

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2019</div><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                                                   |
| For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u> |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>A</b>                                                                                                 | This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> a multiemployer plan         </div> <div> <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)         </div> </div>            |
|                                                                                                          | <input checked="" type="checkbox"/> a single-employer plan <div style="margin-left: 100px;"><input type="checkbox"/> a DFE (specify) _____</div>                                                                                                                                                                                                                                  |
| <b>B</b>                                                                                                 | This return/report is: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> the first return/report<br/> <input type="checkbox"/> an amended return/report         </div> <div> <input type="checkbox"/> the final return/report<br/> <input type="checkbox"/> a short plan year return/report (less than 12 months)         </div> </div> |
| <b>C</b>                                                                                                 | If the plan is a collectively-bargained plan, check here. . . . . <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                             |
| <b>D</b>                                                                                                 | Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Form 5558<br/> <input type="checkbox"/> special extension (enter description)         </div> <div> <input type="checkbox"/> automatic extension         </div> <div> <input type="checkbox"/> the DFVC program         </div> </div>            |

|                |                                                                                                                                                                                                                                                                                                                                                                                            |           |                                                           |           |                                                        |           |                                                   |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------|-----------|--------------------------------------------------------|-----------|---------------------------------------------------|
| <b>Part II</b> | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                                             |           |                                                           |           |                                                        |           |                                                   |
| <b>1a</b>      | Name of plan<br><u>WEST VALLEY PENSION PLAN</u>                                                                                                                                                                                                                                                                                                                                            |           |                                                           |           |                                                        |           |                                                   |
|                | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>1b</b></td> <td>Three-digit plan number (PN) ▶ <u>001</u></td> </tr> <tr> <td><b>1c</b></td> <td>Effective date of plan<br/><u>08/31/1998</u></td> </tr> </table>                                                                                                                       | <b>1b</b> | Three-digit plan number (PN) ▶ <u>001</u>                 | <b>1c</b> | Effective date of plan<br><u>08/31/1998</u>            |           |                                                   |
| <b>1b</b>      | Three-digit plan number (PN) ▶ <u>001</u>                                                                                                                                                                                                                                                                                                                                                  |           |                                                           |           |                                                        |           |                                                   |
| <b>1c</b>      | Effective date of plan<br><u>08/31/1998</u>                                                                                                                                                                                                                                                                                                                                                |           |                                                           |           |                                                        |           |                                                   |
| <b>2a</b>      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>CH2M HILL BWXT WEST VALLEY, LLC</u><br><br><u>10282 ROCK SPRINGS ROAD</u><br><u>WEST VALLEY, NY 14171-9702</u>                   |           |                                                           |           |                                                        |           |                                                   |
|                | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>2b</b></td> <td>Employer Identification Number (EIN)<br/><u>90-0629675</u></td> </tr> <tr> <td><b>2c</b></td> <td>Plan Sponsor's telephone number<br/><u>716-942-4720</u></td> </tr> <tr> <td><b>2d</b></td> <td>Business code (see instructions)<br/><u>541330</u></td> </tr> </table> | <b>2b</b> | Employer Identification Number (EIN)<br><u>90-0629675</u> | <b>2c</b> | Plan Sponsor's telephone number<br><u>716-942-4720</u> | <b>2d</b> | Business code (see instructions)<br><u>541330</u> |
| <b>2b</b>      | Employer Identification Number (EIN)<br><u>90-0629675</u>                                                                                                                                                                                                                                                                                                                                  |           |                                                           |           |                                                        |           |                                                   |
| <b>2c</b>      | Plan Sponsor's telephone number<br><u>716-942-4720</u>                                                                                                                                                                                                                                                                                                                                     |           |                                                           |           |                                                        |           |                                                   |
| <b>2d</b>      | Business code (see instructions)<br><u>541330</u>                                                                                                                                                                                                                                                                                                                                          |           |                                                           |           |                                                        |           |                                                   |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/15/2020 | LAURA ORTEGA                                                 |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2019)  
v. 190130

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 807                                                                                                                                                     |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 152<br><b>6a(2)</b> 143<br><b>6b</b> 328<br><b>6c</b> 280<br><b>6d</b> 751<br><b>6e</b> 48<br><b>6f</b> 799<br><b>6g</b><br><b>6h</b> 0             |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7</b>                                                                                                                                                         |

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

1A 3F 3H

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

|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

**a Pension Schedules**

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

**b General Schedules**

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

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

**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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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 \_\_\_\_\_

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

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

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>WEST VALLEY PENSION PLAN</u>                                                                                  | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>CH2M HILL BWXT WEST VALLEY, LLC</u>                        | <b>D</b> Employer Identification Number (EIN)<br><u>90-0629675</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                |                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                  | <b>Basic Information</b>                                                      |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2019</u>                                                                                                                              |                                                                               |
| <b>2</b> Assets:                                                                                                                                                                                               |                                                                               |
| <b>a</b> Market value .....                                                                                                                                                                                    | <b>2a</b> <u>96135090</u>                                                     |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b> <u>101811626</u>                                                    |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                            | (1) Number of participants (2) Vested Funding Target (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | <u>353</u> <u>53894273</u> <u>53894273</u>                                    |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | <u>317</u> <u>25183963</u> <u>25183963</u>                                    |
| <b>c</b> For active participants .....                                                                                                                                                                         | <u>152</u> <u>31755719</u> <u>34361771</u>                                    |
| <b>d</b> Total.....                                                                                                                                                                                            | <u>822</u> <u>110833955</u> <u>113440007</u>                                  |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                                                                               |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                                                                     |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>                                                                     |
| <b>5</b> Effective interest rate .....                                                                                                                                                                         | <b>5</b> <u>5.57</u> %                                                        |
| <b>6</b> Target normal cost.....                                                                                                                                                                               | <b>6</b> <u>2559800</u>                                                       |

**Statement by Enrolled Actuary**

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

|                                                                           |                                        |
|---------------------------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                                          |                                        |
| Signature of actuary                                                      | Date                                   |
| <u>LINDA C. ECKHOLM</u>                                                   | <u>20-05358</u>                        |
| Type or print name of actuary                                             | Most recent enrollment number          |
| <u>WILLIS TOWERS WATSON US LLC</u>                                        | <u>206-625-1125</u>                    |
| Firm name                                                                 | Telephone number (including area code) |
| <u>600 UNIVERSITY STREET, SUITE 3100</u><br><u>SEATTLE, WA 98101-1125</u> |                                        |
| Address of the firm                                                       |                                        |

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2019**  
**v. 190130**

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>-7.95</u> % .....                                                                                | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 1613                   |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.74</u> % ..... |                       | 93                     |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 1706                   |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 89.74 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 89.74 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 92.87 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 04/08/2019               | 1016191                           | 0                               |                          |                                   |                                 |
| 07/09/2019               | 1016191                           | 0                               |                          |                                   |                                 |
| 10/03/2019               | 1016191                           | 0                               |                          |                                   |                                 |
| 01/14/2020               | 1016191                           | 0                               |                          |                                   |                                 |
| 09/08/2020               | 1263522                           | 0                               |                          |                                   |                                 |
| 07/01/2019               | 0                                 | 216828                          |                          |                                   |                                 |
| <b>Totals ►</b>          |                                   |                                 | <b>18(b)</b>             | 5328286                           | <b>18(c)</b> 216828             |

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

|                                                                                                                         |            |         |
|-------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 5078556 |

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
| 0                                                          | 0       | 0       | 0       |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21** Discount rate:**a** Segment rates:1st segment:  
3.74 %2nd segment:  
5.35 %3rd segment:  
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code) .....**21b**

4

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

62

**23** Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. ....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years ..... **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) ..... **31a** 2559800**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment ..... Outstanding Balance 11628475 Installment 2515638**b** Waiver amortization installment ..... 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount. .... **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..... **34** 5075438

|                                                                        | Carryover balance | Prefunding balance | Total balance |
|------------------------------------------------------------------------|-------------------|--------------------|---------------|
| <b>35</b> Balances elected for use to offset funding requirement ..... | 0                 | 0                  | 0             |

**36** Additional cash requirement (line 34 minus line 35) ..... **36** 5075438**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) ..... **37** 5078556**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 3118**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) ..... **39** 0**40** Unpaid minimum required contributions for all years ..... **40** 0**Part IX Pension Funding Relief Under 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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2019</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                                  |                                                             |     |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019       |                                                             |     |
| <b>A</b> Name of plan<br>WEST VALLEY PENSION PLAN                                                | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                                  |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>CH2M HILL BWXT WEST VALLEY, LLC | <b>D</b> Employer Identification Number (EIN)<br>90-0629675 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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 |
|                                                                                                            |

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

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

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

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

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

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

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

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

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

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

MERCER INVESTMENT MANAGEMENT

99 HIGH STREET  
BOSTON, MA 02110

30-0282430

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 51 52                  | FIDUCIARY                                                                                         | 234968                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

