

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 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2018</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>MCDERMOTT THRIFT PLAN</u> 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MCDERMOTT INVESTMENTS, LLC</u> <u>757 N. ELDRIDGE PARKWAY</u> <u>HOUSTON, TX 77079</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>04/01/1978</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>74-1032246</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>281-870-5243</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>237990</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>04/01/1978</u>		2b Employer Identification Number (EIN) <u>74-1032246</u>		2c Plan Sponsor's telephone number <u>281-870-5243</u>		2d Business code (see instructions) <u>237990</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>										
1c Effective date of plan <u>04/01/1978</u>											
2b Employer Identification Number (EIN) <u>74-1032246</u>											
2c Plan Sponsor's telephone number <u>281-870-5243</u>											
2d Business code (see instructions) <u>237990</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2019	DENNIS EDGE
	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

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☐ Same as Plan Sponsor MCDERMOTT THRIFT PLAN ADMINISTRATIVE COMMITTEE 757 N. ELDRIDGE PARKWAY HOUSTON, TX 77079	3b Administrator's EIN 72-0831725 3c Administrator's telephone number 281-870-5243
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1728
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 607 6a(2) 695 6b 124 6c 988 6d 1807 6e 9 6f 1816 6g 1728 6h 38
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: 2E 2F 2G 2J 2K 2S 2T 3H 3F 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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan MCDERMOTT THRIFT PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 MCDERMOTT INVESTMENTS, LLC	D Employer Identification Number (EIN) 74-1032246	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
THE VANGUARD GROUP, INC.
23-1945930

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

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

THE VANGUARD GROUP, INC.

23-1945930

(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?
15 25 26 37 52	NONE	112748	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

WILLIS TOWERS WATSON

52-1868818

(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?
17	NONE	78839	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

CONDUENT HR CONSULTING LLC

72-0445111

(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?
14	NONE	32701	Yes ☐ No ☐	Yes ☐ No ☐	0	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)

TOWERS WATSON

52-1868818

(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?
14	NONE	26030	Yes ☐ No ☐	Yes ☐ No ☐	0	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:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.		OMB No. 1210-0110 <div>2018</div> This Form is Open to Public Inspection.	
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018					
A Name of plan MCDERMOTT THRIFT PLAN				B Three-digit plan number (PN) ► 003	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 MCDERMOTT INVESTMENTS, LLC				D Employer Identification Number (EIN) 74-1032246	
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: VANGUARD RETIREMENT SAVINGS TR II					
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY					
c EIN-PN 45-5455475-023		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45440795	
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)	

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Schedule D (Form 5500) 2018 v.171027

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2018 This Form is Open to Public Inspection
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>		
A Name of plan <u>MCDERMOTT THRIFT PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MCDERMOTT INVESTMENTS, LLC</u>	D Employer Identification Number (EIN) <u>74-1032246</u>	

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)	196041	197969
(2) Participant contributions	1b(2)	251223	289418
(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)	1378384	1233511
(9) Value of interest in common/collective trusts	1c(9)	48890213	45440795
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	158942439	145872038
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	6628396	1939058
(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	216286696	194972789

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	216286696	194972789
---	-----------	-----------	-----------

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)	4549877	
(B) Participants	2a(1)(B)	7311577	
(C) Others (including rollovers)	2a(1)(C)	844398	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		12705852
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)	59131	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		59131
(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)	3685616	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3685616
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2637111	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	6628396	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-3991285
(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)		1044622
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-12654601
c Other income.....	2c		13868
d Total income. Add all income amounts in column (b) and enter total	2d		863203

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	21909744	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	424	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		21910168
f Corrective distributions (see instructions)	2f		13605
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)	253337	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		253337
j Total expenses. Add all expense amounts in column (b) and enter total	2j		22177110

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-21313907
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: LJ MOSBY, P.C.

(2) EIN: 84-1656069

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:

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.).....

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.)

