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| <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: 1.2em; font-weight: bold;">2020</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u> |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <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.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <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:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |

|                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
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| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>1a</b> Name of plan<br><u>BWXT RETIREMENT PLAN</u><br><br><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>BWXT INVESTMENT COMPANY</u><br><br><u>800 MAIN STREET</u><br><u>LYNCHBURG, VA 24504</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>12/01/2003</u></td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/><u>72-1172705</u></td> </tr> <tr> <td colspan="2"><b>2c</b> Plan Sponsor's telephone number<br/><u>434-522-3800</u></td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/><u>339900</u></td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | <u>001</u> | <b>1c</b> Effective date of plan<br><u>12/01/2003</u> |  | <b>2b</b> Employer Identification Number (EIN)<br><u>72-1172705</u> |  | <b>2c</b> Plan Sponsor's telephone number<br><u>434-522-3800</u> |  | <b>2d</b> Business code (see instructions)<br><u>339900</u> |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                                                                 | <u>001</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>12/01/2003</u>                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>72-1172705</u>                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>434-522-3800</u>                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>339900</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. | 10/13/2021 | ROSS WILTZIUS                                                |
|                  | 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 (2020)  
v. 200204

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |              |      |              |      |           |      |           |     |           |      |           |     |           |      |           |  |           |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--------------|------|--------------|------|-----------|------|-----------|-----|-----------|------|-----------|-----|-----------|------|-----------|--|-----------|---|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>BWXT RETIREMENT COMMITTEE<br>ATTN ROSS WILTZIUS<br>800 MAIN STREET, 4TH FLOOR<br>LYNCHBURG, VA 24504                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>3b</b> Administrator's EIN<br>72-1172705<br><br><b>3c</b> Administrator's telephone number<br>434-522-3804                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |              |      |              |      |           |      |           |     |           |      |           |     |           |      |           |  |           |   |
| <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> 5384                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |              |      |              |      |           |      |           |     |           |      |           |     |           |      |           |  |           |   |
| <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><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><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><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td style="width: 15%;"><b>6a(1)</b></td><td style="text-align: right;">2210</td></tr> <tr><td><b>6a(2)</b></td><td style="text-align: right;">2108</td></tr> <tr><td><b>6b</b></td><td style="text-align: right;">1904</td></tr> <tr><td><b>6c</b></td><td style="text-align: right;">946</td></tr> <tr><td><b>6d</b></td><td style="text-align: right;">4958</td></tr> <tr><td><b>6e</b></td><td style="text-align: right;">382</td></tr> <tr><td><b>6f</b></td><td style="text-align: right;">5340</td></tr> <tr><td><b>6g</b></td><td></td></tr> <tr><td><b>6h</b></td><td style="text-align: right;">4</td></tr> </table> |  |  | <b>6a(1)</b> | 2210 | <b>6a(2)</b> | 2108 | <b>6b</b> | 1904 | <b>6c</b> | 946 | <b>6d</b> | 4958 | <b>6e</b> | 382 | <b>6f</b> | 5340 | <b>6g</b> |  | <b>6h</b> | 4 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |              |      |              |      |           |      |           |     |           |      |           |     |           |      |           |  |           |   |
| <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2210                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |              |      |              |      |           |      |           |     |           |      |           |     |           |      |           |  |           |   |
| <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2108                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |              |      |              |      |           |      |           |     |           |      |           |     |           |      |           |  |           |   |
| <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1904                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |              |      |              |      |           |      |           |     |           |      |           |     |           |      |           |  |           |   |
| <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 946                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |              |      |              |      |           |      |           |     |           |      |           |     |           |      |           |  |           |   |
| <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4958                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |              |      |              |      |           |      |           |     |           |      |           |     |           |      |           |  |           |   |
| <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 382                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |              |      |              |      |           |      |           |     |           |      |           |     |           |      |           |  |           |   |
| <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5340                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |              |      |              |      |           |      |           |     |           |      |           |     |           |      |           |  |           |   |
| <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |              |      |              |      |           |      |           |     |           |      |           |     |           |      |           |  |           |   |
| <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |              |      |              |      |           |      |           |     |           |      |           |     |           |      |           |  |           |   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |              |      |              |      |           |      |           |     |           |      |           |     |           |      |           |  |           |   |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 1B 3F 3H<br><br><b>b</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>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |              |      |              |      |           |      |           |     |           |      |           |     |           |      |           |  |           |   |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |              |      |              |      |           |      |           |     |           |      |           |     |           |      |           |  |           |   |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <u>0</u> <b>A</b> (Insurance Information)<br>(4) <input type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |              |      |              |      |           |      |           |     |           |      |           |     |           |      |           |  |           |   |

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

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**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

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**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
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| <div>SCHEDULE SB<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>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                                         |            |            |            |
|-------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|
| For calendar plan year 2020 or fiscal plan year beginning                                                               | 01/01/2020 | and ending | 12/31/2020 |
| ▶ Round off amounts to nearest dollar.                                                                                  |            |            |            |
| ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established. |            |            |            |

|                                                                                                                                    |  |                                                                                                                                                  |     |
|------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| A Name of plan<br>BWXT RETIREMENT PLAN                                                                                             |  | B Three-digit plan number (PN) ▶                                                                                                                 | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>BWXT INVESTMENT COMPANY                                       |  | D Employer Identification Number (EIN)<br>72-1172705                                                                                             |     |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B |  | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |     |

|                                                                                                                                                                                                         |                            |                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I Basic Information                                                                                                                                                                                |                            |                           |                          |
| 1 Enter the valuation date: Month 01 Day 01 Year 2020                                                                                                                                                   |                            |                           |                          |
| 2 Assets:                                                                                                                                                                                               |                            |                           |                          |
| a Market value .....                                                                                                                                                                                    |                            | 2a                        | 864689075                |
| b Actuarial value .....                                                                                                                                                                                 |                            | 2b                        | 824905702                |
| 3 Funding target/participant count breakdown                                                                                                                                                            | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a For retired participants and beneficiaries receiving payment.....                                                                                                                                     | 2167                       | 489750184                 | 489750184                |
| b For terminated vested participants.....                                                                                                                                                               | 1007                       | 30529273                  | 30529273                 |
| c For active participants .....                                                                                                                                                                         | 2110                       | 242723468                 | 253529321                |
| d Total.....                                                                                                                                                                                            | 5284                       | 763002925                 | 773808778                |
| 4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                            |                           |                          |
| a Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      |                            | 4a                        |                          |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... |                            | 4b                        |                          |
| 5 Effective interest rate .....                                                                                                                                                                         | 5                          | 5.37 %                    |                          |
| 6 Target normal cost.....                                                                                                                                                                               | 6                          | 7742083                   |                          |

**Statement by Enrolled Actuary**

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

|                          |                                                                                                                                                                                                                                                       |                                                                                                                                                                              |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN<br/>HERE</div> | <div>Signature of actuary</div> <div>SONJA C. BORSARI, FSA, EA, MAAA</div> <div>Type or print name of actuary</div> <div>BUCK GLOBAL, LLC</div> <div>Firm name</div> <div>200 PLAZA DRIVE<br/>SECAUCUS, NJ 07096</div> <div>Address of the firm</div> | <div>10/04/2021</div> <div>Date</div> <div>20-05568</div> <div>Most recent enrollment number</div> <div>203-886-6756</div> <div>Telephone number (including area code)</div> |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**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                     | 33810731               |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          |                       | 6006151                |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 27804580               |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>20.14</u> % .....                                                                                | 0                     | 5599842                |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.52</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       |                        |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 33404422               |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 102.28 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 105.09 % |
| <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> | 100.38 % |
| <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 |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b> 0                  |

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

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

**20** Quarterly contributions and liquidity shortfalls:

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

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

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21** Discount rate:**a** Segment rates:1st segment:  
3.64 %2nd segment:  
5.21 %3rd segment:  
5.94 %☐ N/A, full yield curve used**b** Applicable month (enter code) .....**21b**