TOWERS WATSON

600 UNIVERSITY STREET, STE 3100  
SEATTLE, WA 98101

53-0181291

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11                     |                                                                                                   | 100661                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

MILLIMAN

1301 FIFTH AVE STE 3800  
SEATTLE, WA 98101

91-0675641

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 38                     |                                                                                                   | 61592                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

STATE STREET

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

04-2456637

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 18                            |                                                                                                          | 10608                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

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

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

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(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<br>(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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2019</div><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

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

|                                                                                           |                               |                                                                                                                                                        |
|-------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER US SMALL/MID CAP EQUITY PORT</u> |                               |                                                                                                                                                        |
| <b>b</b> Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>             |                               |                                                                                                                                                        |
| <b>c</b> EIN-PN <u>03-0566611-003</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>8354261</u></span>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER US LARGE CAP CORE PASSIVE EQ</u> |                               |                                                                                                                                                        |
| <b>b</b> Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>             |                               |                                                                                                                                                        |
| <b>c</b> EIN-PN <u>03-0566613-005</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>14440405</u></span> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER NON-US CORE EQUITY PORTFOLIO</u> |                               |                                                                                                                                                        |
| <b>b</b> Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>             |                               |                                                                                                                                                        |
| <b>c</b> EIN-PN <u>03-0566617-009</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>11665211</u></span> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER EMERGING MARKETS EQUITY PORT</u> |                               |                                                                                                                                                        |
| <b>b</b> Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>             |                               |                                                                                                                                                        |
| <b>c</b> EIN-PN <u>32-6219484-017</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>12142810</u></span> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER GLOBAL LOW VOLATILITY EQUITY</u> |                               |                                                                                                                                                        |
| <b>b</b> Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>             |                               |                                                                                                                                                        |
| <b>c</b> EIN-PN <u>35-7004395-018</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>11608649</u></span> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER OPPORTUNISTIC FIXED INCOME P</u> |                               |                                                                                                                                                        |
| <b>b</b> Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>             |                               |                                                                                                                                                        |
| <b>c</b> EIN-PN <u>36-7630030-020</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>6002113</u></span>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER PASSIVE LONG GOVERNMENT FIXE</u> |                               |                                                                                                                                                        |
| <b>b</b> Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>             |                               |                                                                                                                                                        |
| <b>c</b> EIN-PN <u>51-0560117-010</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>7092062</u></span>  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **MERCER LONG STRIPS INVESTMENT PORTF**

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

|                                       |                               |                                                                                                                     |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>80-6243236-019</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>14577534</b> |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **MERCER ACTIVE LONG CORPORATE FIXED**

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

|                                       |                               |                                                                                                                     |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>45-6178743-004</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>28269994</b> |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**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  
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plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2019 or fiscal plan year beginning <b>01/01/2019</b> and ending <b>12/31/2019</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><b>WEST VALLEY PENSION PLAN</b>                                                                                                                                                                                                                 | <b>B</b> Three-digit plan number (PN) <b>►</b>                                                                                                                                                                                                                               | <b>001</b>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>CH2M HILL BWXT WEST VALLEY, LLC</b>                                                                                                                                                                  | <b>D</b> Employer Identification Number (EIN)<br><b>90-0629675</b>                                                                                                                                                                                                           |                                                                                                          |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                 |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    | 1443913               | 2279713         |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    | 398                   | 289             |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    | 392063                | 410826          |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>    | 94319781              | 114153039       |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>   |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year    |
|--------------------|------------------------------------------------------------------|-----------------------|--------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                    |
| (1)                | Employer securities .....                                        | <b>1d(1)</b>          |                    |
| (2)                | Employer real property .....                                     | <b>1d(2)</b>          |                    |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                    |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 96156155 116843867 |
| <b>Liabilities</b> |                                                                  |                       |                    |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                    |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             | 93225 174753       |
| <b>i</b>           | Acquisition indebtedness .....                                   | <b>1i</b>             |                    |
| <b>j</b>           | Other liabilities .....                                          | <b>1j</b>             |                    |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 93225 174753       |
| <b>Net Assets</b>  |                                                                  |                       |                    |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 96062930 116669114 |

**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.

|          |                                                                                                        | (a) Amount      | (b) Total |
|----------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>a</b> | <b>Contributions:</b>                                                                                  |                 |           |
| (1)      | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 5328286   |
|          | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> | 216828    |
|          | <b>(C)</b> Others (including rollovers) .....                                                          | <b>2a(1)(C)</b> |           |
| (2)      | Noncash contributions .....                                                                            | <b>2a(2)</b>    |           |
| (3)      | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 5545114   |
| <b>b</b> | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)      | Interest:                                                                                              |                 |           |
|          | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....   | <b>2b(1)(A)</b> | 6686      |
|          | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|          | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|          | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|          | <b>(E)</b> Participant loans .....                                                                     | <b>2b(1)(E)</b> |           |
|          | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> |           |
|          | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 6686      |
| (2)      | Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |           |
|          | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|          | <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                              | <b>2b(2)(C)</b> |           |
|          | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> |           |
| (3)      | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)      | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|          | <b>(B)</b> Aggregate carrying amount (see instructions) .....                                          | <b>2b(4)(B)</b> |           |
|          | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> |           |
| (5)      | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|          | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> |           |
|          | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> |           |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | 21755586  |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            |           |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 27307386  |

**Expenses**

|                                                                                      |       |         |         |
|--------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 5792226 |         |
| (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) |         | 5792226 |
| 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) | 111269  |         |
| (2) Contract administrator fees .....                                                | 2i(2) | 61592   |         |
| (3) Investment advisory and management fees .....                                    | 2i(3) | 234968  |         |
| (4) Other .....                                                                      | 2i(4) | 501147  |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |         | 908976  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |         | 6701202 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 20606184 |
| 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) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

☒ Yes ☐ No

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

(1) Name: DOPKINS & COMPANY

(2) EIN: 16-0929175

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

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

**Part IV Compliance Questions**

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

During the plan year:

**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  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          |     |    |         |
| <b>4c</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                |     |    |         |
| <b>4d</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 5000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....                                                     |     |    |         |
| <b>4g</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....                                           |     |    |         |
| <b>4h</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                     | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... | X   |    |         |
| <b>4j</b>                                                                                                                                                                                                                     | X   |    |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |         |
| <b>4k</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             |     | X  |         |
| <b>4l</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     | X  |         |
| <b>4m</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      |     | X  |         |
| <b>4n</b>                                                                                                                                                                                                                     |     | X  |         |

**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<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>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>2019</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>WEST VALLEY PENSION PLAN                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>CH2M HILL BWXT WEST VALLEY, LLC                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>90-0629675                                            |
| 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):<br><br>EIN(s): 25-0659306                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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 12                                                                                            |
| 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A<br>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<br>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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? <input type="checkbox"/> Yes <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2019 v. 190130                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

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

|           |                                                                                                                                                                                                                                                      |            |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>14</b> | Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:                                                                                                                    |            |
| <b>a</b>  | The current year .....                                                                                                                                                                                                                               | <b>14a</b> |
| <b>b</b>  | The plan year immediately preceding the current plan year .....                                                                                                                                                                                      | <b>14b</b> |
| <b>c</b>  | The second preceding plan year .....                                                                                                                                                                                                                 | <b>14c</b> |
| <b>15</b> | Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:                                                                         |            |
| <b>a</b>  | The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                         | <b>15a</b> |
| <b>b</b>  | The corresponding number for the second preceding plan year .....                                                                                                                                                                                    | <b>15b</b> |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                 |            |
| <b>a</b>  | Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                      | <b>16a</b> |
| <b>b</b>  | If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....                                                                                        | <b>16b</b> |
| <b>17</b> | 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. .... <input type="checkbox"/> |            |

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
☐ Yes.  
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
☐ No. Other. Provide explanation \_\_\_\_\_

# **WEST VALLEY PENSION PLAN**

## **Financial Statements and Supplemental Schedules With Independent Auditor's Report**

**December 31, 2019 and 2018**

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## **INDEPENDENT AUDITOR'S REPORT**

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

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of West Valley Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

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

### **Auditor's Responsibility**

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

### **Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by State Street Bank and Trust Company, the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2019 and 2018, 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.