	Yes	No	Amount
4a		X	
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.)		X	
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.).....		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		10000000
4e	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?.....		X	
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?.....		X	
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.)	X		
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c 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 _____. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2018</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan MCDERMOTT THRIFT PLAN		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 MCDERMOTT INVESTMENTS, LLC		D Employer Identification Number (EIN) 74-1032246
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
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): 23-2186884		
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
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2018 v. 171027		

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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: _____ % Investment-Grade Debt: _____ % High-Yield Debt: _____ % Real Estate: _____ % Other: _____ %

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Report of Independent Auditors

To the Thrift Plan Administrative Committee of the McDermott Thrift Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the McDermott Thrift Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statements of changes in net assets available for benefits for the years ended December 31, 2018 and 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate 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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fidelity Management Trust Company and Vanguard Fiduciary Trust Company ("Fidelity" and "Vanguard" or the "trustees"), the trustees of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustees held the Plan's investment assets and execute investment transactions. The Plan administrator has obtained a certification from Fidelity and Vanguard as of December 31, 2018 and 2017 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 on the financial statements as December 31, 2018 and 2017 and for the years then ended. Accordingly, we do not express an opinion on these financial statements.

Other Matters

We were engaged for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2018, which is the responsibility of Plan management, is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule.

Report on Form and Content In Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, 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 Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in dark ink, appearing to read "LJ Mosby, P.C.", is positioned above the date and location.

October 4, 2019
Houston, Texas

MCDERMOTT THRIFT PLAN

EIN: 74-1032246; Plan No. 003

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

December 31, 2018

(a)	(b) Identity of Issue	(c) Investment Type	(d) Cost	(e) Current Value
*	Cash	Cash		\$ 58,128,797
*	Vanguard Inst Target Ret 2015 Fund	Registered Investment Company	(i)	4,473,925
*	Vanguard Inst Target Ret 2020 Fund	Registered Investment Company	(i)	12,560,077
*	Vanguard Inst Target Ret 2025 Fund	Registered Investment Company	(i)	16,359,314
*	Vanguard Inst Target Ret 2030 Fund	Registered Investment Company	(i)	7,866,855
*	Vanguard Inst Target Ret 2035 Fund	Registered Investment Company	(i)	12,598,557
*	Vanguard Inst Target Ret 2040 Fund	Registered Investment Company	(i)	8,445,177
*	Vanguard Inst Target Ret 2045 Fund	Registered Investment Company	(i)	13,730,322
*	Vanguard Inst Target Ret 2050 Fund	Registered Investment Company	(i)	5,419,899
*	Vanguard Inst Target Ret 2055 Fund	Registered Investment Company	(i)	2,088,253
*	Vanguard Inst Target Ret 2060 Fund	Registered Investment Company	(i)	188,112
*	Vanguard Inst Target Ret Income Fund	Registered Investment Company	(i)	4,012,750
*	Vanguard Retirement Savings Trust II	Common/Collective Trust	(i)	45,440,795
*	McDermott Common Stock Fund	Company Stock Fund	(i)	1,939,058
		4.25% - 6.25%, maturities through 2028		
*	Participant Loans		-	1,233,511
Total Assets				\$ 194,485,402

See accompanying report of independent auditors.

* Party in Interest

(i) The cost of participant-directed investments is not required to be disclosed.

This schedule was prepared based upon data that was certified as complete and accurate, by the Plan's trustees, Vanguard Fiduciary Trust Company and Fidelity Management Trust Company.

MCDERMOTT THRIFT PLAN
FINANCIAL STATEMENTS AND SUPPLEMENTAL
SCHEDULES

December 31, 2018 and 2017

EIN: 74-1032246 Plan No. 003

MCDERMOTT THRIFT PLAN
FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

December 31, 2018 and 2017

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All other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974 are not applicable and have been omitted.