4

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

63

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

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. ....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years ..... **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) ..... **31a** 7742083**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 7742083**32** Amortization installments:**a** Net shortfall amortization installment ..... Outstanding Balance 0 Installment 0**b** Waiver amortization installment ..... 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..... **34** 0**35** Balances elected for use to offset funding requirement ..... Carryover balance Prefunding balance Total balance 0**36** Additional cash requirement (line 34 minus line 35) ..... **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) ..... **37** 0**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 0**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... **38b****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

|                                                                                                                                                                                       |  |                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <div>SCHEDULE D<br/>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> |  | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> |                                                                                                        | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div> |  |
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020                                                                                            |  |                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                 |  |
| A Name of plan<br>BWXT RETIREMENT PLAN                                                                                                                                                |  |                                                                                                                                                                                                                                   |                                                                                                        | B Three-digit plan number (PN) ▶ 001                                                            |  |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>BWXT INVESTMENT COMPANY                                                                                              |  |                                                                                                                                                                                                                                   |                                                                                                        | D Employer Identification Number (EIN)<br>72-1172705                                            |  |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)      |  |                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: BWXT MASTER TRUST                                                                                                                             |  |                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                 |  |
| b Name of sponsor of entity listed in (a): BWXT INVESTMENT COMPANY                                                                                                                    |  |                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                 |  |
| c EIN-PN 72-1172705-003                                                                                                                                                               |  | d Entity code M                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 976070239 |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                               |  |                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                            |  |                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                              |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                               |  |                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                            |  |                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                              |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                               |  |                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                            |  |                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                              |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                               |  |                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                            |  |                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                              |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                               |  |                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                            |  |                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                              |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                               |  |                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                            |  |                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                              |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                               |  |                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                            |  |                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                              |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                               |  |                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                            |  |                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                              |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |                                                                                                 |  |

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

Schedule D (Form 5500) 2020 v. 200204

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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <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> | OMB No. 1210-0110<br><br><b>2020</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>BWXT RETIREMENT PLAN</u>                                                                                                                                                                                                                     | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>001</u>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>BWXT INVESTMENT COMPANY</u>                                                                                                                                                                          | <b>D</b> Employer Identification Number (EIN)<br><u>72-1172705</u>                                                                                                                                                                                                           |                                                                                           |

| 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>          |                    |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>1b(2)</b>          |                    |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1b(3)</b>          |                    |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                    |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | <b>1c(1)</b>          |                    |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(2)</b>          |                    |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                    |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(A)</b>       |                    |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>1c(3)(B)</b>       |                    |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                    |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(4)(A)</b>       |                    |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1c(4)(B)</b>       |                    |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | <b>1c(5)</b>          |                    |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | <b>1c(6)</b>          |                    |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | <b>1c(7)</b>          |                    |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | <b>1c(8)</b>          |                    |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               | <b>1c(9)</b>          |                    |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(10)</b>         |                    |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1c(11)</b>         | 868192967976070239 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(12)</b>         |                    |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(13)</b>         |                    |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(14)</b>         |                    |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(15)</b>         |                    |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities.....                                         | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....                                      | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 868192967             | 976070239       |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness.....                                    | <b>1i</b> |   |   |
| <b>j</b> Other liabilities.....                                           | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 868192967 | 976070239 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**Part II Income and Expense Statement**

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

**Income**

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

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            | 154126250 |
| (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     |            | 154126250 |

**Expenses**

|                                                                                     |       |          |          |
|-------------------------------------------------------------------------------------|-------|----------|----------|
| e Benefit payment and payments to provide benefits:                                 |       |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 46248978 |          |
| (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) |          | 46248978 |
| f Corrective distributions (see instructions) .....                                 | 2f    |          |          |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |          |          |
| h Interest expense.....                                                             | 2h    |          |          |
| i Administrative expenses: (1) Professional fees .....                              | 2i(1) |          |          |
| (2) Contract administrator fees .....                                               | 2i(2) |          |          |
| (3) Investment advisory and management fees .....                                   | 2i(3) |          |          |
| (4) Other.....                                                                      | 2i(4) |          |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                | 2i(5) |          | 0        |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |          | 46248978 |

**Net Income and Reconciliation**

|                                                          |       |  |           |
|----------------------------------------------------------|-------|--|-----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 107877272 |
| 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** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **L.J. MOSBY P.C.**

(2) EIN: **84-1656069**

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

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

**Part IV Compliance Questions**

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

During the plan year:

**a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |

|                                                                                                                                                                                                                                                                                                                                                                                                              | Yes                 | No                 | Amount   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|----------|
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) .....                                                                                             |                     |                    |          |
| <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                                    |                     | X                  |          |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                                                                                                                         |                     |                    |          |
| <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                   |                    | 15000000 |
| <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.) .....                                                                                                                                                                                                                                               |                     |                    |          |
| <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.) .....                                                                                                                                                                                 |                     |                    |          |
| <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? .....                                                                                                                                                                                                                                          |                     |                    |          |
| <b>4k</b>                                                                                                                                                                                                                                                                                                                                                                                                    |                     | X                  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                                                                                                                           |                     |                    |          |
| <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.) .....                                                                                                                                                                                                                                                                                 |                     |                    |          |
| <b>4m</b>                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                    |          |
| <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. ....                                                                                                                                                                                                                     |                     |                    |          |
| <b>4n</b>                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                    |          |
| <b>5a</b> Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.                                                                                                                         |                     |                    |          |
| <b>5b</b> If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)                                                                                                                                                                                                 |                     |                    |          |
| <b>5b(1)</b> Name of plan(s)                                                                                                                                                                                                                                                                                                                                                                                 | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |          |
|                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                    |          |
|                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                    |          |
|                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                    |          |
|                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                    |          |
| <b>5c</b> Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined<br>If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4304339. |                     |                    |          |

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <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>2020</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

|                                                                                               |                                                                  |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>A Name of plan<br/>BWXT RETIREMENT PLAN</div>                                            | <div>B Three-digit plan number (PN) ▶<br/>001</div>              |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500<br/>BWXT INVESTMENT COMPANY</div> | <div>D Employer Identification Number (EIN)<br/>72-1172705</div> |

|        |               |
|--------|---------------|
| Part I | Distributions |
|--------|---------------|

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

|                                                                                                                                                                                                                                                                   |              |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|
| <div>1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....</div>                                                                                                                         | <div>1</div> | <div>0</div> |
| <div>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): 36-1561860</div> |              |              |
| <div>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</div>                                                                                                                                                                                       |              |              |
| <div>3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....</div>                                                                                                                              | <div>3</div> | <div>1</div> |

|         |                                                                                                                                                                        |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.) |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                  |                                         |                                                   |                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------|----------------------------------------------------|
| <div>4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....</div>                                                                                                                                                                                                                                         | <div><input type="checkbox"/> Yes</div> | <div><input checked="" type="checkbox"/> No</div> | <div><input type="checkbox"/> N/A</div>            |
| <div>If the plan is a defined benefit plan, go to line 8.</div>                                                                                                                                                                                                                                                                                                  |                                         |                                                   |                                                    |
| <div>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.</div> |                                         |                                                   |                                                    |
| <div>6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....</div>                                                                                                                                                                                                               | <div>6a</div>                           |                                                   |                                                    |
| <div>b Enter the amount contributed by the employer to the plan for this plan year .....</div>                                                                                                                                                                                                                                                                   | <div>6b</div>                           |                                                   |                                                    |
| <div>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).....</div>                                                                                                                                                                                                              | <div>6c</div>                           |                                                   |                                                    |
| <div>If you completed line 6c, skip lines 8 and 9.</div>                                                                                                                                                                                                                                                                                                         |                                         |                                                   |                                                    |
| <div>7 Will the minimum funding amount reported on line 6c be met by the funding deadline? .....</div>                                                                                                                                                                                                                                                           | <div><input type="checkbox"/> Yes</div> | <div><input type="checkbox"/> No</div>            | <div><input type="checkbox"/> N/A</div>            |
| <div>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? .....</div>                                                                                  | <div><input type="checkbox"/> Yes</div> | <div><input type="checkbox"/> No</div>            | <div><input checked="" type="checkbox"/> N/A</div> |

|          |            |
|----------|------------|
| Part III | Amendments |
|----------|------------|

|                                                                                                                                                                                                                                |                                                         |                                              |                                          |                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------|------------------------------------------|----------------------------------------|
| <div>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.....</div> | <div><input checked="" type="checkbox"/> Increase</div> | <div><input type="checkbox"/> Decrease</div> | <div><input type="checkbox"/> Both</div> | <div><input type="checkbox"/> No</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------|------------------------------------------|----------------------------------------|

|         |                                                                                                                                            |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 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. |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                  |                                         |                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| <div>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....</div>                                                      | <div><input type="checkbox"/> Yes</div> | <div><input type="checkbox"/> No</div> |
| <div>11 a Does the ESOP hold any preferred stock? .....</div>                                                                                                                                    | <div><input type="checkbox"/> Yes</div> | <div><input type="checkbox"/> No</div> |
| <div>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.) .....</div> | <div><input type="checkbox"/> Yes</div> | <div><input type="checkbox"/> No</div> |
| <div>12 Does the ESOP hold any stock that is not readily tradable on an established securities market? .....</div>                                                                               | <div><input type="checkbox"/> Yes</div> | <div><input type="checkbox"/> No</div> |

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

Schedule R (Form 5500) 2020  
v. 200204

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

|            |  |
|------------|--|
| <b>14a</b> |  |
| <b>14b</b> |  |
| <b>14c</b> |  |

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

**a** The corresponding number for the plan year immediately preceding the current plan year.....

**b** The corresponding number for the second preceding plan year.....

|            |  |
|------------|--|
| <b>15a</b> |  |
| <b>15b</b> |  |

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

**a** Enter the number of employers who withdrew during the preceding plan year.....

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

|            |  |
|------------|--|
| <b>16a</b> |  |
| <b>16b</b> |  |

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Stock: 27.0 % Investment-Grade Debt: 56.0 % High-Yield Debt: 5.0 % Real Estate: 7.0 % Other: 5.0 %

**b** Provide the average duration of the combined investment-grade and high-yield debt:  
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☒ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?  
☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

- 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 \_\_\_\_\_

**BWXT RETIREMENT PLAN**

**DECEMBER 31, 2020**

**EIN 72-1172705**

**PLAN # 001**

## **BWXT RETIREMENT PLAN**

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\*All other supplemental schedules have been omitted as they are not applicable.

