paid by the Company.

Plan Name: Retirement Plan for Employees of Babcock & Wilcox Commercial Operations
EIN / PN: 13-2933685 / 032

Schedule SB, Part V – Summary of Plan Provisions (continued)

Summary of Main Plan Provisions for All Post April 1, 1998 Hires

Coverage

Salaried

Salaried employees of The Babcock & Wilcox Company.

Barberton, Paris and West Point Hourly

Members of Locals No. 900, 902 and 903 of the International Brotherhood of Boilermakers, Iron Ship Builders, Blacksmiths, Forgers and Helpers.

Lancaster, Mirror Insulation, Controls Manufacturing Hourly

Employees covered by the collective bargaining agreement between the Company and the United Steelworkers of America, Locals 15156, 4708, 7532, 8406, or the United Plant Guard Workers of America, Local 502.

Eligibility

Attainment of age 21 and completion of 1 year of service. As of April 1, 2006, no new salaried employees are eligible to enter the plan.

Normal retirement

Eligibility

Later of age 65 and completion of 5 years of service.

Benefit

Salaried

1.2% of final average monthly compensation up to the Social Security limit times credited service up to 35 years plus 1.65% of final average monthly compensation in excess of the Social Security Limit times credited service up to 35 years.

For salaried employees hired on or after April 1, 2001 with one year of service and are participants in the plan: Benefit is accrued benefit as of March 31, 2006, increased each year in the same percentage as increases in the Consumer Price Index, up to a maximum of 8% a year for each year they remain in the employ of the company. The increase in accrued benefit from January 1, 2014 to December 31, 2014 was 1.66%.

For employees who elected to stop accruals in the plan as of April 1, 2007: Benefit is accrued benefit as of March 31, 2007 increased each year in the same percentage as increases in the Consumer Price Index, up to a maximum of 8% a year for each year they remain in the employ of the company. The increase in accrued benefit from January 1, 2014 to December 31, 2014 was 1.66%.
Benefits under this formula were frozen as of December 31, 2015.

Summary of Main Plan Provisions for All Post April 1, 1998 Hires (continued)

West Point Hourly

For terminations/retirements occurring between	Per month of service
8/1/2003 – 7/31/2004	$ 34.75
8/1/2004 – 7/31/2005	$ 36.00
8/1/2005 – 7/31/2007	$ 37.25
8/1/2007 – 7/31/2009	$ 41.25
8/1/2009 – 7/31/2010	$ 42.25
8/1/2010 – 7/31/2011	$ 42.75
8/1/2011 – 7/31/2012	$ 43.25
8/1/2012 – 7/31/2013	$ 44.25
8/1/2013 – 7/31/2014	$ 45.25
8/1/2014 – 7/31/2015	$ 46.25
On and after 8/1/2015	$ 47.00

Lancaster Hourly

For terminations/retirements occurring between	Per month of service
Before 9/1/2008	$ 41.50
9/1/2008 – 8/31/2009	$ 42.50
9/1/2009 – 8/31/2010	$ 43.50
9/1/2010 – 8/31/2011	$ 44.50
9/1/2011 – 8/31/2012	$ 45.00
9/1/2012 – 8/31/2013	$ 45.50
9/1/2013 – 8/31/2014	$ 46.00
9/1/2014 – 8/31/2015	$ 47.00
9/1/2015 – 8/31/2016	$ 47.50
9/1/2016 – 8/31/2017	$ 47.75
On and after 9/1/2017	$ 48.00

Early retirement

Eligibility

Age 55 and completion of 15 years of service.

Benefit

Salaried

Accrued pension reduced by 0.4% for each month that early retirement date precedes age 62.

Hourly

Accrued pension reduced by 0.4% for each month member is under age 62.

An additional supplement of $250 per month payable until age 65 for West Point Hourly participants retiring on or after August 1, 1998.

Summary of Main Plan Provisions for All Post April 1, 1998 Hires (continued)

An additional supplement of $250 per month payable until age 65 for Lancaster Hourly participants retiring on or after September 1, 2000.

Special early retirement

Eligibility

Hourly

Attainment of age 62 and completion of 10 years of service or completion of 30 years of service.