**Other Matter**

The supplemental schedules: (1) Schedule H, Line 4i - Schedule of assets (held at end of year) as of December 31, 2019; and (2) Schedule H, Line 4j - Schedule of reportable transactions for the year ended December 31, 2019, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. These supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

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



CERTIFIED PUBLIC ACCOUNTANTS

October 14, 2020

## WEST VALLEY PENSION PLAN

### STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2019 and 2018

| <b>ASSETS</b>                            | <b>2019</b>                  | <b>2018</b>                 |
|------------------------------------------|------------------------------|-----------------------------|
| Investments, at fair value:              |                              |                             |
| Cash equivalents                         | \$ 410,826                   | \$ 392,063                  |
| Common trust funds                       | 114,153,039                  | 94,319,781                  |
|                                          | <u>114,563,865</u>           | <u>94,711,844</u>           |
| Receivables:                             |                              |                             |
| Employer contributions                   | 2,279,713                    | 1,443,913                   |
| Interest                                 | 289                          | 398                         |
| <b>Total assets</b>                      | <u>116,843,867</u>           | <u>96,156,155</u>           |
| <b>LIABILITIES</b>                       |                              |                             |
| Accrued expenses                         | 174,753                      | 93,225                      |
| <b>Total liabilities</b>                 | <u>174,753</u>               | <u>93,225</u>               |
| <b>Net assets available for benefits</b> | <u><u>\$ 116,669,114</u></u> | <u><u>\$ 96,062,930</u></u> |

# WEST VALLEY PENSION PLAN

## STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS Years Ended December 31, 2019 and 2018

|                                                                     | 2019                  | 2018                 |
|---------------------------------------------------------------------|-----------------------|----------------------|
| Additions to net assets attributed to:                              |                       |                      |
| Investment income (loss):                                           |                       |                      |
| Net appreciation (depreciation) in fair value of investments        | \$ 21,755,586         | \$ (8,027,611)       |
| Interest                                                            | 6,686                 | 6,023                |
|                                                                     | <u>21,762,272</u>     | <u>(8,021,588)</u>   |
| Employer contributions                                              | 5,328,286             | 4,244,575            |
| Participant contributions                                           | 216,828               | 218,040              |
|                                                                     | <u>5,545,114</u>      | <u>4,462,615</u>     |
| <b>Total additions (deductions)</b>                                 | <u>27,307,386</u>     | <u>(3,558,973)</u>   |
| Deductions from net assets attributed to:                           |                       |                      |
| Benefits paid to participants and beneficiaries                     | 5,792,226             | 4,619,650            |
| Administrative expenses                                             | 908,976               | 881,333              |
| <b>Total deductions</b>                                             | <u>6,701,202</u>      | <u>5,500,983</u>     |
| <b>Net increase (decrease) in net assets available for benefits</b> | <b>20,606,184</b>     | <b>(9,059,956)</b>   |
| Net assets available for benefits:                                  |                       |                      |
| Beginning of year                                                   | <u>96,062,930</u>     | <u>105,122,886</u>   |
| End of year                                                         | <u>\$ 116,669,114</u> | <u>\$ 96,062,930</u> |

## WEST VALLEY PENSION PLAN

### NOTES TO FINANCIAL STATEMENTS

---

#### **Note 1. Plan Description**

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

##### General:

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

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

##### Eligibility:

Effective August 28, 2011, the Plan was amended to freeze participation in the Plan. Generally, employees of the Company hired or rehired prior to August 29, 2011 are eligible to participate in the Plan. The Plan also covers retired and terminated vested employees of WVES and WVNSC. A participant's service at certain affiliates of WVES and WVNSC were considered eligible service. Participants are required to contribute to the Plan an amount equal to 1.5% of eligible compensation, as defined.

##### Pension benefits:

A participant's monthly normal retirement benefit, at age 65, is generally based on the career accumulation amount of 1/12 of two percent of compensation for each year of service. The Plan generally provides a reduced benefit for early retirement. Eligibility for early retirement is attained upon (1) completion of 10 years of eligibility service and attaining age 60, or (2) completion of 30 years of eligibility service and attaining age 58. Retirement benefits are paid to pensioners or beneficiaries in various forms consisting of annuities, lump-sum payments, or a combination of both. Effective January 1, 2020, the Plan was amended to change the definition of the actuarial equivalent, to reflect recent mortality trends and interest rate environment, that is used to determine benefit amounts.

## WEST VALLEY PENSION PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### **Note 1. Plan Description (Continued)**

##### Vesting:

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

##### Death benefits:

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

##### Administrative expenses:

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

#### **Note 2. Significant Accounting Policies**

##### Basis of accounting:

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

##### Investment valuation and income recognition:

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

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

## WEST VALLEY PENSION PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### Note 2. Significant Accounting Policies (Continued)

##### Actuarial present value of accumulated plan benefits:

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. The accumulated plan benefits for active participants are based on their prior service and compensation. Benefits payable under all circumstances (retirement, death, disability and termination of employment) are only included to the extent they are deemed attributable to service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and reflects actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and expected date of payment.

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

Discount rate 5.00% and 6.00% at December 31, 2019 and 2018, respectively.

Interest earned on employee contributions – 2.75%.

Rate of pay increases – A 3.20% increase for 2019 and 2018 and beyond.

Mortality basis – The Pri-2012 tables projected generationally and RP-2014 tables with experience through 2006 projected generationally were used in 2019 and 2018 with the MP-2019 and MP-2018 projection scales for December 31, 2019 and 2018, respectively.

Average retirement age - Ranging from 10% at age 58 to 100% at age 70.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2019 and 2018. Had valuations been performed as of December 31, there would be no material differences.

##### Payment of benefits:

Benefit payments are recorded when paid.

## WEST VALLEY PENSION PLAN

### NOTES TO FINANCIAL STATEMENTS

---

#### **Note 2. Significant Accounting Policies (Continued)**

##### Use of estimates:

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

##### Subsequent events:

Subsequent events have been evaluated through October 14, 2020, which is the date the financial statements were available to be issued.

#### **Note 3. Plan Termination**

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

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

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

## WEST VALLEY PENSION PLAN

### NOTES TO FINANCIAL STATEMENTS

---

#### **Note 3. Plan Termination (Continued)**

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

#### **Note 4. Information Certified by the Plan's Trustee**

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. State Street Bank and Trust Company (State Street) certified to the completeness and accuracy of the fair value of investments in common trust funds of \$114,153,039 and \$94,319,781 and cash equivalents of \$410,826 and \$392,063 at December 31, 2019 and 2018, respectively. State Street has also certified to the completeness and accuracy of net appreciation (depreciation) in fair value of investments of \$21,755,586 and (\$8,027,611) and interest and dividends of \$6,686 and \$6,023 for the years ended December 31, 2019 and 2018, respectively.

#### **Note 5. Fair Value Measurements**

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

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

## WEST VALLEY PENSION PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### Note 5. Fair Value Measurements (Continued)

The Plan's investments consist of common funds and cash equivalents. Cash equivalents consist of a money market fund and a collective fund. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

*Common/Collective trust funds:* Valued at the net asset value (NAV) of units of the common/collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is primarily based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Plan transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust fund, the fund manager reserves the right to temporarily delay withdrawal from the trust funds in order to ensure that securities liquidations will be carried out in an orderly business manner.

*Money market fund:* Valued daily based on the fund's unit price using a floating NAV based on fair value of the underlying investments, except for certain investments with maturities of less than sixty days, which are valued at amortized cost. The fund may impose liquidity fees on redemptions in the event that the fund's weekly liquid assets fall below designated thresholds.

The following tables set forth by type and level, within the fair value hierarchy, the Plan's investments at fair value at December 31, 2019 and 2018. The classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

|                                                              | 2019    |         |         | Total          |
|--------------------------------------------------------------|---------|---------|---------|----------------|
|                                                              | Level 1 | Level 2 | Level 3 |                |
| Money market fund                                            | \$ -    | \$ 529  | \$ -    | \$ 529         |
| Common/Collective trust funds measured at NAV <sup>(a)</sup> |         |         |         | 114,563,336    |
| Investments at fair value                                    |         |         |         | \$ 114,563,865 |

# WEST VALLEY PENSION PLAN

## NOTES TO FINANCIAL STATEMENTS

### Note 5. Fair Value Measurements (Continued)

|                                                              | 2018    |         |         |               |
|--------------------------------------------------------------|---------|---------|---------|---------------|
|                                                              | Level 1 | Level 2 | Level 3 | Total         |
| Money market fund                                            | \$ -    | \$ 517  | \$ -    | \$ 517        |
| Common/Collective trust funds measured at NAV <sup>(a)</sup> |         |         |         | 94,711,327    |
| Investments at fair value                                    |         |         |         | \$ 94,711,844 |

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in the 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 unfunded commitments related to any investments held by the Plan at December 31, 2019 and 2018.

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

On October 6, 2020, the Company received an actuarial valuation report for the year ended December 31, 2019. The information has not been audited and is presented for informational purposes only.