## **Independent Auditor's Report**

### **To the Participants and the Plan Committee of the BWXT Retirement Plan**

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

We were engaged to audit the accompanying financial statements of the BWXT Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years ended December 31, 2020 and 2019, 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 evidence to provide a basis for an audit opinion.

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

As permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Northern Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2020 and 2019 and for the years then ended that the information provided to the Plan administrator by the trustee is complete and accurate.

*LJ Mosby, P.C.*

***Disclaimer of Opinion***

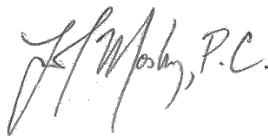
Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

***Other Matter***

The supplemental Schedule of Assets Held at Year End as of December 31, 2020 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedule.

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

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

A handwritten signature in dark ink, appearing to read "LJ Mosby, P.C.", is positioned above the date and location. The signature is fluid and cursive, with the initials "LJ" being prominent.

September 23, 2021  
Houston, Texas

**BWXT RETIREMENT PLAN****STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS****December 31,****2020****2019****ASSETS**

Investments, at fair value:

Plan's interest in net assets of the Master Trust

\$ 976,070,239

\$ 868,192,967

**Total Assets**

976,070,239

868,192,967

**LIABILITIES**

—

—

**Net Assets Available for Benefits**

\$ 976,070,239

\$ 868,192,967

The accompanying notes are an integral part of these financial statements.  
See Independent Auditor's Report.

# BWXT RETIREMENT PLAN

## STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

|                                                             | Year Ended December 31, |                       |
|-------------------------------------------------------------|-------------------------|-----------------------|
|                                                             | 2020                    | 2019                  |
| <b>Additions to net assets attributed to:</b>               |                         |                       |
| Plan's interest in investment income of the Master Trust    | \$ 158,481,904          | \$ 159,927,357        |
| <b>Total Additions</b>                                      | <u>158,481,904</u>      | <u>159,927,357</u>    |
| <b>Deductions from net assets attributed to:</b>            |                         |                       |
| Benefits paid directly to participants                      | 46,248,978              | 58,156,225            |
| Administrative expenses                                     | <u>4,355,654</u>        | <u>6,646,038</u>      |
| <b>Total Deductions</b>                                     | <u>50,604,632</u>       | <u>64,802,263</u>     |
| <b>Net Increase</b>                                         | 107,877,272             | 95,125,094            |
| <b>Net assets available for benefits, beginning of year</b> | <u>868,192,967</u>      | <u>773,067,873</u>    |
| <b>Net assets available for benefits, end of year</b>       | <u>\$ 976,070,239</u>   | <u>\$ 868,192,967</u> |

The accompanying notes are an integral part of these financial statements.  
See Independent Auditor's Report.

**BWXT RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2020**

**NOTE 1 - DESCRIPTION OF PLAN**

The following description of the BWXT Retirement Plan (the "Plan") provides only general information. Participants should refer to the Summary Plan Description for more detailed information or to the official plan documents for complete information.

**General**

The Plan is sponsored by BWXT Investment Company ("BWXTICO", the "Company" or "Plan Sponsor"), a wholly owned subsidiary of BWX Technologies, Inc. ("BWXT").

The Plan is a non-contributory defined benefit pension plan administered by a Retirement Committee (the "Committee") appointed by the Board of Directors of the Company. In June 2010, the Company established the BWXT Master Trust (the "Master Trust") in which the Plan participates with certain other retirement plans of affiliates of BWXT. The Northern Trust Company ("Trustee") serves as trustee for the assets of the Plan held in the Master Trust.

All contributions made to the Plan are invested in the Master Trust. The Plan's interest in the net assets of the Master Trust is based on the Plan's beginning share plus employer contributions and allocated investment income, less allocated expenses and benefits paid directly to participants. Investment income of the Master Trust is allocated by the Trustee among the participating retirement plans each month based on the relative fair values of each plan's investment in the Master Trust. The Investment Committee, a committee appointed by the Board of Directors of the Company, has full discretionary authority for the management and control of the assets of the Master Trust. The Investment Committee may delegate authority to investment managers to manage, including the power to acquire and dispose of certain assets of the Master Trust.

On June 30, 2015, BWXT completed the spin-off of its Power Generation business into an independent, publicly traded company named Babcock and Wilcox Enterprises ("BWE"). Prior to the spin-off, Babcock and Wilcox Power Generation Group, Inc., a subsidiary of BWE and plan sponsor of the Retirement Plan for Employees of Babcock & Wilcox Commercial Operations ("Commercial Operations Plan"), established a new master trust ("B&W Pension Trust"), and the assets of the Master Trust attributable to the Commercial Operations Plan were transferred to the B&W Pension Trust as a result of the spin-off. The value of the assets transferred was approximately \$931,034,550.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

**Eligibility**

The Plan covers substantially all hourly-paid employees of BWXT and certain of its subsidiaries and affiliates and salaried employees of BWXT and certain of its subsidiaries who were employed prior to April 1, 2001, except non-resident alien employees who do not earn income in the U.S., employees under certain collective bargaining agreements and leased employees. Eligible employees became participants when they attained age 21 and completed one year of service.

**Pension Benefits and Vesting**

An employee who has participated in the Plan for five years (including participation in a predecessor plan) is entitled to receive pension benefits at his normal retirement age, but based on age and years of service, a participant may elect early retirement. Benefits are also payable upon the death or disability of a participant. Participants become fully vested in the Plan benefits after five years of service. Benefits under the Plan are based on years of service and a flat benefit rate for substantially all hourly employees and on years of service and the highest consecutive five-year average of compensation during the last ten years of service for all other employees. Supplemental payments are also made to certain participants affected by changes in other postretirement benefit plans.

Effective April 1, 2006, the Plan was closed to new salaried participants and was amended for salaried employees hired on or since April 1, 2001. For these employees, benefits accrued as of March 31, 2006 became fully vested and future benefit accruals ceased, other than certain cost of living increases. Any pension benefits earned to that date will remain payable pursuant to the Plan upon retirement, death or disability.

Effective April 1, 2007, the Plan was amended for salaried employees with five to ten years of service as of January 1, 2007. These employees were offered a one-time option of continuing to earn benefits under the Plan or receiving an ongoing service-based cash contribution to a Company-sponsored defined contribution plan (the "Thrift Plan").

Benefit payments have historically been made in the form of equal recurring monthly payments. The Plan was amended in 2012 to provide a one-time opportunity for certain terminated vested participants who had not begun to receive benefits to elect to receive a single lump sum payment in the amount actuarially equivalent to the expected monthly annuity the participant would have otherwise received in full satisfaction of their benefits under the Plan. These elections were made and payments finalized in 2012. The Plan was also amended in 2019 to provide a similar one-time opportunity in 2019, which resulted in lump sum payments totaling approximately \$14 million in 2019.

Effective December 31, 2015 ("Freeze Date"), benefit accruals for those salaried employees still accruing benefits under the Plan ceased, and their accrued benefits were frozen as of that date. Service beyond the Freeze Date continues to count toward eligibility for early retirement, disability retirement and early commencement of deferred vested benefits. Furthermore, effective January 1, 2016, the employer of each affected participant will make cash contributions to the Thrift Plan for those employees impacted by the Plan freeze. The amount of these contributions will be determined based on years of service in accordance with a schedule set forth in the Thrift Plan. Those participants already receiving service-based contributions in the Thrift Plan and for whom benefit accruals have already been frozen will no longer receive annual cost of living adjustments to their accrued benefit after December 31, 2015. See Note 5 for further information regarding accumulated plan benefits.