Report of Independent Auditors

To the Thrift Plan Administrative Committee of the McDermott Thrift Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the McDermott Thrift Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statements of changes in net assets available for benefits for the years ended December 31, 2018 and 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate 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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fidelity Management Trust Company and Vanguard Fiduciary Trust Company ("Fidelity" and "Vanguard" or the "trustees"), the trustees of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustees held the Plan's investment assets and execute investment transactions. The Plan administrator has obtained a certification from Fidelity and Vanguard as of December 31, 2018 and 2017 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 on the financial statements as December 31, 2018 and 2017 and for the years then ended. Accordingly, we do not express an opinion on these financial statements.

Other Matters

We were engaged for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2018, which is the responsibility of Plan management, is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule.

Report on Form and Content In Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, 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 Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in dark ink, appearing to read "LJ Mosby, P.C.", is positioned above the date and location.

October 4, 2019
Houston, Texas

MCDERMOTT THRIFT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2018	2017
Assets:		
Investments at Fair Value (Notes 2, 4 and 5)	\$ 193,251,891	\$ 214,461,048
Receivables:		
Notes Receivable – Participant Loans	1,233,511	1,378,384
Participant Contributions	289,418	251,223
Employer Contributions	<u>197,969</u>	<u>196,041</u>
Total Assets	194,972,789	216,286,696
Liabilities	<u>—</u>	<u>—</u>
Net Assets Available for Benefits	<u>\$ 194,972,789</u>	<u>\$ 216,286,696</u>

The accompanying notes are an integral part of the financial statements.

MCDERMOTT THRIFT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	<u>Year Ended December 31,</u>	
	<u>2018</u>	<u>2017</u>
Additions to net assets attributed to:		
Interest income from notes receivable – participant loans	\$ 59,131	\$ 53,686
Investment income:		
Interest	1,044,622	994,038
Dividends	3,685,616	3,112,359
Net appreciation in fair value of investments	(16,645,886)	19,855,225
Other income	<u>13,868</u>	<u>22,019</u>
Total investment income	(11,901,780)	23,983,641
Contributions:		
Participant	7,311,577	6,324,324
Participant rollovers	844,398	1,497,705
Employer	<u>4,549,877</u>	<u>4,262,596</u>
Total contributions	<u>12,705,852</u>	<u>12,084,625</u>
Total additions	863,203	36,121,952
Deductions from net assets attributed to:		
Benefits paid to participants or beneficiaries	21,923,773	24,266,701
Administrative expenses	<u>253,337</u>	<u>242,075</u>
Total deductions	<u>22,177,110</u>	<u>24,508,776</u>
Net increase (decrease) before transfers	(21,313,907)	11,613,176
Transfers into the Plan	<u>0</u>	<u>0</u>
Net increase after transfers	(21,313,907)	11,613,176
Net assets available for benefits:		
Beginning of year	<u>216,286,696</u>	<u>204,673,520</u>
End of year	<u>\$ 194,972,789</u>	<u>\$ 216,286,696</u>

The accompanying notes are an integral part of the financial statements.

MCDERMOTT THRIFT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2018 and 2017

NOTE 1 – DESCRIPTION OF PLAN

The following description of the McDermott Thrift Plan (the “Plan”) provides only general information. Participants should refer to the Summary Plan Description for more detailed information or to the official plan document for complete information.

General

The Plan is a defined contribution plan administered by the Thrift Plan Administrative Committee as appointed by the governing body of McDermott Investments, LLC (f/k/a McDermott Incorporated) (the “Company”). Recordkeeping and investment management of the funds (as directed by the Thrift Plan Administrative Committee and/or Investment Committee) was the responsibility of The Vanguard Group, Inc. (“Vanguard”) and Vanguard Fiduciary Trust Company, a wholly owned subsidiary of Vanguard, until the final day of the plan year, when those responsibilities were transferred to Fidelity Management Trust Company (“Fidelity”) (collectively Vanguard and Fidelity are referred to as the “Trustees”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The Plan covers substantially all employees of the Company and participating subsidiary and affiliated companies (collectively referred to as the “Employer”), except non-resident alien employees who do not earn income in the United States. On May 10, 2018 McDermott International, Inc. completed its business combination with Chicago Bridge & Iron Company N.V. (“CB&I”). The McDermott and CB&I employees continued to participate in their respective savings plans during the remainder of 2018. Effective January 1, 2019, the Plan and the Chicago Bridge & Iron Savings Plan were merged into the Plan, which was renamed to become known as the McDermott Savings Plan, with \$1.381 billion of assets and participant account balances being transferred into the Plan in January 2019. Certain provisions of the Plan were modified effective January 1, 2019. Those modifications and the transfers into the Plan will be reported in the 2019 plan year financial statements.