Benefit

Accrued pension and for West Point, a supplement of $200 per month payable until age 62.

An additional supplement of $250 per month payable until age 65 for West Point Hourly participants retiring on or after August 1, 1998.

An additional supplement of $250 per month payable until age 65 for Lancaster Hourly participants retiring on or after September 1, 2000.

Disability retirement

Eligibility

Salaried

Completion of 15 years of service and total and permanent disability prior to normal retirement date.

Hourly

Completion of 10 years of service and totally and permanently disabled.

Benefit

Salaried

Accrued pension.

Hourly

Accrued pension plus, until the member is eligible for unreduced benefits under the Social Security Act, an additional amount equal to:

An additional supplement of $250 per month payable until age 65 for Barberton Hourly participants retiring on or after November 1, 2000.

An additional supplement of $250 per month payable until age 65 for Lynchburg Hourly and Bettis Hourly participants retiring on or after January 1, 2002.

Deferred vested retirement

Eligibility

Completion of 5 years of service. For salaried employees with a frozen accrued benefit as of March 31, 2006, vesting is 100% regardless of service.

Plan Name: Retirement Plan for Employees of Babcock & Wilcox Commercial Operations
EIN / PN: 13-2933685 / 032

Schedule SB, Part V – Summary of Plan Provisions (continued)

Summary of Main Plan Provisions for All Post April 1, 1998 Hires (continued)

Benefit

Salaried

Accrued pension deferred to Normal Termination Benefit Commencement Date (normal retirement date) based on final average monthly compensation and credited service as of date of termination. Benefits under this formula were frozen as of December 31, 2015.

Hourly

Accrued pension deferred to age 65 or actuarially reduced pension at age 55 if member had 15 years of service or at age 62 if member had 10 years of service.

Death benefit

Eligibility

Salaried

Death in active service after completion of 5 years of service.

Death prior to Normal Retirement Date while receiving a disability pension.

Death after terminating employment with eligibility for a vested, early or normal retirement pension and prior to commencing receipt of benefits.

Hourly

Death in active service after completion of 5 years of service.

Death after terminating employment with eligibility for a vested, early or normal retirement pension and prior to commencing receipt of benefits.

Benefit

The amount that would have been payable to the spouse had the member terminated from service on the date of death (if termination had not already occurred), survived to age 65, begun to receive benefits under a 50% joint and survivor annuity, and then died. The benefit to the spouse shall begin on what would have been the member's normal retirement date. However, the spouse may elect to begin receiving reduced benefits as early as the date which would have been the member's early retirement date.

Normal form of benefit

Salaried

Single

Life annuity.

Married

50% joint and survivor annuity (actuarial equivalent of life annuity).

Plan Name: Retirement Plan for Employees of Babcock & Wilcox Commercial Operations
EIN / PN: 13-2933685 / 032

Schedule SB, Part V – Summary of Plan Provisions (continued)

Summary of Main Plan Provisions for All Post April 1, 1998 Hires (continued)

Hourly

Single

Life annuity, except if member dies between ages 65 and 70, remaining monthly payments he would have received had he lived until age 70 are paid (except in case of vested deferred retirement).

Married

Reduced 50% joint and survivor annuity (actuarial equivalent of life annuity). Amounts payable for temporary periods are payable to pensioner only.

Optional forms – available to Salaried participants only

Ten year certain and life annuity.

Reduced 66 2/3% joint and last survivor annuity.

100% joint and survivor annuity.

75% joint and survivor annuity.

Plan Name: Retirement Plan for Employees of Babcock & Wilcox Commercial Operations
EIN / PN: 13-2933685 / 032

Schedule SB, Part V – Summary of Plan Provisions (continued)

Summary of Main Plan Provisions – Marine Mechanical Salaried

Eligibility

All full-time, salaried employees of Marine Mechanical Corporation hired before December 31, 2007.

Normal retirement

Eligibility

Attainment of age 65.

Benefit

1.0% of Average Compensation times years of service; plus 0.5% of Average Compensation in excess of Covered Compensation times years of service (maximum 35); minus the December 24, 1990 accrued benefit payable from the Argo-Tech Corporation Salaried Pension Plan. Benefit is not less than $20 times years of benefit service. Benefits under this formula were frozen as of December 31, 2015.