On May 28, 2015, the Board of Directors of BWXTICO amended the Plan to close it to hourly employees of BWXT Nuclear Operation Group Inc.'s Euclid facility hired on or after June 1, 2015. This subset of employees will instead receive service based company cash contributions to a defined contribution plan, which will have no impact on the Plan.

#### **Purchases of Group Annuity Contracts - Transfers of Obligations**

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

In December 2011, the Master Trust purchased a non-participating single premium annuity contract from MetLife covering those retirees covered by the 1987 Annuity Contract who received an ad hoc pension increase in 1998. Under the contract, MetLife is obligated to pay the ad hoc pension increase granted in 1998 to said retirees or their beneficiaries. The contract with MetLife is excluded from Plan assets, and benefits to be provided by the contract are excluded from the actuarial data and benefits paid amounts provided in these financial statements.

In October 2017, the Plan purchased a group annuity contract from Minnesota Life Insurance Company ("Minnesota") for a settlement charge of \$3,842,068 that transferred pension benefit obligations totaling \$113,801,048 for approximately 2,300 retirees. Under the contract, Minnesota is obligated to pay the pension benefits to these retirees or their beneficiaries. The contract with Minnesota is excluded from Plan assets as of December 31, 2017. Beginning January 1, 2018, benefits to be provided by the contract will no longer be included in the actuarial present value of accumulated plan benefits and benefits paid amounts provided in the financial statements.

In July 2018, the Plan purchased a group annuity contract from MetLife for a settlement charge of \$9,426,603 that transferred pension benefit obligations totaling \$220,295,100 for approximately 1,150 retirees. Under the contract, MetLife is obligated to pay the pension benefits to these retirees or their beneficiaries. Effective October 1, 2018, benefits provided by the contract are no longer included in the benefits paid amounts provided in the financial statements. Beginning January 1, 2019, benefits to be provided by the contract will no longer be included in the actuarial present value of accumulated plan benefits provided in the financial statements.

## **NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

### **Basis of Accounting**

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the U.S. ("GAAP"). Benefit payments to participants are recorded upon distribution. We have reclassified certain amounts previously reported to conform to the presentation at December 31, 2020.

## **Use of Estimates**

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Among the most significant estimates in the financial statements are the fair values of certain investments without actively quoted market prices and the assumptions underlying the actuarial present value of accumulated plan benefits. Actual results could differ from those estimates, and those differences could be material.

## **Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks such as interest rate, credit and overall market volatility, and for some investments, potential restrictions against the ability to redeem the investments upon demand. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements. Significant changes in investment values arising in connection with the COVID-19 pandemic may not be recovered or sustained and are examples of some of the investment-related risks and uncertainties that may impact the Plan. Other factors related to COVID-19 may impact estimates of investment fair values and actuarial assumptions subsequent to 2020 and have not been reflected in amounts reported in these financial statements. These effects could be material in future periods.

## **Investment Valuation and Income Recognition**

The Plan's investments are stated at fair value. Fair value determinations are made by reference to available quoted market prices on national exchanges when available, by reference to quoted prices for similar securities when available, or by using a range of techniques appropriate to the nature of the investment. See Note 7 for further discussion of valuation methodologies used with respect to the investments of the Master Trust.

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

## **Administrative Expenses**

Administrative expenses are paid from the Master Trust, including Trustee, investment advisory and actuarial fees. The Plan's portion of these expenses was approximately \$4,355,654 and \$6,646,038 for the years ended December 31, 2020 and 2019, respectively. A significant portion of these expenses represent insurance premiums paid to the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. governmental agency), which were \$1,221,842 and \$3,483,189 for the years ended December 31, 2020 and 2019, respectively.

## **Evaluation of Subsequent Events**

The plan administrator has evaluated subsequent events through September 23, 2021, which is the date the financial statements were available to be issued, for their impact on amounts recorded and related disclosures, and has incorporated the related effects as appropriate.

## **NOTE 3 - FUNDING POLICY**

The Plan is funded based on actuarial recommendations and to at least meet the minimum funding requirements of ERISA. During the years ended December 31, 2020 and 2019, the Plan met these minimum funding requirements.

## **NOTE 4 - PLAN TERMINATION**

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

Certain benefits under the Plan are insured by the 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 dollar amount and type limitations. The maximum annual benefit for a 65 year old retiree guaranteed by PBGC for plans terminating in 2020 and 2019 was \$69,750 and \$67,295, respectively. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while others benefits may not be provided for at all.

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

#### **NOTE 5 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS**

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits, as calculated by the Plan's actuary, is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

For January 1, 2020 financial reporting purposes, life expectancy of participants was determined using the Pri-2012 Total Employee and Retiree Mortality Tables with no adjustments (pre-retirement); the Pri-2012 Total Employee and Retiree Mortality Tables with retiree rates decreased 5.7% (base year 2012) projected with the actuary's modified 2020 improvement scale (non-disabled retirees); the Pri-2012 Contingent Survivor Mortality Tables with rates decreased 4.4% projected with the actuary's modified 2020 improvement scale (current and future beneficiaries of deceased participants); and Pri-2012 Disabled Retiree Mortality Table with rates increased 0.9% (base year 2012) projected with the actuary's modified 2020 improvement scale (disabled retirees). For January 1, 2019 financial reporting purposes, life expectancy of participants was determined using the RP2014 mortality projected with the actuary's modified 2019 improvement scale (pre-commencement of benefits) and the Healthy RP2014 mortality with 6.1% load projected with the actuary's modified 2019 improvement scale (post-commencement of benefits). The discount rate used in the valuations was 3.35% and 4.36% at January 1, 2020 and 2019, respectively. The actuarial cost method is the Unit Credit Method. The Plan's actuary has used the Alternate Premium Funding Target for 2020 and the Standard Premium Funding Target for 2019 for funding purposes. In developing the Plan's funding requirements, the Plan's actuary has used the Segment Rates with adjustments under MAP-21, HATFA and BBA 2015, mortality rates mandated by Internal Revenue Service (the "IRS") regulations and expected administrative expenses of \$2,300,000 and \$3,800,000 for 2020 and 2019, respectively, loaded into the target normal cost. Decrement in participant levels have generally been based on historical experience. The assumed cost of living and salary increases ceased with the Freeze Date at January 1, 2016. The expected rate of return on plan assets used in the funding valuations was 7.2% at January 1, 2020 and 2019.

The actuarial present values of accumulated plan benefits as of January 1, 2020 and 2019 were as follows:

|                                           | <b>January 1,</b>            |                              |
|-------------------------------------------|------------------------------|------------------------------|
|                                           | <b><u>2020</u></b>           | <b><u>2019</u></b>           |
| <b>Vested and nonvested benefits:</b>     |                              |                              |
| Participants currently receiving payments | \$ 578,786,398               | \$ 512,511,606               |
| Other participants                        | 378,635,468                  | 353,836,491                  |
| Total vested benefits                     | 957,421,866                  | 866,348,097                  |
| <b>Nonvested benefits</b>                 | <b>14,388,904</b>            | <b>12,166,795</b>            |
| <b>Total benefits</b>                     | <b><u>\$ 971,810,770</u></b> | <b><u>\$ 878,514,892</u></b> |

The changes in the actuarial present value of accumulated plan benefits that occurred during the years ended January 1, 2020 and 2019 were as follows:

|                                                                           | January 1,            |                       |
|---------------------------------------------------------------------------|-----------------------|-----------------------|
|                                                                           | 2020                  | 2019                  |
| Increase (decrease) during the year attributable to:                      |                       |                       |
| Benefits accumulated                                                      | \$ 5,940,533          | \$ 7,177,335          |
| Plan amendments                                                           | 5,332,748             | 9,144,527             |
| Change in assumptions                                                     | 103,244,015           | (71,630,676)          |
| Increase due to passage of time                                           | 37,046,559            | 38,784,974            |
| Benefits paid                                                             | (58,267,977)          | (292,465,687)         |
| Net increase (decrease)                                                   | 93,295,878            | (308,989,527)         |
| Actuarial present value of accumulated plan benefits, beginning of period | 878,514,892           | 1,187,504,419         |
| Actuarial present value of accumulated plan benefits, end of period       | <u>\$ 971,810,770</u> | <u>\$ 878,514,892</u> |

The changes in the discount rates and mortality assumptions led to an increase in the present value of the accumulated plan benefits as of January 1, 2020 and a decrease in the present value of the accumulated plan benefits as of January 1, 2019.