A summary of the actuarial present value of accumulated plan benefits as of December 31, 2019 and 2018 follows:

|                                                            | Unaudited<br>2019 | 2018           |
|------------------------------------------------------------|-------------------|----------------|
| Vested benefits:                                           |                   |                |
| Active employees                                           | \$ 34,935,009     | \$ 30,667,412  |
| Participants with deferred benefits                        | 24,932,004        | 24,233,451     |
| Participants currently receiving benefits                  | 61,758,798        | 51,203,720     |
| Total vested                                               | 121,625,811       | 106,104,583    |
| Nonvested benefits                                         | 2,412,391         | 2,474,625      |
| Total actuarial present value of accumulated plan benefits | \$ 124,038,202    | \$ 108,579,208 |

## WEST VALLEY PENSION PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### Note 6. Actuarial Present Value of Accumulated Plan Benefits (Continued)

The changes in the actuarial present value of accumulated plan benefits for the years ended December 31, 2019 and 2018 is summarized as follows:

|                                                                              | Unaudited<br>2019     | 2018                  |
|------------------------------------------------------------------------------|-----------------------|-----------------------|
| Actuarial present value of accumulated plan<br>benefits at beginning of year | \$ 108,579,208        | \$ 109,940,377        |
| Increase (decrease) attributable to:                                         |                       |                       |
| Interest                                                                     | 6,461,709             | 6,148,690             |
| Benefits accumulated                                                         | 2,012,056             | 2,167,492             |
| Actuarial losses                                                             | 1,111,494             | 345,054               |
| Plan amendments                                                              | 143,769               | -                     |
| Change in assumptions                                                        | 11,522,192            | (5,402,755)           |
| Benefits paid                                                                | (5,792,226)           | (4,619,650)           |
| Actuarial present value of accumulated plan<br>benefits at end of year       | <u>\$ 124,038,202</u> | <u>\$ 108,579,208</u> |

The change in assumptions for the year ended December 31, 2019 is related to updating the mortality table projection scale from MP-2018 to MP-2019; and decreasing the discount rate assumption from 6.0% to 5.0%. The change in assumptions for the year ended December 31, 2018 is related to updating the mortality table projection scale from MP-2017 to MP-2018; and increasing the discount rate assumption from 5.6% to 6.0%.

#### Note 7. Funding Policy

As a condition of participation, active participants are required to contribute 1.5% of their compensation, as defined, to the Plan. Total participant accumulated contributions for active participants, including interest credited at the annual rate of 120% of the federal mid-term interest rate for the first month of the prior Plan year (3.47% for 2019 and 2.62% for 2018) was \$4,581,348 and \$4,588,038 at December 31, 2019 and 2018, respectively. The Company contributes such amounts as are necessary (calculated on an actuarial basis), such that, when combined with participants' contributions, the Plan will have assets sufficient to meet the benefits requirements to be paid to participants and meet the minimum funding requirements of ERISA. The Company made contributions of \$5,328,286 and \$4,244,575 for the 2019 and 2018 Plan years, respectively. The Company's 2019 and 2018 contributions met the minimum requirements of ERISA.

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

## WEST VALLEY PENSION PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### **Note 8. Tax Status**

The Internal Revenue Service (IRS) has determined and informed the Plan by a letter dated August 23, 2017, that the Plan is qualified and the trust established under the Plan is tax-exempt under the appropriate sections of the Internal Revenue Code (the Code). The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2019 and 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 authorities; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for the years prior to 2016.

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

A party-in-interest is defined under the Department of Labor's regulations as any fiduciary of the Plan, any party rendering services to the Plan, the employer, certain participants, and others. Certain Plan investments are shares of common/collective trust funds created by Mercer Trust Company and a fund sponsored by State Street. Mercer Global Investments, Inc. (Mercer) is the investment advisor for the Plan and State Street is the trustee as defined by the Plan and, therefore, transactions with these funds qualify as party-in-interest transactions. Fees recorded for trustee services amounted to \$10,608 and \$44,909 for the years ended December 31, 2019 and 2018, respectively. Investment advisory, actuarial services and recordkeeping are provided to the Plan by Mercer, Willis Towers Watson and Milliman, Inc., respectively. As such, transactions with these service providers qualify as party-in-interest transactions. Fees recorded for these service providers amounted to \$397,221 and \$351,660 for the years ended December 31, 2019 and 2018, respectively.

#### **Note 10. Risks and Uncertainties**

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

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

## WEST VALLEY PENSION PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### **Note 10. Risks and Uncertainties (Continued)**

In March 2020, the President of the United States of America declared a national state of emergency related to the health pandemic from the COVID-19 virus (Coronavirus Pandemic). As a result of the Coronavirus Pandemic, the governments of many countries, states and cities have taken actions to mitigate the spread of the virus, such as imposing restrictions on travel, business operations and social gatherings. This coronavirus outbreak has severely restricted the level of economic activity. As a result of the economic impact from the Coronavirus Pandemic, investment security values have declined significantly at times during 2020. These economic and market conditions, as a result of the effects of the Coronavirus Pandemic, may continue to adversely affect the Plan and the amounts reported in the statements of net assets available for benefits.

\* \* \* \* \*

## **SUPPLEMENTAL SCHEDULES**

**WEST VALLEY PENSION PLAN**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**December 31, 2019**

**EIN: 90-0629675**  
**PLAN NUMBER: 001**

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investments, including<br>maturity date, rate of interest,<br>collateral par or maturity value | (d) Cost             | (e) Current<br>Value  |
|-----|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|
| *   | MGI U.S. Large Cap Passive Equity Fund                    | Common fund - 406,657 shares                                                                                      | \$ 3,904,437         | \$ 14,440,405         |
| *   | MGI Active Long Corporate Investment Portfolio Fund       | Common fund - 1,502,125 shares                                                                                    | 21,844,560           | 28,269,994            |
| *   | MGI Non U.S. Core Equity Fund                             | Common fund - 570,426 shares                                                                                      | 6,652,165            | 11,665,211            |
| *   | Mercer Global Low Volatility Equity                       | Common fund - 547,836 shares                                                                                      | 6,568,589            | 11,608,649            |
| *   | Mercer Opportunistic Fixed Income Fund                    | Common fund - 532,102 shares                                                                                      | 5,500,287            | 6,002,113             |
| *   | MGI Emerging Markets Equity Fund                          | Common fund- 959,906 shares                                                                                       | 9,467,829            | 12,142,810            |
| *   | MGI U.S. Small / Mid Cap Growth Equity Fund               | Common fund - 267,422 shares                                                                                      | 4,868,226            | 8,354,261             |
| *   | Mercer Long Strips Fixed Income                           | Common fund - 926,735 shares                                                                                      | 11,918,634           | 14,577,534            |
| *   | MGI US Long Duration Passive Fixed Fund                   | Common fund - 293,911 shares                                                                                      | 7,189,052            | 7,092,062             |
|     |                                                           |                                                                                                                   | <u>77,913,779</u>    | <u>114,153,039</u>    |
| *   | State Street Short Term Investment Fund                   | Collective fund - 410,297 shares                                                                                  | 410,297              | 410,297               |
| *   | State Street Institutional Liquid Reserves Fund           | Money market fund - 529 shares                                                                                    | 529                  | 529                   |
|     |                                                           |                                                                                                                   | <u>410,826</u>       | <u>410,826</u>        |
|     |                                                           |                                                                                                                   | <u>\$ 78,324,605</u> | <u>\$ 114,563,865</u> |

\* Party named is a party-in-interest.

WEST VALLEY PENSION PLAN

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
Year Ended December 31, 2019

EIN: 90-0629675  
PLAN NUMBER: 001

| (a) Identity of Party Involved                      | (b) Description of Asset<br>(include interest rate and<br>maturity in case of loan) | (c) Purchase Price | (d) Selling Price | (e) Lease Rental | (f) Expense<br>Incurred With |                    | (h) Current Value of<br>Asset on Transaction |              |  | (i) Net Gain (Loss) |
|-----------------------------------------------------|-------------------------------------------------------------------------------------|--------------------|-------------------|------------------|------------------------------|--------------------|----------------------------------------------|--------------|--|---------------------|
|                                                     |                                                                                     |                    |                   |                  | Transaction                  | (g) Cost of Assets | Date                                         |              |  |                     |
| Single Transactions:                                |                                                                                     |                    |                   |                  |                              |                    |                                              |              |  |                     |
| MGI Active Long Corporate Investment Portfolio Fund | Common fund                                                                         | \$ -               | \$ 7,312,970      | \$ -             | \$ -                         | \$ 5,833,703       | \$ 7,312,970                                 | \$ 1,479,267 |  |                     |
| MGI Long Duration Passive Fixed Income              | Common fund                                                                         | \$ 7,189,052       | \$ -              | \$ -             | \$ -                         | \$ 7,189,052       | \$ 7,189,052                                 | \$ -         |  |                     |
| Series Transactions:                                |                                                                                     |                    |                   |                  |                              |                    |                                              |              |  |                     |
| * State Street Short Term Investment Fund           | Collective fund                                                                     | \$ 8,603,855       | \$ -              | \$ -             | \$ -                         | \$ 8,603,855       | \$ 8,603,855                                 | \$ -         |  |                     |
| * State Street Short Term Investment Fund           | Collective fund                                                                     | \$ -               | \$ 8,585,104      | \$ -             | \$ -                         | \$ 8,585,104       | \$ 8,585,104                                 | \$ -         |  |                     |
| MGI Active Long Corporate Investment Portfolio Fund | Common fund                                                                         | \$ -               | \$ 9,962,243      | \$ -             | \$ -                         | \$ 8,142,374       | \$ 9,962,243                                 | \$ 1,819,869 |  |                     |
| MGI Active Long Corporate Investment Portfolio Fund | Common fund                                                                         | \$ 278,000         | \$ -              | \$ -             | \$ -                         | \$ 278,000         | \$ 278,000                                   | \$ -         |  |                     |

\* Party named is a party-in-interest.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

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

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

### Definitions

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

|                |                                 |
|----------------|---------------------------------|
| Plan Name:     | West Valley Pension Plan        |
| EIN / PN:      | 90-0629675/001                  |
| Plan Sponsor:  | CH2M Hill BWXT West Valley, LLC |
| Valuation Date | January 1, 2019                 |

# SCHEDULE SB ATTACHMENTS

that only 50% of an annual incentive award payable under any management incentive program is included.