Early retirement

Eligibility

Attainment of age 55 with completion of five years of service.

Benefit

The monthly benefit payable at normal retirement reduced 5% for each of the first five years and 6.5% for each of the next two years that benefit commencement precedes age 62.

Disability benefit

Eligibility

Participant is receiving employer sponsored short-term or long-term disability benefits, worker's compensation or on an approved sick leave.

Benefit

The participant continues to accrue vesting and benefit service while disabled. Benefits under this formula were frozen as of December 31, 2015.

Termination benefit

Eligibility

Completion of five years of vesting service.

Benefit

The Normal Retirement benefit payable at age 65 accrued as of date of termination. Benefits commencing after attainment of age 55 and prior to attainment of age 65 are reduced 6.67% for each year of the first five years benefit commencement precedes age 65 and 3.33% for each of the next five years. Benefits under this formula were frozen as of December 31, 2015.

Plan Name: Retirement Plan for Employees of Babcock & Wilcox Commercial Operations
EIN / PN: 13-2933685 / 032

Schedule SB, Part V – Summary of Plan Provisions (continued)

Summary of Main Plan Provisions – Marine Mechanical Salaried

Preretirement death

Eligibility

Completion of five years of vesting service.

Benefit

The surviving spouse is eligible to receive a benefit commencing on the first day of the month following the later of the date of the Participant's death or the date the Participant would have attained age 55. The amount of the benefit is equal to the accrued benefit as of date of death which would have been payable had the Participant survived to age 65 and retired at that age under the joint and 50% survivor option. Benefits under this formula were frozen as of December 31, 2015.

Form of payment

Normal

The normal form of payment for single participants is a life annuity. The automatic form of payment for married participants is a joint and 50% contingent annuity. The Company's cost and basic retirement benefits are calculated based on the accrued benefit payable as a life annuity for participants not in receipt of payment.

Optional Life Annuity

Joint and Survivor with 25%, 50%, 75%, or 100% of benefits continuing to the surviving beneficiary upon the participant's death.

Definitions

Average Compensation

1/12 of average annual compensation over the five consecutive years of the final ten years that produce the highest average. Annual compensation is W-2 compensation increased by qualified deferrals.

Covered Compensation

The average of Social Security Wage Bases over the 35-year period ending with the year in which the employee attains Social Security Retirement Age.

Year of Service

One month of service is credited for each month in which an employee is credited with one or more hours of service. Credit is given for service with Argo-Tech Corporation prior to December 24, 1990 to a maximum of 4 years and 2 months.

Summary of Changes from the January 1, 2015 Valuation

The following Locations had a multiplier increase:

West Point

$47.00 per month, per year of service for terminations on or after August 1, 2015

Lancaster

$47.50 per month, per year of service for terminations on or after September 1, 2015
$47.75 per month, per year of service for terminations on or after September 1, 2016
$48.80 per month, per year of service for terminations on or after September 1, 2017

CONDUENT

Plan Name: The Retirement Plan For Employees Of Babcock And Wilcox Commercial Operations

EIN / PN: 13-2933685 / 032

Schedule SB, Line 32 – Schedule of Amortization Bases

Date Established	Type Of Base	Years Remaining	Shortfall Amortization Installment	Present Value of Remaining Installments as of January 1, 2016
January 1, 2016	Shortfall	7	2,626,024	15,893,774
Total			$ 2,626,024	$ 15,893,774

Plan Name: Retirement Plan for Employees of Babcock & Wilcox Commercial Operations
EIN / PN: 13-2933685 / 032
Schedule SB, Line 24 – Change in Actuarial Assumptions

The assumed marriage rates were updated for the 2016 plan year to reflect actual plan experience.

Expected plan expenses added to the Target Normal Cost changed from $4,500,000 in 2015 to $5,200,000 in 2016 to reflect the anticipated increase in PBGC premium in 2016.

The West Point location was closed in 2015, and all participants in that location were assumed to terminate in 2015; participants who were eligible to retire were assumed to do so.

The non-prescribed assumption changes increased the Funding Target by approximately $422,000.