Benefit restrictions can be placed on the Plan based generally upon the ratio of adjusted actuarial value of plan assets to an actuarially determined funding target. No restrictions were applicable for 2020 or 2019.

The July 2018 group annuity contract purchase to transfer the obligations related to approximately 1,150 participants has been reflected in the amounts presented in the two tables in this Note as of January 1, 2019. That transaction resulted in a reduction in the actuarial present value of accumulated plan benefits of \$220,295,100 as of and for the year ended January 1, 2019.

#### **NOTE 6 - FINANCIAL INFORMATION OF THE MASTER TRUST (CERTIFIED BY THE TRUSTEE) (Unaudited)**

Pursuant to the provisions of 29CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan's independent auditors did not perform any auditing procedures with respect to the information certified by the Trustee, except for comparing such information to the related financial statements. All financial data included in the financial statements and their accompanying notes relating to investments, income (loss) from investments, and net appreciation (depreciation) in fair value of investments was obtained from the information certified by the Trustee, with valuation adjustments made to certain investments which have delayed reporting. At December 31, 2020 and 2019, the Plan had a proportionate undivided interest in the net assets held by the Master Trust of 87.5% and 87.6%, respectively, excluding certain assets held in a 401(h) account solely attributable to the Nuclear Fuel Services, Inc. Retirement Plan for Salaried Employees.

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

**NET ASSETS OF THE MASTER TRUST  
(CERTIFIED BY THE TRUSTEE)**

|                                             | <b>Plan's Interest</b> |                       | <b>Total Master Trust</b> |                       |
|---------------------------------------------|------------------------|-----------------------|---------------------------|-----------------------|
|                                             | <b>December 31,</b>    |                       | <b>December 31,</b>       |                       |
|                                             | <b>2020</b>            | <b>2019</b>           | <b>2020</b>               | <b>2019</b>           |
| Values determined by quoted market prices:  |                        |                       |                           |                       |
| Mutual funds                                | \$ 50,949,199          | \$ 39,625,307         | \$ 58,209,020             | \$ 45,235,769         |
| U.S. Government securities                  | 276,917,181            | 194,382,544           | 316,375,487               | 221,904,750           |
| Interest-bearing cash                       | 15,165,958             | 4,778,551             | 22,823,693                | 11,122,577            |
| Values determined otherwise:                |                        |                       |                           |                       |
| Fixed income securities and corporate bonds | 173,308,905            | 282,033,163           | 198,003,927               | 321,965,631           |
| Commingled trust funds                      | 232,563,640            | 193,727,628           | 265,701,950               | 221,157,105           |
| Diversified credit                          | 111,005,506            | 41,652,690            | 126,822,832               | 47,550,205            |
| Partnerships with security holdings         | 42,768,020             | 46,091,294            | 48,862,094                | 52,617,261            |
| Real estate                                 | 67,768,603             | 57,644,818            | 77,425,043                | 65,806,624            |
| Total Investments                           | 970,447,012            | 859,935,995           | 1,114,224,046             | 987,359,922           |
| Other investment-related net assets         | (3,942,320)            | 209,578               | (4,504,067)               | 239,251               |
| Pending sales                               | 5,534,163              | 3,101,234             | 6,322,733                 | 3,540,331             |
| Pending purchases                           | (1,898,083)            | (4,700,184)           | (2,168,543)               | (5,365,673)           |
| Interest and dividends receivable           | 1,735,231              | 3,327,319             | 1,982,486                 | 3,800,104             |
| Cash                                        | 4,194,236              | 6,319,025             | 4,791,878                 | 7,213,722             |
| Net Assets                                  | <u>\$ 976,070,239</u>  | <u>\$ 868,192,967</u> | <u>\$ 1,120,648,533</u>   | <u>\$ 996,787,657</u> |

**INVESTMENT INCOME (LOSS) OF THE MASTER TRUST  
(CERTIFIED BY THE TRUSTEE)**

|                                                                        | <b>Total Master Trust</b>      |                       |
|------------------------------------------------------------------------|--------------------------------|-----------------------|
|                                                                        | <b>Year Ended December 31,</b> |                       |
|                                                                        | <b>2020</b>                    | <b>2019</b>           |
| Net realized and unrealized appreciation in fair value of investments: |                                |                       |
| Values determined by quoted market prices                              | \$ 63,968,457                  | \$ 48,321,480         |
| Values determined otherwise                                            | 102,524,051                    | 117,484,904           |
| Net appreciation in fair value of investments:                         | 166,492,508                    | 165,806,384           |
| Interest income                                                        | 12,558,190                     | 14,889,691            |
| Dividend income                                                        | 1,969,696                      | 1,959,714             |
| Total Investment Income                                                | <u>\$ 181,020,394</u>          | <u>\$ 182,655,789</u> |

A substantial portion of the Master Trust's investments consist of interest-bearing securities. The Master Trust also holds several fixed income futures contracts to provide interest rate risk reduction for its U.S. Government securities portfolio. At December 31, 2020, these contracts had maturity dates of March 2021 and affected approximately one twentieth of its portfolio. At December 31, 2019, these contracts had maturity dates of March 2020 and affected approximately one fourth of its portfolio. The Master Trust maintained no other significant positions in futures or forward contracts at December 31, 2020 and 2019.

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

## NOTE 7 - FAIR VALUE OF INVESTMENTS

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

The three levels of the fair value hierarchy under ASC 820 are described below:

- Level 1 Inputs are based on unadjusted quoted prices for identical instruments traded in active markets.
- Level 2 Inputs are based on unadjusted quoted prices for similar instruments in active markets or identical instruments in inactive markets and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the asset or liability.
- Level 3 Inputs are generally unobservable and typically reflect estimates of assumptions that market participants would use in pricing the asset or liability. The fair values are usually determined using model-based techniques that include option pricing models, discounted cash flow models and similar valuation techniques.

Following is a description of the primary valuation methodologies used to measure the fair value of each class of Plan assets:

|                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Common stocks:</i>                       | Valued at the quoted market price of shares held as evidenced on listed trading exchanges.                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <i>Preferred stocks:</i>                    | Valued at the quoted market price of shares held as evidenced on listed trading exchanges when available, or by comparison of the security to the quoted market price of similar securities and of similar credit ratings.                                                                                                                                                                                                                                                                                  |
| <i>Convertible securities:</i>              | Valued based on comparison of the security to similar securities and of similar credit ratings.                                                                                                                                                                                                                                                                                                                                                                                                             |
| <i>Fixed income securities:</i>             | Valued based on comparisons with the quoted market price of similar securities with similar credit ratings (market approach) or by performing discounted cash flow analysis considering market conditions, credit terms and comparative credit ratings of the issuers (income approach). Observable inputs include quoted market prices for similar securities, interest rates on securities and credit ratings of various issuers.                                                                         |
| <i>U.S. Government securities:</i>          | Valued using quoted market prices of the securities held as evidenced on listed trading exchanges.                                                                                                                                                                                                                                                                                                                                                                                                          |
| <i>Cash and cash equivalents:</i>           | Valued at the notional monetary amount, adjusted for currency exchange rates when applicable.                                                                                                                                                                                                                                                                                                                                                                                                               |
| <i>Commingled trust funds:</i>              | Valued by the trust manager at net asset value ("NAV") as the practical expedient for fair value established by the trustee based on the value of the underlying securities held in trust, which include securities having quoted market prices, securities similar to securities having quoted market prices (market approach) and securities for which discounted cash flow analysis and other subjective factors are necessary for valuation (income approach).                                          |
| <i>Diversified credit:</i>                  | Valued by the manager of the partnership or investment entity at NAV as the practical expedient for fair value based upon valuations provided by an independent pricing service.                                                                                                                                                                                                                                                                                                                            |
| <i>Partnerships with security holdings:</i> | Valued by the manager of the partnership or investment entity at NAV as the practical expedient for fair value based upon the value of the underlying securities held, including those having a quoted market price and those valued in comparison to similar securities having a quoted market price (market approach). Other investments valued using a number of subjective factors regarding market and economic conditions, business performance expectations and formal appraisals (income approach). |
| <i>Real estate:</i>                         | Valued at NAV as the practical expedient for fair value established by the fund manager using the value of the underlying interest in the properties held by the investment manager using independent appraisals or internally by portfolio managers using subjective techniques by comparison with similar investments, discounted cash flows and expected market conditions (income approach). Valued at cost if believed to be the only indicator of value.                                              |

The significant unobservable inputs for partnerships with security holdings and real estate investments are future income and cash flows generated by these investments and related interest rates. The values are positively impacted by increases in operating cash flows of the underlying investments and negatively impacted by increases in actual or expected interest rates. These values may also be influenced by growth rates and general market, economic and competitive conditions and could fluctuate significantly.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair value. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. When appropriate, we adjust net asset values for contributions and distributions, if any, made during the period beginning on the latest NAV valuation date and ending on our measurement date. We also consider available market data, relevant index returns, preliminary estimates from our investees and other data obtained through research and consultation with third-party advisors in determining the fair value of these investments.