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

## Eligibility for Benefits

|                              |                                                                                                                                                                                                                                                                                                                                                                 |            |                            |     |                  |             |                  |             |                  |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------|-----|------------------|-------------|------------------|-------------|------------------|
| Normal Retirement            | Retirement on Normal Retirement Date                                                                                                                                                                                                                                                                                                                            |            |                            |     |                  |             |                  |             |                  |
| Early Retirement             | The first of any month following the date the Participant attains:<br>(i) age 58 with at least 30 years of Eligibility Service or<br>(ii) age 60 with at least 10 years of Eligibility Service.                                                                                                                                                                 |            |                            |     |                  |             |                  |             |                  |
| Pre-Retirement Death Benefit | Death while accruing Eligibility Service and after attainment of Early Retirement Eligibility or any of the following: <table><tr><td><u>Age</u></td><td><u>Eligibility Service</u></td></tr><tr><td>any</td><td>25 years or more</td></tr><tr><td>60 or older</td><td>10 years or more</td></tr><tr><td>50 or older</td><td>15 years or more</td></tr></table> | <u>Age</u> | <u>Eligibility Service</u> | any | 25 years or more | 60 or older | 10 years or more | 50 or older | 15 years or more |
| <u>Age</u>                   | <u>Eligibility Service</u>                                                                                                                                                                                                                                                                                                                                      |            |                            |     |                  |             |                  |             |                  |
| any                          | 25 years or more                                                                                                                                                                                                                                                                                                                                                |            |                            |     |                  |             |                  |             |                  |
| 60 or older                  | 10 years or more                                                                                                                                                                                                                                                                                                                                                |            |                            |     |                  |             |                  |             |                  |
| 50 or older                  | 15 years or more                                                                                                                                                                                                                                                                                                                                                |            |                            |     |                  |             |                  |             |                  |
| Vested Death Benefit         | Death after vesting date and before pre-retirement death benefit eligibility.                                                                                                                                                                                                                                                                                   |            |                            |     |                  |             |                  |             |                  |

## Benefits Paid Upon the Following Events

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

|                |                                 |
|----------------|---------------------------------|
| Plan Name:     | West Valley Pension Plan        |
| EIN / PN:      | 90-0629675/001                  |
| Plan Sponsor:  | CH2M Hill BWXT West Valley, LLC |
| Valuation Date | January 1, 2019                 |

# SCHEDULE SB ATTACHMENTS

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## Early Retirement

### *Employees Hired after December 31, 1994:*

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

### *Employees Hired before January 1, 1995:*

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

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

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

### *Early Retirement Supplements*

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

## Deferred Retirement

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

|                |                                 |
|----------------|---------------------------------|
| Plan Name:     | West Valley Pension Plan        |
| EIN / PN:      | 90-0629675/001                  |
| Plan Sponsor:  | CH2M Hill BWXT West Valley, LLC |
| Valuation Date | January 1, 2019                 |

## SCHEDULE SB ATTACHMENTS

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

**Non-Vested Termination** A Participant who terminates employment non-vested receives a refund of contributions plus interest; or, if over \$5,000, an actuarially equivalent annuity beginning any time up to Normal Retirement Date.

**Pre-Retirement Death** Immediate benefit payable to Participant's spouse equal to 55% of the applicable amount below, adjusted for form assuming that the participant had elected the Joint and 55% form of payment:

If the participant had fewer than 30 years of service, the amount is the greatest of the participant's

- a. Normal Retirement Benefit determined as of December 31, 1994 using the Career Accumulation Method, reduced by  $\frac{1}{3}$  of 1% for each month that the date of death precedes Normal Retirement Date up to a maximum reduction of 20%
- b. Normal Retirement Benefit determined as of December 31, 1994 using the Flat Rate Method
- c. Normal Retirement Benefit determined as of the participant's date of death, reduced by  $\frac{1}{2}$  of 1% for each month that the date of death precedes Normal Retirement Date up to a maximum reduction of 42%.

If the participant had 30 or more years of service, the amount is the greatest of the participant's

- a. Normal Retirement Benefit determined as of December 31, 1994 using the Career Accumulation Method
- b. Normal Retirement Benefit determined as of December 31, 1994 using the Flat Rate Method
- c. Normal Retirement Benefit determined as of the participant's date of death, reduced by  $\frac{1}{2}$  of 1% for each month that the date of death precedes Normal Retirement Date up to a maximum reduction of 42%

If the surviving spouse of a Participant with Eligibility Service both prior to January 1, 1995 and after December 31, 1994 elects to receive the entire benefit as a monthly annuity, then (a) and (b) are changed to be based on the Normal Retirement Benefit determined as of the participant's date of death, not as of December 31, 1994 (regardless of whether the participant had 30 years of service). Payments are guaranteed for 60 months and payable to the spouse's beneficiary if necessary.

|                |                                 |
|----------------|---------------------------------|
| Plan Name:     | West Valley Pension Plan        |
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# SCHEDULE SB ATTACHMENTS

## Vested death benefit

Deferred benefit, payable to Participant's spouse at what would have been the employee's earliest benefit commencement date, equal to 55% of the Termination Benefit, assuming that the Joint and 55% form of payment had been elected. Payments are guaranteed for 60 months and payable to the spouse's beneficiary if necessary.

## Other Plan Provisions

### Forms of payment

#### *Normal Form of Payment*

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

#### *Optional Forms of Payment*

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

|                |                                 |
|----------------|---------------------------------|
| Plan Name:     | West Valley Pension Plan        |
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| Valuation Date | January 1, 2019                 |

## SCHEDULE SB ATTACHMENTS

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|                                  |                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pension Increases                | None.                                                                                                                                                                                                                                                                                                                                                      |
| Plan Participants' Contributions | On and after January 1, 1995, employees must elect to contribute one and one-half percent (1½%) of Compensation in order to receive Credited Service and earn a pension.                                                                                                                                                                                   |
| Maximum on benefits and pay      | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions. |

### Future Plan Changes

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

### Changes in Benefits Valued Since Prior Year

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

### Substantive Commitment

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

|                |                                 |
|----------------|---------------------------------|
| Plan Name:     | West Valley Pension Plan        |
| EIN / PN:      | 90-0629675/001                  |
| Plan Sponsor:  | CH2M Hill BWXT West Valley, LLC |
| Valuation Date | January 1, 2019                 |

WEST VALLEY PENSION PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
December 31, 2019

EIN: 90-0629675

PLAN NUMBER: 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investments, including<br>maturity date, rate of interest,<br>collateral par or maturity value | (d) Cost             | (e) Current<br>Value     |
|-----|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------|
| *   | MGI U.S. Large Cap Passive Equity Fund                    | Common fund - 406,657 shares                                                                                      | \$ 3,904,437         | \$ 14,440,405            |
| *   | MGI Active Long Corporate Investment Portfolio Fund       | Common fund - 1,502,125 shares                                                                                    | 21,844,560           | 28,269,994               |
| *   | MGI Non U.S. Core Equity Fund                             | Common fund - 570,426 shares                                                                                      | 6,652,165            | 11,665,211               |
| *   | Mercer Global Low Volatility Equity                       | Common fund - 547,836 shares                                                                                      | 6,568,589            | 11,608,649               |
| *   | Mercer Opportunistic Fixed Income Fund                    | Common fund - 532,102 shares                                                                                      | 5,500,287            | 6,002,113                |
| *   | MGI Emerging Markets Equity Fund                          | Common fund- 959,906 shares                                                                                       | 9,467,829            | 12,142,810               |
| *   | MGI U.S. Small / Mid Cap Growth Equity Fund               | Common fund - 267,422 shares                                                                                      | 4,868,226            | 8,354,261                |
| *   | Mercer Long Strips Fixed Income                           | Common fund - 926,735 shares                                                                                      | 11,918,634           | 14,577,534               |
| *   | MGI US Long Duration Passive Fixed Fund                   | Common fund - 293,911 shares                                                                                      | 7,189,052            | 7,092,062                |
|     |                                                           |                                                                                                                   | <u>77,913,779</u>    | <u>114,153,039</u>       |
| *   | State Street Short Term Investment Fund                   | Collective fund - 410,297 shares                                                                                  | 410,297              | 410,297                  |
| *   | State Street Institutional Liquid Reserves Fund           | Money market fund - 529 shares                                                                                    | 529                  | 529                      |
|     |                                                           |                                                                                                                   | <u>410,826</u>       | <u>410,826</u>           |
|     |                                                           |                                                                                                                   | <u>\$ 78,324,605</u> | <u>\$ \$ 114,563,865</u> |