Contributions

Under the Plan, participants can elect to contribute, on a pre-tax, Roth or traditional after-tax basis, up to 6% of their compensation in 1% increments as basic contributions and an additional 19% of their compensation in 1% increments as supplemental contributions. Contributions are funded into the Plan shortly after each pay period. Basic and supplemental contributions may be invested in increments of 1% into any or all of the options offered under the Plan (except the McDermott Stock Fund). These investment options include Vanguard Retirement Savings Trust II and various other funds offered by Vanguard. The Vanguard funds include domestic and international stock funds, fixed income mutual funds and a series of target retirement funds. Target retirement funds invest in stocks, bonds and short-term reserves. The target retirement funds gradually and automatically shift to more conservative investments over time based on the time remaining to the target retirement date. New employees are automatically enrolled in the Plan at a 3% pre-tax employee contribution level with an option to elect out of contributing to the Plan at any time. Participants may be allowed to complete rollover contributions of assets from another qualified retirement savings plan into the Plan under certain conditions.

Employer matching contributions are made in amounts equal to one-half of the participants’ basic contributions each pay period. Additionally, the Company makes a Flat Company Contribution equal to 3% of a participant’s Basic Compensation each pay period. All Company contributions are made in cash.

Participants in the Plan are entitled to transfer, in 1% increments and in unlimited number, subject to any restrictions set forth in the prospectus of the investment options, their accumulated participant and Employer contributions and related fund earnings to other investment options, subject to the following restrictions: (a) contributions (and related fund earnings) other than Employer matching contributions cannot be transferred into the McDermott Stock Fund (although Employer matching contributions, plus gains and losses originally

MCDERMOTT THRIFT PLAN
NOTES TO FINANCIAL STATEMENTS

December 31, 2018 and 2017

invested in the McDermott Stock Fund and transferred out of that fund may be transferred back into the McDermott Stock Fund); (b) participants cannot transfer into and out of the same fund effective on the same valuation date; and (c) participants cannot transfer into a fund unless at least 60 days has elapsed since the most recent transfer out of that fund.

Although it has not expressed any intent to do so, the Company has the right under the Plan to reduce or discontinue Employer contributions at any time.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of the (a) Employer's contribution and (b) Plan earnings and expenses. The benefits to which a participant is entitled is limited to the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in Employer matching contributions occurs at retirement, death, disability, involuntary termination for reasons other than cause or after three years of service regardless of years of participation in the Plan. Employer Flat Company Safe Harbor contributions made after 2013 are immediately and fully vested.

Forfeitures

Forfeited nonvested accounts are invested in the Vanguard Prime Money Market Fund, which is the designated forfeiture fund and may be used to reduce future Employer contributions under the Plan and to defray reasonable administrative expenses of the Plan. As of December 31, 2018 and 2017, there were unapplied forfeitures of \$230,461 and \$92,625, respectively. The Company applied forfeitures of \$126,851 and \$130,388 to reduce Employer contributions funded into the trust for the years ended December 31, 2018 and 2017, respectively, and to pay \$0 and \$148,144 in administrative fees in 2018 and 2017, respectively.

Notes Receivable – Participant Loans

Participants may borrow from their Plan account a minimum of \$1,000 up to a maximum equal to the lesser of (a) \$50,000, minus the highest outstanding loan balance, if any, the participant had during the one-year period prior to the date the new loan is made, or (b) 50% of his vested account balance. A single loan can be outstanding at any one time. Loan terms range from 1 to 5 years or up to 20 years, with a minimum of 6 years, for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a fixed rate over the life of the loan (except for maximum limits applicable to participants with outstanding loans during military leave of absence). Interest rates on new loans are determined monthly at 1% over a published prime rate. Loan payments of principal and interest are repaid via payroll deduction or, in limited situations, by check, money order or automatic debit from the participant's personal bank account.