## Fair Value Measurements

The following table sets forth by level, within the fair value hierarchy, the Master Trust's assets at fair value at December 31, 2020:

|                                       | <b>Total</b>            | <b>Level 1</b>        | <b>Level 2</b>        | <b>Level 3</b> | <b>Unclassified <sup>(2)</sup></b> |
|---------------------------------------|-------------------------|-----------------------|-----------------------|----------------|------------------------------------|
| Commingled and mutual funds           | \$ 323,910,970          | \$ 58,209,020         | \$ —                  | \$ —           | \$ 265,701,950                     |
| Fixed income securities               | 198,003,927             | —                     | 198,003,927           | —              | —                                  |
| U.S. Government securities            | 316,375,487             | 310,975,157           | 5,400,330             | —              | —                                  |
| Diversified credit                    | 126,822,832             | —                     | —                     | —              | 126,822,832                        |
| Real estate                           | 77,425,043              | —                     | —                     | —              | 77,425,043                         |
| Partnerships with security holdings   | 48,862,094              | —                     | —                     | —              | 48,862,094                         |
| Cash and accrued items <sup>(1)</sup> | 29,248,180              | —                     | —                     | —              | 29,248,180                         |
| Net assets of the Master Trust        | <u>\$ 1,120,648,533</u> | <u>\$ 369,184,177</u> | <u>\$ 203,404,257</u> | <u>\$ —</u>    | <u>\$ 548,060,099</u>              |

The following table sets forth by level, within the fair value hierarchy, the Master Trust's assets at fair value at December 31, 2019:

|                                       | <b>Total</b>          | <b>Level 1</b>        | <b>Level 2</b>        | <b>Level 3</b> | <b>Unclassified <sup>(2)</sup></b> |
|---------------------------------------|-----------------------|-----------------------|-----------------------|----------------|------------------------------------|
| Commingled and mutual funds           | \$ 266,392,874        | \$ 45,235,769         | \$ —                  | \$ —           | \$ 221,157,105                     |
| Fixed income securities               | 321,965,631           | —                     | 321,965,631           | —              | —                                  |
| U.S. Government securities            | 221,904,750           | 217,599,207           | 4,305,543             | —              | —                                  |
| Diversified credit                    | 47,550,205            | —                     | —                     | —              | 47,550,205                         |
| Real estate                           | 65,806,624            | —                     | —                     | —              | 65,806,624                         |
| Partnerships with security holdings   | 52,617,261            | —                     | —                     | —              | 52,617,261                         |
| Cash and accrued items <sup>(1)</sup> | 20,550,312            | —                     | —                     | —              | 20,550,312                         |
| Net assets of the Master Trust        | <u>\$ 996,787,657</u> | <u>\$ 262,834,976</u> | <u>\$ 326,271,174</u> | <u>\$ —</u>    | <u>\$ 407,681,507</u>              |

- (1) Includes items that are not required to be categorized in the fair value hierarchy in order to permit reconciliation of the fair value hierarchy to the net assets of the Master Trust.
- (2) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) as the practical expedient for fair value have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the net assets of the Master Trust.

Level 2 investments were valued at December 31, 2020 and 2019 using the market approach, with the exception of certain U.S. Government agency and fixed income securities, which were valued using the income approach. There were no transfers of securities between levels in 2020 or 2019.

## Partnerships with Security Holdings, Real Estate and Diversified Credit Investments

The Master Trust invests in a variety of partnerships which in turn hold investments in the securities of private companies or real estate entities. These investments are long-term in nature and are less liquid than investments that are publicly traded or provided through other investment arrangements. These investments constituted 22.6% and 16.7% of total investments held by the Master Trust at December 31, 2020 and 2019, respectively.

These investments are valued by the investment manager or general partner (the "Fund Manager") using the practical expedient of a reported NAV for the funds, based upon estimates developed by the Fund Manager for each of the underlying investments held by the fund. Generally, these investment funds have a stated life, with the Fund Manager having the option to extend that life for one or more years to enhance the possible return of the fund. Distributions from these funds are based upon interim cash flows and eventual liquidation of the underlying investments over the limited life of the fund. Early liquidation by the Trust of its participation in these investments is through negotiated, secondary market sales and is subject to the consent of the respective Fund Manager, which may not be provided. Readily accessible active secondary markets do not necessarily exist for these funds, and their investees and unfavorable market, economic or financing conditions may limit or preclude opportunities for the Master Trust to liquidate its investments. Early liquidations may not be possible when requested and may not occur at values equivalent to the previously estimated NAV for the fund. NAVs are also subject to significant changes over the length of the fund's life dependent upon economic and market conditions. In addition, participation in these investment vehicles often include a commitment to make additional future cash contributions to the fund upon a capital call by the Fund Manager (characterized as Future Commitments in the following table).

The following table is additional information for certain of the Plan's investments for which fair value is estimated using the practical expedient of reporting NAV:

| <b>Fund Name</b>                             | <b>Fund Description</b> | <b>Fair Value<br/>12/31/20</b> | <b>Fair Value<br/>12/31/19</b> | <b>Future Commitments<br/>At 12/31/20</b> | <b>Contract Term<br/>Date*</b> |
|----------------------------------------------|-------------------------|--------------------------------|--------------------------------|-------------------------------------------|--------------------------------|
| Willis Towers Watson Diversified Credit Fund | (a)                     | \$ 126,822,832                 | \$ 47,550,205                  | \$ —                                      | open-end                       |
| Harrison Street Core Property Fund           | (b)                     | 38,598,379                     | 32,244,060                     | —                                         | open-end                       |
| Morgan Stanley Prime Property Fund           | (c)                     | 38,310,853                     | 32,793,285                     | —                                         | open-end                       |
| Private Pathway Equity Fund 2008 LP          | (d)                     | 35,996,843                     | 32,418,357                     | 4,051,910                                 | 12/26/23                       |
| Pathway Private Equity Fund XII              | (e)                     | 6,799,101                      | 12,199,542                     | 1,911,492                                 | 03/11/55                       |
| Huff Alternative Fund II                     | (f)                     | 5,598,769                      | 6,895,043                      | —                                         | 10/15/16                       |
| Others (7)                                   | (g)                     | 983,192                        | 1,873,598                      | —                                         | 2008-17                        |
| Total                                        |                         | <u>\$ 253,109,969</u>          | <u>\$ 165,974,090</u>          | <u>\$ 5,963,402</u>                       |                                |

\* The Huff Alternative Fund II and the substantial majority of the Others in the table above have moved into liquidation mode. The Contract Term Dates above do not reflect extension periods that may be activated by the investment manager at their election. For open-end investments, the Master Trust has the right to request redemption of its NAV by submission of a written notice to the Fund Manager periodically, subject to a customary notice period of 30 to 90 days, with approval of the redemption subject to the fund's Board of Directors based upon cash availability to satisfy outstanding redemption requests.

Fund investment strategies - the fund seeks to primarily invest in:

- (a) a diversified portfolio of below investment grade rated bonds and loans, securitized credit and emerging market debt
- (b) student housing, medical office, senior housing and self-storage real estate properties
- (c) office, industrial, apartments and retail real estate properties
- (d) a diversified portfolio of private equity partnerships
- (e) a diversified portfolio of private equity partnerships
- (f) a range of private debt and equity to public securities, from late stage venture capital and early stage growth companies to bank loan participations, and distressed securities
- (g) a range of investment opportunities from buyout transactions and domestic real estate to European operating companies and real estate

## NOTE 8 - TAX STATUS

By letter dated November 14, 2017, the IRS informed the Plan that it made a favorable determination with respect to the tax-qualified status of the Plan and its related trust. The Plan has been amended since receiving the determination letter, however, the Committee and the Plan's tax counsel believe the Plan is designed and currently being operated in compliance with the applicable provisions of the Internal Revenue Code and regulations and rulings issued thereunder.

GAAP requires the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2020, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress, and tax periods prior to 2017 are believed to be no longer subject to potential audit.

## NOTE 9 - RELATED PARTY TRANSACTIONS

The Plan Sponsor, the Trustee and the affiliates of both are parties-in-interest to the Plan. The Plan Sponsor provides administrative services to and on behalf of the Plan with no compensation or reimbursement from the Plan. Administrative expenses paid by the Master Trust to the Trustee for custodial, recordkeeping and investment advisory services provided to all plans in the Master Trust were approximately \$244,212 and \$249,908 for the years ended December 31, 2020 and 2019, respectively.