\* Party named is a party-in-interest.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2019

| Attained Age | Attained Years of Credited Service <sup>1</sup> |     |     |       |       |       |       |       |       |           | Total |
|--------------|-------------------------------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----------|-------|
|              | Under 1                                         | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & Over |       |
| Under 25     | 0                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     |
| 25-29        | 0                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     |
| 30-34        | 0                                               | 1   | 2   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 3     |
| 35-39        | 0                                               | 1   | 2   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 3     |
| 40-44        | 0                                               | 2   | 5   | 2     | 0     | 0     | 0     | 0     | 0     | 0         | 9     |
| 45-49        | 0                                               | 2   | 5   | 2     | 1     | 1     | 4     | 1     | 0     | 0         | 16    |
| 50-54        | 0                                               | 1   | 4   | 3     | 2     | 2     | 10    | 10    | 1     | 0         | 33    |
| 55-59        | 2                                               | 0   | 6   | 5     | 3     | 12    | 13    | 15    | 1     | 0         | 57    |
| 60-64        | 2                                               | 2   | 1   | 5     | 3     | 6     | 2     | 3     | 4     | 0         | 28    |
| 65-69        | 0                                               | 0   | 0   | 0     | 1     | 1     | 0     | 0     | 0     | 1         | 3     |
| 70 & over    | 0                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     |
| Total        | 4                                               | 9   | 25  | 17    | 10    | 22    | 29    | 29    | 6     | 1         | 152   |

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: West Valley Pension Plan  
 EIN / PN: 90-0629675/001  
 Plan Sponsor: CH2M Hill BWXT West Valley, LLC  
 Valuation Date: January 1, 2019

# SCHEDULE SB ATTACHMENTS

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

### Economic Assumptions

#### Interest rate basis:

|                   |               |
|-------------------|---------------|
| Applicable month  | September     |
| Yield curve basis | Segment rates |

#### Interest rates:

|                           | Not Reflecting<br>Corridors | Reflecting<br>Corridors |
|---------------------------|-----------------------------|-------------------------|
| ■ First segment rate      | 2.28%                       | 3.74%                   |
| ■ Second segment rate     | 3.81%                       | 5.35%                   |
| ■ Third segment rate      | 4.46%                       | 6.11%                   |
| ■ Effective interest rate | 4.04%                       | 5.57%                   |

#### ■ Assumed earnings rate<sup>1</sup>

For 2018: 5.60%  
For 2017: 6.00%

#### Annual rates of increase:

|                                              |       |
|----------------------------------------------|-------|
| ■ Compensation                               | 3.20% |
| ■ Future Social Security wage bases          | N/A   |
| ■ Statutory limits on compensation           | N/A   |
| ■ Interest on employee contribution balances | 2.75% |
| ■ Administrative expenses                    |       |

Plan related expenses are assumed to be the average of actual administrative expenses net of PBGC premiums in the prior three years, plus expected PBGC premiums for the current year, rounded to the nearest ten thousand. The amount included this year for plan-related administrative expenses is \$700,000.

<sup>1</sup> The expected return on assets for the 1/1/2018 plan year used in the development of the Actuarial Value of Assets. The assumed return for the year can be no greater than the third segment rate (reflecting corridors). For 2018, the third segment rate was 6.29%.

Plan Name: West Valley Pension Plan  
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# SCHEDULE SB ATTACHMENTS

## Demographic Assumptions

|                          |                                                                                                                                                                                    |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Inclusion Date           | The valuation date coincident with or next following the date on which the employee becomes a participant.                                                                         |
| New or rehired employees | It was assumed there will be no new or rehired employees.                                                                                                                          |
| Mortality                |                                                                                                                                                                                    |
| ■ Healthy                | The prescribed mortality assumption under Section 430(h)(3)-1(e) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants. |
| ■ Disabled               | Same as mortality assumption for healthy lives.                                                                                                                                    |
| Termination              | Rates varying by age and gender:                                                                                                                                                   |

### Percentage leaving during the year

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

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

### Percentage becoming disabled during the year

| Age         | Males and Females |
|-------------|-------------------|
| 25          | 0.015%            |
| 30          | 0.015             |
| 35          | 0.015             |
| 40          | 0.020             |
| 45          | 0.040             |
| 50          | 0.105             |
| 55          | 0.225             |
| 60          | 0.505             |
| 65 and over | 0                 |

|                |                                 |
|----------------|---------------------------------|
| Plan Name:     | West Valley Pension Plan        |
| EIN / PN:      | 90-0629675/001                  |
| Plan Sponsor:  | CH2M Hill BWXT West Valley, LLC |
| Valuation Date | January 1, 2019                 |

## SCHEDULE SB ATTACHMENTS

### Retirement

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

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

Average age: 62

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

### Benefit Commencement Date

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

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## SCHEDULE SB ATTACHMENTS

|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form of payment            | <p>Participants without a pre-1995 benefit are assumed to elect the normal form of payment:</p> <ul style="list-style-type: none"><li>- Single life annuity with 5-year certain guarantee for single participants, and</li><li>- 55% joint and survivor annuity with 5-year certain guarantee for married participants</li></ul> <p>For participants with a pre-1995 benefit, 25% are assumed to elect a lump sum of their pre-1995 accrued benefit, and 75% are assumed to elect the normal form of payment (same as participants without a pre-1995 benefit described above). Participants are also assumed to elect the normal form of payment on benefits accrued after 12/31/1994.</p> <p>Calculation of Lump Sum: Lump sums were valued using the substitution of annuity form under IRS Regulation 1.430(d)-1(f)(4) without application of generational mortality.</p> |
| Percent married            | 85% of eligible male participants and 65% of eligible female participants are assumed to be married.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Spouse age                 | Male spouses are assumed to be 3 years older than female spouses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Covered pay                | Compensation assumed paid in the current year beginning on the valuation date is the greater of the actual pay from the prior plan year adjusted by one-half year of the salary increase assumption and the current annual rate of pay.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| At-risk assumptions        | For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan.                                                                                                                                                                                                                                                                                                                                                                                 |
| Timing of benefit payments | Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

### Methods

|                    |                                                                                                                                                                                                                                                                              |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Valuation date     | First day of plan year                                                                                                                                                                                                                                                       |
| Funding target     | Present value of accrued benefits as required by regulation under IRC §430.                                                                                                                                                                                                  |
| Target normal cost | Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year less employee contributions expected to be made to the trust during the plan year, as required by regulations under IRC §430. |

|                |                                 |
|----------------|---------------------------------|
| Plan Name:     | West Valley Pension Plan        |
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| Valuation Date | January 1, 2019                 |

# SCHEDULE SB ATTACHMENTS

|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Actuarial value of assets | Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings of 5.60% and 6.00% for the 2018 and 2017 plan years respectively, (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.) |
| Benefits Not Valued       | <p>All benefits described in the Plan Provisions section of this report were valued. Willis Towers Watson has reviewed the plan provisions and, based on that review, is not aware of any significant benefits required to be valued that were not.</p> <p>The plan pays small benefits (with a present value up to \$1,000 in a single lump sum payment). Such lump sums are not explicitly valued; rather such participants' benefits are valued using the form of payment assumptions described above.</p>                         |

## Sources of Data and Other Information

The plan sponsor through its third party administrator, furnished participant data as of 1/1/2019. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