Withdrawals and Distributions

Participants may elect in-service withdrawals of all or part of the value of their after-tax contributions, rollover contributions and vested Employer contributions, and any earnings on those funds. Withdrawals may subject the participant to certain suspension periods during which contributions may not be made. Hardship withdrawals may be requested on pre-tax and/or Roth contributions. The Plan also permits participants who have separated from service to make withdrawals twice a year, with no age restrictions.

MCDERMOTT THRIFT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2018 and 2017

Depending upon the type of separation from service, including severance from employment, death, disability, or retirement, a participant may elect to receive the vested value of his account as a lump-sum distribution, to roll over the funds to an IRA or other qualified plan, or to receive instalment payments, an annuity or a combination of the above options. Payments are paid in cash except McDermott International, Inc.'s common stock, which at the participant's election, may be distributed in kind.

Income Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated May 30, 2018, that the terms of the Plan and the related trust are compliant with applicable sections of the Internal Revenue Code. The Plan has been amended since that date to incorporate regulatory changes, but the Plan administrators believe the Plan's design and operations continue to be in accordance with the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require 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 Internal Revenue Service. The Plan administrators have analyzed the tax positions taken by the Plan and have concluded that as of December 31, 2018 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. The Plan administrators believe it is no longer subject to income tax examinations for years prior to 2015.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right to amend, terminate or otherwise modify the Plan at any time, subject to the provisions of ERISA, solely at the discretion of the governing body of the Company. In the event of Plan termination, participants will become immediately 100% vested in their account balance.

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Such estimates include those regarding fair value. Actual results could differ from those estimates and those differences could be material.

MCDERMOTT THRIFT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2018 and 2017

Risks and Uncertainties

The Plan provides for various investment options. Investments are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the value of the investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

Investment Valuation and Income Recognition

The Plan's investments approximate fair value. Shares of registered investment companies are valued at quoted market prices which are based on the market values of underlying investments held. The McDermott Stock Fund is valued at its year-end unit closing price (comprised of year-end market price plus uninvested cash position). Cash and money market funds are valued at their notional monetary amount. BrokerageLink self-directed investments are valued at the quoted market price of the underlying investments held within the participant's account. Common collective trust funds are valued at the Net Asset Value reported by the fund manager as the practical expedient for fair value, with those values being based on the underlying expected cash flows of the investments held.

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. Capital gain distributions are included in dividend income.

Net Appreciation (Depreciation)

The Plan presents in the Statement of Changes in Net Assets Available for Benefits the net appreciation (depreciation) in the fair value of its investments which consists of the realized gains or losses and the unrealized appreciation (depreciation) of those investments.

Contributions

Employee and Employer contributions are funded shortly after each pay period. Contributions receivable as of December 31 represent contributions withheld from employees and due from the employer that were not funded until shortly after December 31 of the respective year-end.

Notes Receivable – Participant Loans

Notes receivable – participant loans are measured at their unpaid principal balance plus any accrued, but unpaid interest and are excluded from investments in the fair value tables in Note 5 as proscribed by Accounting Standards Update 2010-25. Delinquent notes receivable are reclassified as benefits paid based upon the terms of the Plan document.

Payment of Benefits

Benefits are recorded when paid and are based on the fair value of the respective funds at the effective date of the withdrawal. Benefits are paid in cash except that MII common stock may be distributed, at the participant's election, in kind.

MCDERMOTT THRIFT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2018 and 2017

Administrative Expenses

Participants with outstanding plan loans are charged a loan origination fee of \$40 and an annual loan maintenance fee of \$25, each of which is deducted from the participant's account. After termination of employment, participant accounts are charged \$17.75 per quarter to help defray a portion of the recordkeeping, trustee and other administrative costs of operating the Plan. Plan administrative expenses also include direct billings to the Plan that are not paid by the Employer. Forfeitures may be used to reduce the charges to active participant accounts and to pay administrative invoices.