The Master Trust holds a common / collective trust fund investment (the Northern Trust Collective S&P 500 NL Index) which is managed by an affiliate of the Trustee of the Master Trust. This is a non-prohibited party-in-interest transaction. The value of this investment held by the Master Trust was \$170,106,529 and \$140,933,382 at December 31, 2020 and 2019, respectively, and the investment income of the Master Trust for the years ended December 31, 2020 and 2019 included \$30,673,147 and \$35,501,369, respectively, related to this investment.

Willis Towers Watson is a party-in-interest to the Plan. Administrative expenses paid by the Master Trust to Willis Towers Watson for investment management and investment advisory services provided to all plans in the Master Trust were approximately \$441,557 and \$460,130 for the years ended December 31, 2020 and 2019, respectively. The Master Trust holds a diversified credit investment (Willis Towers Watson Diversified Credit Fund) which is managed by Willis Towers Watson. This is a non-prohibited party-in-interest transaction. The value of this investment held by the Master Trust was \$126,822,832 and \$47,550,205 at December 31, 2020 and 2019, respectively, and the investment income of the Master Trust for the years ended December 31, 2020 and 2019 included \$6,272,627 and \$3,253,032, respectively, related to this investment.

## NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

A reconciliation of the net increase (decrease) in net assets available for benefits per the financial statements to the net income (loss) in the Form 5500 for the year ended December 31, 2020 is as follows:

|                                                                          | <b>2020</b>           |
|--------------------------------------------------------------------------|-----------------------|
| Plan Interest in Master Trust Income (Loss) per the Financial Statements | \$ 158,481,904        |
| Administrative Expenses per the Financial Statements                     | (4,355,654)           |
| Plan Interest in Master Trust Income (Loss) in Form 5500                 | <u>\$ 154,126,250</u> |
|                                                                          | <b>2020</b>           |
| Administrative Expenses per the Financial Statements                     | \$ 4,355,654          |
| Administrative Expenses Netted Against Master Trust Income in Form 5500  | (4,355,654)           |
| Administrative Expenses in Form 5500                                     | <u>\$ —</u>           |

**BWXT RETIREMENT PLAN**

**EIN 72-1172705 - PLAN # 001  
SUPPLEMENTAL SCHEDULE OF ASSETS HELD AT YEAR END  
SCHEDULE H, LINE 4i  
AS OF DECEMBER 31, 2020**

| <b>(a)</b> | <b>(b)<br/><u>Identity of Issue</u></b> | <b>(c)<br/><u>Description</u></b> | <b>(d)<br/><u>Cost</u></b> | <b>(e)<br/><u>Current Value</u></b> |
|------------|-----------------------------------------|-----------------------------------|----------------------------|-------------------------------------|
| *          | The BWXT Master Trust                   | Master Trust Investment           | <u>\$ 976,070,239</u>      | <u>\$ 976,070,239</u>               |
| *          | Party-in-interest                       |                                   |                            |                                     |

The above information has been certified by The Northern Trust Company, the Trustee, as being complete and accurate.  
See Independent Auditor's Report.

# BWXT Retirement Plan

EIN/PN: 72-1172705 / 001

## Schedule SB, Line 26 – Schedule of Active Participant Data

| Attained Age | Years of Credited Service |                      |       |                      |       |                      |         |                      |         |                      |         |                      |         |                      |         |                      |         |                      |         |                      |
|--------------|---------------------------|----------------------|-------|----------------------|-------|----------------------|---------|----------------------|---------|----------------------|---------|----------------------|---------|----------------------|---------|----------------------|---------|----------------------|---------|----------------------|
|              | Under 1                   |                      | 1 - 4 |                      | 5 - 9 |                      | 10 - 14 |                      | 15 - 19 |                      | 20 - 24 |                      | 25 - 29 |                      | 30 - 34 |                      | 35 - 39 |                      | 40 & up |                      |
|              | No.                       | Avg. Frozen Benefit* | No.   | Avg. Frozen Benefit* | No.   | Avg. Frozen Benefit* | No.     | Avg. Frozen Benefit* | No.     | Avg. Frozen Benefit* | No.     | Avg. Frozen Benefit* | No.     | Avg. Frozen Benefit* | No.     | Avg. Frozen Benefit* | No.     | Avg. Frozen Benefit* | No.     | Avg. Frozen Benefit* |
| Under 25     |                           |                      | 30    |                      |       |                      |         |                      |         |                      |         |                      |         |                      |         |                      |         |                      |         |                      |
| 25 to 29     |                           |                      | 37    |                      | 47    |                      |         |                      |         |                      |         |                      |         |                      |         |                      |         |                      |         |                      |
| 30 to 34     |                           |                      | 24    |                      | 52    |                      | 42      |                      | 1       |                      |         |                      |         |                      |         |                      |         |                      |         |                      |
| 35 to 39     |                           |                      | 24    |                      | 40    |                      | 54      |                      | 65      | 213                  | 1       |                      |         |                      |         |                      |         |                      |         |                      |
| 40 to 44     |                           |                      | 29    |                      | 34    |                      | 33      |                      | 107     | 471                  | 31      | 1,154                |         |                      |         |                      |         |                      |         |                      |
| 45 to 49     |                           |                      | 19    |                      | 39    |                      | 40      |                      | 126     | 433                  | 52      | 1,326                | 7       |                      | 1       |                      |         |                      |         |                      |
| 50 to 54     |                           |                      | 26    |                      | 39    |                      | 45      |                      | 116     | 563                  | 33      | 1,808                | 21      |                      | 24      |                      | 2       |                      |         |                      |
| 55 to 59     |                           |                      | 13    |                      | 43    |                      | 32      |                      | 103     | 874                  | 60      | 1,909                | 27      | 3,033                | 76      | 3,476                | 31      | 3,665                | 3       |                      |
| 60 to 64     |                           |                      | 7     |                      | 33    |                      | 39      |                      | 87      | 698                  | 28      |                      | 27      | 2,936                | 34      | 3,183                | 42      | 4,399                | 48      | 4,380                |
| 65 to 69     |                           |                      |       |                      | 10    |                      | 7       |                      | 34      |                      | 7       |                      | 5       |                      | 7       |                      | 6       |                      | 38      |                      |
| 70 & up      |                           |                      |       |                      |       |                      |         |                      | 4       |                      | 1       |                      |         |                      | 1       |                      |         |                      | 16      |                      |

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

# BWXT Retirement Plan

EIN/PN: 72-1172705 / 001

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

### Prescribed Funding Assumptions and Methods/PBGC Assumptions and Methods

The following assumptions and methods are prescribed by ERISA, as currently amended.

#### Funding interest rates

For 2020 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

|                         | Unconstrained Rates* | Rates Reflecting Corridor** |
|-------------------------|----------------------|-----------------------------|
| First Segment Rate      | 2.79%                | 3.64%                       |
| Second Segment Rate     | 3.92%                | 5.21%                       |
| Third Segment Rate      | 4.38%                | 5.94%                       |
| Effective Interest Rate | 4.05%                | 5.37%                       |

For 2019 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

|                         | Unconstrained Rates* | Rates Reflecting Corridor** |
|-------------------------|----------------------|-----------------------------|
| First Segment Rate      | 2.28%                | 3.74%                       |
| Second Segment Rate     | 3.81%                | 5.35%                       |
| Third Segment Rate      | 4.46%                | 6.11%                       |
| Effective Interest Rate | 4.01%                | 5.52%                       |

\* Used for maximum tax deduction and 4010 reporting purposes.

\*\* Used for minimum funding and benefit restriction purposes.

#### PBGC Premium Funding Target

|                     |                     |       |
|---------------------|---------------------|-------|
| For 2020 Plan Year: | First Segment Rate  | 2.79% |
|                     | Second Segment Rate | 3.92% |
|                     | Third Segment Rate  | 4.38% |
| For 2019 Plan Year: | First Segment       | 3.38% |
|                     | Second Segment Rate | 4.32% |
|                     | Third Segment Rate  | 4.69% |

The Alternative Premium Funding Target was elected in 2020.

The effective interest rates for PBGC premium purposes are 4.05% for 2020 and 4.42% for 2019.

#### Mortality

Mortality tables mandated by current legislation as specified in IRS Regulation 1.430(h)(3)-1, as amended in IRS Notice 2019-26, applied on a static basis.