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

## Assumptions Rationale - Significant Economic Assumptions

|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Discount rate             | The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.                                                                                                                                                                                                                                                                         |
| Expected return on assets | We have relied on the plan's investment consultants' estimate of expected return on assets. We understand that this assumption reflects the plan's investment consultants' estimate of future experience for trust asset returns, reflecting the plan's current asset allocation and any expected changes during the fiscal year in which the plan year begins, current market conditions and the expectations for future market conditions. |

|                |                                 |
|----------------|---------------------------------|
| Plan Name:     | West Valley Pension Plan        |
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## SCHEDULE SB ATTACHMENTS

|                                   |                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Rates of increase in compensation | Assumed compensation increases reflect the plan sponsor's current conditions and future expectations. Assumed compensation increases are a combination of assumed future (i) cost-of-living increases (CPI), (ii) productivity increases and (iii) promotional increases. CPI increases of 2.5% per year are consistent with forecasts prepared by Willis Towers Watson Investment Services. |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Assumptions Rationale – Significant Demographic Assumptions

|                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Healthy Mortality                                         | Assumptions used for funding purposes are as prescribed by IRC §430(h).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Disabled Mortality                                        | Assumptions used for funding purposes are as prescribed by IRC §430(h).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Termination                                               | Termination rates were reviewed as part of the May 2014 experience study (based on actual experience from 2008 to 2012) and remained unchanged from the prior assumption. Active vested participants who terminate are assumed to commence benefits at their earliest eligible date and receive a 6% per year reduction for benefits commencing before age 65. Because of the lack of substantial early retirement subsidies to terminated vested participants, the timing of benefit commencement does not have a significant impact on the plan's liability.                                                                                                                                                                                                                          |
| Retirement                                                | Retirement rates are based on the May 2014 experience study (based on actual experience from 2008 to 2012). Participants are assumed to commence benefits immediately upon retirement. Participants hired after 1994 (less than half of current active participants) receive a 6% per year reduction for benefits commencing before age 65. Those hired before 1995 and electing an annuity receive a 4% per year reduction for benefits commencing before age 65 (or at age 58 with 30 years of eligibility service, a 3% per year reduction prior to age 60). Because substantial early retirement subsidies only impact some of the participants reaching retirement eligibility, the timing of retirement and benefit commencement has a diminished impact on the plan's liability. |
| Benefit Commencement Date for Preretirement death benefit | Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because ERISA requires benefits to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be of approximately equal value.                                                                                                                                                                                                                                                                                                                                                                                                                    |

|                |                                 |
|----------------|---------------------------------|
| Plan Name:     | West Valley Pension Plan        |
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## SCHEDULE SB ATTACHMENTS

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|                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Benefit<br>Commencement Date<br>Deferred vested<br>benefit | <p>For active participants who terminate, deferred vested benefits are assumed to commence at earliest retirement age. Deferred vested participants' assumed commencement age is a single age intended to capture the average age at commencement. Deferred vested early commencement factors are not subsidized so the difference between this approach and using assumed commencement rates at multiple ages is not expected to be significant.</p> <p>Deferred vested participants are assumed to begin benefits at age 65 (or current age if later) because the plan's experience is not considered to be credible, but deferred vested early commencement factors are not subsidized so that the difference between this approach and using assumed commencement rates at earlier ages is not expected to be significant.</p>                                                                                                                                                                                  |
| Form of payment                                            | <p>Participants without benefits accrued through December 31, 1994 are assumed to elect the normal form of payment. The normal form is single life annuity with 5-year certain guarantee for single participants and 55% joint and survivor annuity with 5-year certain guarantee for married participants. For participants with a pre-1995 benefit, 25% are assumed to elect a lump sum of their pre-1995 accrued benefit, and 75% are assumed to elect the normal form of payment (same as participants without a pre-1995 benefit described above). Participants are also assumed to elect the normal form of payment on benefits accrued after December 31, 1994. The lump sum election percent is based on average actual past elections for the five years prior to 2012 (rounded to the nearest quartile) for similar plans that were in the controlled group during a portion of that period. Election of alternate optional forms of benefit is not expected to cause a material change in liability.</p> |

### Source of Prescribed Methods

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

|                |                                 |
|----------------|---------------------------------|
| Plan Name:     | West Valley Pension Plan        |
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| Plan Sponsor:  | CH2M Hill BWXT West Valley, LLC |
| Valuation Date | January 1, 2019                 |

# SCHEDULE SB ATTACHMENTS

## Change in Assumptions and Methods Since Prior Valuation

Change in Assumptions  
and Methods Since  
Prior Valuation

Under the provisions of PPA and HATFA, the following assumption changes were made:

- The mortality table used to calculate the funding target and target normal cost was updated to reflect the new tables, based on RP-2014 and subsequent Society of Actuaries studies, published by the IRS in October 2017 in regulation §1.430(h)(3)-1.
- The lump sum mortality assumption was updated to be the static optional combined unisex mortality table for 2019 as prescribed by the Pension Protection Act under IRS Regulation §1.430(d) – 1(f)(4) without application of generational mortality. For the January 1, 2018 valuation, the applicable mortality table for plan years beginning in 2018 was used.
- The funding and lump sum interest rates based on the three segment rates published four months prior to the valuation date were updated from the rates published in September 2017 to September 2018.

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

- The expected return on assets used to determine the actuarial value of assets was updated from 6.00% to 5.60% (applicable to 2018 asset return), consistent with the change in the expected rate of return on plan assets as of the fiscal year beginning October 1, 2017 under ASC 715-30-35.

|                |                                 |
|----------------|---------------------------------|
| Plan Name:     | West Valley Pension Plan        |
| EIN / PN:      | 90-0629675/001                  |
| Plan Sponsor:  | CH2M Hill BWXT West Valley, LLC |
| Valuation Date | January 1, 2019                 |

## SCHEDULE SB ATTACHMENTS

**Schedule SB, Line 32**  
**Schedule of Amortization Bases**  
**as of January 1, 2019**

| Type of Base | Date Established | Initial Amount | Remaining Amortization Period (Years) | Outstanding Balance | Amortization Payment |
|--------------|------------------|----------------|---------------------------------------|---------------------|----------------------|
| 1. Shortfall | 01/01/2019       | 5,487,639      | 7.00000                               | 5,487,639           | 891,674              |
| 2. Shortfall | 01/01/2018       | 904,885        | 6.00000                               | 801,073             | 147,722              |
| 3. Shortfall | 01/01/2017       | 4,409,042      | 5.00000                               | 3,368,308           | 724,017              |
| 4. Shortfall | 01/01/2016       | 3,205,822      | 4.00000                               | 2,006,861           | 529,677              |
| 5. Shortfall | 01/01/2015       | (882,826)      | 3.00000                               | (424,762)           | (146,817)            |
| 6. Shortfall | 01/01/2014       | 123,332        | 2.00000                               | 40,538              | 20,641               |
| 7. Shortfall | 01/01/2013       | 2,071,971      | 1.00000                               | 348,724             | 348,724              |
| Total        |                  |                |                                       | 11,628,475          | 2,515,638            |

Plan Name: West Valley Pension Plan  
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Plan Sponsor: CH2M Hill BWXT West Valley, LLC  
Valuation Date: January 1, 2019

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Line 24 Change in Actuarial Assumptions

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

- The expected return on assets used to determine the actuarial value of assets was updated from 6.00% to 5.60% (applicable to 2018 asset return), consistent with the change in the expected rate of return on plan assets as of the fiscal year beginning October 1, 2017 under ASC 715-30-35.

There were no other changes to non-prescribed actuarial assumptions for the January 1, 2019 valuation.

|                |                                 |
|----------------|---------------------------------|
| Plan Name:     | West Valley Pension Plan        |
| EIN / PN:      | 90-0629675/001                  |
| Plan Sponsor:  | CH2M Hill BWXT West Valley, LLC |
| Valuation Date | January 1, 2019                 |

# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

|                          |                                 |
|--------------------------|---------------------------------|
| <b>Plan Sponsor</b>      | CH2M Hill BWXT West Valley, LLC |
| <b>EIN/PN</b>            | 90-0629675/001                  |
| <b>Plan Name</b>         | West Valley Pension Plan        |
| <b>Valuation Date</b>    | January 1, 2019                 |
| <b>Enrolled Actuary</b>  | Linda Eckholm                   |
| <b>Enrollment Number</b> | 20-05358                        |

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

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

## SCHEDULE SB ATTACHMENTS

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### Schedule SB, Line 18c Employee Contributions Paid For the 2019 Plan Year

The following schedule of employee contributions reflects actual dates and contributions. Due to limited space, line 18c of the 2019 Schedule SB for West Valley Pension Plan shows the total employee contributions for the 2019 plan year at July 1, 2019.