Subsequent Events

The Plan administrator has reviewed and evaluated events subsequent to December 31, 2018 through October 4, 2019, the date the financial statements were available to be issued, for their impact on amounts recorded and related disclosures in these financial statements, and has incorporated the related effects as appropriate.

NOTE 3 – RELATED PARTY TRANSACTIONS

Participants in the Plan invest in shares of mutual funds and a common collective trust fund managed by an affiliate of the Trustee and may also invest in shares of Employer common stock. Notes receivable – participant loans also qualify as party-in-interest transactions. Transactions in such investments qualify as party-in-interest transactions which are exempt from the prohibited transaction rules. Administrative expenses of \$112,748 and \$95,791 recognized in these financial statements for the years ended December 31, 2018 and 2017, respectively, have all been paid to the Trustee or its affiliates. The Company provides certain administrative services on behalf of the Plan with no compensation or reimbursement from the Plan.

NOTE 4 – FINANCIAL INFORMATION CERTIFIED BY THE TRUSTEE (Unaudited)

Pursuant to the provisions of 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan's administrator elected that independent auditors 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 supplemental schedule and their accompanying notes relating to investments, income from investments, and net appreciation in fair value of investments was obtained from the information certified by the Trustees and is unaudited.

MCDERMOTT THRIFT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2018 and 2017

The following is a summary of the Plan's financial information and data certified by the Trustees as complete and accurate.

	December 31,	
Investments:	2018	2017
Registered Investment Companies	\$ 87,743,241	\$ 158,183,490
McDermott International, Inc. Common Stock Fund	1,939,058	6,628,396
Cash and Money Market Funds	58,128,797	758,949
Common Collective Trust Funds	45,440,795	48,890,213
Notes Receivable – Participant Loans	1,233,511	1,378,384
	Year Ended December 31,	
	2018	2017
Investment Income:		
Interest	\$ 1,044,622	\$ 994,038
Dividends	3,685,616	3,112,359
Net appreciation in fair value of investments	(16,645,886)	19,855,225
Other income	13,868	22,019
Interest income from notes receivable – participant loans	59,131	53,686

All net appreciation (depreciation) in fair value of investments was attributable to investments in registered investment companies and the McDermott International Common Stock Fund, whose values were based on quoted market prices.

NOTE 5 – FAIR VALUE OF INVESTMENTS

The Plan adopted Financial Accounting Standards Board Accounting Standards Codification 820, *Fair Value Measurements and Disclosures* on January 1, 2008. This topic 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. The topic 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 this topic 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, 2018 and 2017.

Registered Investment Companies: Valued at the net asset value (“NAV”) of shares held by the plan at year end as evidenced on national trading exchanges.

Company Stock Fund: Valued based on the last quoted price on the listed exchange.

Cash and Money Market Funds: Valued at the notional monetary amount held by the plan.

Common Collective Trust Fund: Valued using the NAV per share of the fund, as determined by the fund manager using discounted cash flows, as the practical expedient for fair value.

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 Plan’s assets at fair value as of December 31, 2018:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered investment companies	\$ 87,743,241	\$ —	\$ —	\$ 87,743,241
Company stock fund	1,939,058	—	—	1,939,058
Cash	58,128,797	—	—	58,128,797
Total investments in the fair value hierarchy	<u>\$ 147,811,096</u>	<u>\$ —</u>	<u>\$ —</u>	147,811,096
Investments measured using NAV as the practical expedient for fair value (a)				<u>45,440,795</u>
Total investments at fair value				<u>\$ 193,251,891</u>

- (a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

The following table sets forth by level, within the fair value hierarchy, the Plan’s assets at fair value as of December 31, 2017:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered investment companies	\$ 158,183,490	\$ —	\$ —	\$ 158,183,490
Company stock fund	6,628,396	—	—	6,628,396
Money market funds	758,949	—	—	758,949
Total investments in the fair value hierarchy	<u>\$ 165,570,835</u>	<u>\$ —</u>	<u>\$ —</u>	\$ 165,570,835
Investments measured using NAV as the practical expedient for fair value (a)				<u>48,890,213</u>
Total investments at fair value				<u>\$ 214,461,048</u>

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

There were no Level 2 or 3 assets held by the Plan during 2018 and 2017. There were no transfers of assets between Levels during 2018 and 2017.

Common Collective Trusts Valued Using Net Asset Value as the Practical Expedient for Fair Value

The Vanguard Retirement Savings Trust II Fund (\$45,440,795 and \$48,890,213 at December 31, 2018 and 2017, respectively) is a common collective trust fund, which seeks to provide stable value primarily by investing in lower risk investments with insurance companies, other financial institutions and in other short-term instruments. The ability of the issuers of these investments to perform under their contracts may be affected by economic developments in their respective company and industries. Although this fund is predominantly comprised of fully benefit-responsive investment contracts, the common collective trust fund is reported in these financial statements using the NAV per share of the fund as the practical expedient for fair value. At December 31, 2018 and 2017, the average yield rate earned by the fund was 2.74% and 2.31%, respectively, and the average crediting yield rate paid was 2.44% and 1.97%, respectively. The crediting rates within the fund typically reset quarterly based on the performance of the underlying investments and discounted cash flow analysis of contracted rates in comparison to prevailing and expected future interest rates. The Plan and its participants have no unfunded commitments to this fund and redemptions initiated by participants may occur on a daily basis. Restrictions of up to 12 months may be imposed on withdrawals in the event of certain Plan level actions such as changes in the qualified status of the Plan, offering similar investment options or substantial transfers out of this fund. These actions may provide the fund issuer with the right to terminate the contract, which may affect the ability of the holders to settle their investment at contract value. Plan management believes no events are currently probable of occurring that may result in these restrictions being imposed.

Supplemental Schedules

MCDERMOTT THRIFT PLAN

EIN: 74-1032246; Plan No. 003

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

December 31, 2018

(a)	(b) Identity of Issue	(c) Investment Type	(d) Cost	(e) Current Value
* Cash		Cash	(i)	\$ 58,128,797
* Vanguard Inst Target Ret 2015 Fund		Registered Investment Company	(i)	4,473,925
* Vanguard Inst Target Ret 2020 Fund		Registered Investment Company	(i)	12,560,077
* Vanguard Inst Target Ret 2025 Fund		Registered Investment Company	(i)	16,359,314
* Vanguard Inst Target Ret 2030 Fund		Registered Investment Company	(i)	7,866,855
* Vanguard Inst Target Ret 2035 Fund		Registered Investment Company	(i)	12,598,557
* Vanguard Inst Target Ret 2040 Fund		Registered Investment Company	(i)	8,445,177
* Vanguard Inst Target Ret 2045 Fund		Registered Investment Company	(i)	13,730,322
* Vanguard Inst Target Ret 2050 Fund		Registered Investment Company	(i)	5,419,899
* Vanguard Inst Target Ret 2055 Fund		Registered Investment Company	(i)	2,088,253
* Vanguard Inst Target Ret 2060 Fund		Registered Investment Company	(i)	188,112
* Vanguard Inst Target Ret Income Fund		Registered Investment Company	(i)	4,012,750
* Vanguard Retirement Savings Trust II		Common/Collective Trust	(i)	45,440,795
* McDermott Common Stock Fund		Company Stock Fund	(i)	1,939,058
		4.25% - 6.25%, maturities		
* Participant Loans		through 2028	-	1,233,511
Total Assets				\$ 194,485,402

See accompanying report of independent auditors.

* Party in Interest

(i) The cost of participant-directed investments is not required to be disclosed.

This schedule was prepared based upon data that was certified as complete and accurate, by the Plan's trustees, Vanguard Fiduciary Trust Company and Fidelity Management Trust Company.