| Date         | Amount Paid<br>by Employees | Date       | Amount Paid<br>by Employees |
|--------------|-----------------------------|------------|-----------------------------|
| 1/4/2019     | 6,494.86                    | 7/3/2019   | 6,390.07                    |
| 1/17/2019    | 6,765.39                    | 7/11/2019  | 1,739.80                    |
| 1/25/2019    | 1,885.42                    | 7/18/2019  | 6,953.45                    |
| 2/1/2019     | 6,684.95                    | 7/25/2019  | 1,880.51                    |
| 2/7/2019     | 1,809.10                    | 8/1/2019   | 6,409.88                    |
| 2/15/2019    | 6,550.42                    | 8/15/2019  | 6,316.01                    |
| 2/21/2019    | 3,663.08                    | 8/22/2019  | 1,811.41                    |
| 3/1/2019     | 6,647.05                    | 8/29/2019  | 6,243.66                    |
| 3/7/2019     | 1,826.66                    | 9/5/2019   | 1,740.84                    |
| 3/15/2019    | 6,560.82                    | 9/5/2019   | 1,663.92                    |
| 3/21/2019    | 1,826.69                    | 9/12/2019  | 6,452.80                    |
| 3/29/2019    | 6,589.23                    | 9/19/2019  | 1,852.56                    |
| 4/4/2019     | 1,825.98                    | 9/26/2019  | 6,395.19                    |
| 4/11/2019    | 6,800.23                    | 10/3/2019  | 1,837.06                    |
| 4/17/2019    | 1,804.59                    | 10/11/2019 | 6,317.98                    |
| 4/25/2019    | 6,589.55                    | 10/17/2019 | 1,943.62                    |
| 5/2/2019     | 1,937.24                    | 10/24/2019 | 6,615.07                    |
| 5/9/2019     | 6,643.87                    | 11/1/2019  | 1,912.60                    |
| 5/16/2019    | 1,782.15                    | 11/7/2019  | 6,193.90                    |
| 5/23/2019    | 6,586.89                    | 11/14/2019 | 1,788.59                    |
| 5/30/2019    | 1,646.17                    | 11/21/2019 | 6,270.55                    |
| 6/6/2019     | 6,518.02                    | 11/27/2019 | 1,663.49                    |
| 6/13/2019    | 1,796.93                    | 12/6/2019  | 6,601.96                    |
| 6/20/2019    | 6,360.46                    | 12/13/2019 | 1,892.77                    |
| 6/27/2019    | 1,940.35                    | 12/20/2019 | 8,404.39                    |
| <b>Total</b> |                             |            | <b>216,828.18</b>           |

Plan Name: West Valley Pension Plan  
EIN / PN: 90-0629675/001  
Plan Sponsor: CH2M Hill BWXT West Valley, LLC  
Valuation Date: January 1, 2019

## SCHEDULE SB ATTACHMENTS

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**Schedule SB, Line 22**  
**Description of Weighted Average Retirement Age**  
**as of January 1, 2019**

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

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

Plan Name: West Valley Pension Plan  
EIN / PN: 90-0629675/001  
Plan Sponsor: CH2M Hill BWXT West Valley, LLC  
Valuation Date: January 1, 2019

WEST VALLEY PENSION PLAN

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
Year Ended December 31, 2019

EIN: 90-0629675  
PLAN NUMBER: 001

| (a) Identity of Party Involved                      | (b) Description of Asset<br>(include interest rate and<br>maturity in case of loan) | (c) Purchase Price | (d) Selling Price | (e) Lease Rental | (f) Expense<br>Incurred With<br>Transaction | (g) Cost of Assets | (h) Current Value<br>of Asset on<br>Transaction Date | (i) Net Gain<br>(Loss) |
|-----------------------------------------------------|-------------------------------------------------------------------------------------|--------------------|-------------------|------------------|---------------------------------------------|--------------------|------------------------------------------------------|------------------------|
| Single Transactions:                                |                                                                                     |                    |                   |                  |                                             |                    |                                                      |                        |
| MGI Active Long Corporate Investment Portfolio Fund | Common fund                                                                         | \$ -               | \$ 7,312,970      | \$ -             | \$ -                                        | \$ 5,833,703       | \$ 7,312,970                                         | \$ 1,479,267           |
| MGI Long Duration Passive Fixed Income              | Common fund                                                                         | \$ 7,189,052       | \$ -              | \$ -             | \$ -                                        | \$ 7,189,052       | \$ 7,189,052                                         | \$ -                   |
| Series Transactions:                                |                                                                                     |                    |                   |                  |                                             |                    |                                                      |                        |
| * State Street Short Term Investment Fund           | Collective fund                                                                     | \$ 8,603,855       | \$ -              | \$ -             | \$ -                                        | \$ 8,603,855       | \$ 8,603,855                                         | \$ -                   |
| * State Street Short Term Investment Fund           | Collective fund                                                                     | \$ -               | \$ 8,585,104      | \$ -             | \$ -                                        | \$ 8,585,104       | \$ 8,585,104                                         | \$ -                   |
| MGI Active Long Corporate Investment Portfolio Fund | Common fund                                                                         | \$ -               | \$ 9,962,243      | \$ -             | \$ -                                        | \$ 8,142,374       | \$ 9,962,243                                         | \$ 1,819,869           |
| MGI Active Long Corporate Investment Portfolio Fund | Common fund                                                                         | \$ 278,000         | \$ -              | \$ -             | \$ -                                        | \$ 278,000         | \$ 278,000                                           | \$ -                   |

\* Party named is a party-in-interest.

|                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                              |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan<br/>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

▶ **Round off amounts to nearest dollar.**  
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>West Valley Pension Plan</u>                                                                                  | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>CH2M Hill BWXT West Valley, LLC</u>                        | <b>D</b> Employer Identification Number (EIN)<br><u>90-0629675</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>                                                                                                     |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2019</u>                                                                                                                               |                                                                                                                              |
| <b>2</b> Assets:                                                                                                                                                                                                |                                                                                                                              |
| <b>a</b> Market value.....                                                                                                                                                                                      | <b>2a</b> <u>96,135,090</u>                                                                                                  |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> <u>101,811,626</u>                                                                                                 |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             |                                                                                                                              |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | (1) Number of participants <u>353</u> (2) Vested Funding Target <u>53,894,273</u> (3) Total Funding Target <u>53,894,273</u> |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | <u>317</u> <u>25,183,963</u> <u>25,183,963</u>                                                                               |
| <b>c</b> For active participants .....                                                                                                                                                                          | <u>152</u> <u>31,755,719</u> <u>34,361,771</u>                                                                               |
| <b>d</b> Total .....                                                                                                                                                                                            | <u>822</u> <u>110,833,955</u> <u>113,440,007</u>                                                                             |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                                                                                                                              |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                                                                                                                    |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                                                                                                                    |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b> <u>5.57%</u>                                                                                                        |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b> <u>2,559,800</u>                                                                                                    |

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

|                  |                                                                                                              |                                                                   |
|------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>SIGN HERE</b> | <u>Linda C Eckholm</u><br><br>Signature of actuary                                                           | <u>October 12, 2020</u><br><br>Date                               |
|                  | <u>Linda C Eckholm</u><br><br>Type or print name of actuary                                                  | <u>2005358</u><br><br>Most recent enrollment number               |
|                  | <u>Willis Towers Watson US LLC</u><br><br>Firm name                                                          | <u>206-625-1125</u><br><br>Telephone number (including area code) |
|                  | <u>600 University Street</u><br><u>Suite 3100</u><br><u>Seattle WA 98101-1125</u><br><br>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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                                                             | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                         | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8).....                                                                                                                | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>-7.95%</u> .....                                                                                | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                      |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year).....                                                                                      |                       | 1,613                  |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.74%</u> ..... |                       | 93                     |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return.....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance.....                                                                        |                       | 1,706                  |
| <b>d</b> Portion of (c) to be added to prefunding balance.....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections.....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                                                         | 0                     | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 89.74% |
| <b>15</b> Adjusted funding target attainment percentage.....                                                                                                               | <b>15</b> | 89.74% |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 92.87% |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                        | <b>17</b> | %      |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 04/08/2019               | 1,016,191                         | 0                               |                          |                                   |                                 |
| 07/09/2019               | 1,016,191                         | 0                               |                          |                                   |                                 |
| 10/03/2019               | 1,016,191                         | 0                               |                          |                                   |                                 |
| 01/14/2020               | 1,016,191                         | 0                               |                          |                                   |                                 |
| 09/08/2020               | 1,263,522                         | 0                               |                          |                                   |                                 |
| 07/01/2019               | 0                                 | 216,828                         |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 5,328,286                         | <b>18(c)</b> 216,828            |

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

|                                                                                                                        |            |           |
|------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....                    | <b>19a</b> | 0         |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                     | <b>19b</b> | 0         |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | <b>19c</b> | 5,078,556 |

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |   |
|------------------------------------------------------------|---------|---------|---------|---|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |   |
| 0                                                          | 0       | 0       | 0       | 0 |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21** Discount rate:**a** Segment rates:1st segment:  
3.74 %2nd segment:  
5.35 %3rd segment:  
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code) .....**21b**

4

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

62

**23** Mortality table(s) (see instructions)

Prescribed - combined



Prescribed - separate



Substitute

**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years ..... **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) .....**31a**

2,559,800

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

0

**32** Amortization installments:

Outstanding Balance

Installment

**a** Net shortfall amortization installment .....

11,628,475

2,515,638

**b** Waiver amortization installment .....

0

0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount .....**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 5,075,438

Carryover balance

Prefunding balance

Total balance

**35** Balances elected for use to offset funding requirement.....

0

0

0

**36** Additional cash requirement (line 34 minus line 35)..... **36** 5,075,438**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....**37**

5,078,556

**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) .....**38a**

3,118

**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....**38b**

0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0**40** Unpaid minimum required contributions for all years ..... **40** 0**Part IX Pension Funding Relief Under 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