# **BWXT Retirement Plan**

**EIN/PN: 72-1172705 / 001**

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

### **Actuarial cost method**

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

# BWXT Retirement Plan

EIN/PN: 72-1172705 / 001

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

### Non-Prescribed Funding Assumptions and Methods

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under the applicable provisions of the Internal Revenue Code and associated regulations.

#### Salary increases

Not applicable since pay-related benefit accruals were frozen.

#### Expenses

Expected expenses equal to prior year expenses, adjusted for inflation excluding the prior year PBGC premium plus current year PBGC premium were added to Target Normal Cost. This amount is equal to \$2,300,000 in 2020 and \$3,800,000 in 2019.

#### Frequency of optional payment forms

|                                                        | B&W<br>Salaried | B&W<br>Hourly | MMC<br>Salaried | MMC<br>Hourly |
|--------------------------------------------------------|-----------------|---------------|-----------------|---------------|
| Single Life Annuity                                    | 40.0%           | 50.0%         | 45.0%           | 47.0%         |
| Joint & Survivor 50%                                   | 20.0%           | 35.0%         | 15.0%           | 15.0%         |
| Joint & Survivor 75%                                   | 10.0%           | 15.0%         | 3.0%            | 3.0%          |
| Joint & Survivor 100%                                  | 22.0%           | ---           | 37.0%           | 35.0%         |
| Joint & Last Survivor 66 <sup>2</sup> / <sub>3</sub> % | 3.0%            | ---           | ---             | ---           |
| 10-year Certain & Life                                 | 5.0%            | ---           | ---             | ---           |

#### Marital percentage

80% of male and 65% of female participants are assumed to be married at death. Male participants are assumed to be two years older than their spouses. Female participants are assumed to be one year younger than their spouses.

#### Decrements

Representative values of the assumed annual rates of withdrawal, vesting, early retirement, disability and death are shown below. The retirement and withdrawal assumptions were updated based on an experience study completed in 2016. Terminated vested participants are assumed to retire at age 65, unless adjusted for hardship service.

# BWXT Retirement Plan

EIN/PN: 72-1172705 / 001

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

### Salaried Employees

| Age | Withdrawal<br>(Pre 4/1/1998 Hires) | Withdrawal<br>(Post 4/1/1998 Hires) | Retirement<br>(Pre 4/1/98 Hires) | Retirement<br>(Post 4/1/98 Hires) | Disability |
|-----|------------------------------------|-------------------------------------|----------------------------------|-----------------------------------|------------|
| 25  | 0.00000                            | 0.05397                             |                                  |                                   | 0.000      |
| 30  | 0.00000                            | 0.04315                             |                                  |                                   | 0.000      |
| 35  | 0.00000                            | 0.03745                             |                                  |                                   | 0.000      |
| 40  | 0.01449                            | 0.03094                             |                                  |                                   | 0.000      |
| 45  | 0.02444                            | 0.02656                             |                                  |                                   | 0.001      |
| 50  | 0.02444                            | 0.02656                             | 0.040                            |                                   | 0.002      |
| 51  | 0.02444                            | 0.02656                             | 0.040                            |                                   | 0.003      |
| 52  | 0.02444                            | 0.02656                             | 0.040                            |                                   | 0.003      |
| 53  | 0.02444                            | 0.02656                             | 0.040                            |                                   | 0.003      |
| 54  | 0.02444                            | 0.02656                             | 0.040                            |                                   | 0.004      |
| 55  | 0.02444                            | 0.02656                             | 0.040                            | 0.050                             | 0.005      |
| 56  | 0.02444                            | 0.02656                             | 0.060                            | 0.040                             | 0.005      |
| 57  | 0.02444                            | 0.02656                             | 0.060                            | 0.040                             | 0.006      |
| 58  | 0.02444                            | 0.02656                             | 0.060                            | 0.040                             | 0.007      |
| 59  | 0.02444                            | 0.02656                             | 0.040                            | 0.100                             | 0.008      |
| 60  | 0.02444                            | 0.02656                             | 0.120                            | 0.100                             | 0.009      |
| 61  | 0.02444                            | 0.02656                             | 0.140                            | 0.120                             | 0.010      |
| 62  | 0.02444                            | 0.02656                             | 0.150                            | 0.200                             | 0.011      |
| 63  | 0.02444                            | 0.02656                             | 0.170                            | 0.200                             | 0.012      |
| 64  | 0.02444                            | 0.02656                             | 0.210                            | 0.200                             | 0.013      |
| 65  | 0.00000                            | 0.00000                             | 0.400                            | 0.300                             | 0.000      |
| 66  |                                    |                                     | 0.350                            | 0.300                             |            |
| 67  |                                    |                                     | 0.350                            | 0.300                             |            |
| 68  |                                    |                                     | 0.300                            | 0.300                             |            |
| 69  |                                    |                                     | 0.300                            | 0.300                             |            |
| 70  |                                    |                                     | 1.000                            | 1.000                             |            |

# BWXT Retirement Plan

EIN/PN: 72-1172705 / 001

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

### Hourly Employees

| Age | Withdrawal<br>Less Than 5<br>Years of Service | Withdrawal<br>5 or More Years<br>of Service | Retirement | Disability |
|-----|-----------------------------------------------|---------------------------------------------|------------|------------|
| 25  | 0.07557                                       | 0.05968                                     |            | 0.001      |
| 30  | 0.06535                                       | 0.04898                                     |            | 0.001      |
| 35  | 0.05915                                       | 0.04012                                     |            | 0.001      |
| 40  | 0.04042                                       | 0.02721                                     |            | 0.002      |
| 45  | 0.04042                                       | 0.02308                                     |            | 0.005      |
| 50  | 0.03496                                       | 0.02308                                     | 0.050      | 0.010      |
| 51  | 0.03496                                       | 0.02308                                     | 0.050      | 0.011      |
| 52  | 0.03496                                       | 0.02308                                     | 0.050      | 0.013      |
| 53  | 0.03496                                       | 0.02308                                     | 0.050      | 0.014      |
| 54  | 0.03496                                       | 0.02308                                     | 0.050      | 0.015      |
| 55  | 0.03870                                       | 0.02308                                     | 0.050      | 0.016      |
| 56  | 0.03870                                       | 0.02308                                     | 0.080      | 0.017      |
| 57  | 0.03870                                       | 0.02308                                     | 0.080      | 0.018      |
| 58  | 0.03870                                       | 0.02308                                     | 0.080      | 0.019      |
| 59  | 0.03870                                       | 0.02308                                     | 0.100      | 0.020      |
| 60  | 0.03870                                       | 0.02308                                     | 0.100      | 0.021      |
| 61  | 0.03870                                       | 0.02308                                     | 0.120      | 0.022      |
| 62  | 0.03870                                       | 0.02308                                     | 0.150      | 0.024      |
| 63  | 0.03870                                       | 0.02308                                     | 0.150      | 0.025      |
| 64  | 0.03870                                       | 0.02308                                     | 0.150      | 0.026      |
| 65  | 0.00000                                       | 0.00000                                     | 0.350      | 0.000      |
| 66  |                                               |                                             | 0.350      |            |
| 67  |                                               |                                             | 0.350      |            |
| 68  |                                               |                                             | 0.500      |            |
| 69  |                                               |                                             | 0.500      |            |
| 70  |                                               |                                             | 1.000      |            |

# BWXT Retirement Plan

EIN/PN: 72-1172705 / 001

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

### Marine Mechanical Hourly and Salaried Employees

| Age | Withdrawal                      |                               |                 | Retirement |              | Disability |        |
|-----|---------------------------------|-------------------------------|-----------------|------------|--------------|------------|--------|
|     | MMC Hourly                      | MMC Hourly                    | MMC Salaried    | MMC Hourly | MMC Salaried | Male       | Female |
|     | Less Than 5<br>Years of Service | 5 or More Years<br>of Service | MMC<br>Salaried |            |              |            |        |
| 25  | 0.07557                         | 0.05968                       | 0.05397         |            |              | 0.001      | 0.001  |
| 30  | 0.06535                         | 0.04898                       | 0.04315         |            |              | 0.001      | 0.001  |
| 35  | 0.05915                         | 0.04012                       | 0.03745         |            |              | 0.001      | 0.002  |
| 40  | 0.04042                         | 0.02721                       | 0.03094         |            |              | 0.002      | 0.003  |
| 45  | 0.04042                         | 0.02308                       | 0.02656         |            |              | 0.003      | 0.005  |
| 50  | 0.03496                         | 0.02308                       | 0.02656         |            |              | 0.005      | 0.006  |
| 51  | 0.03496                         | 0.02308                       | 0.02656         |            |              | 0.006      | 0.007  |
| 52  | 0.03496                         | 0.02308                       | 0.02656         |            |              | 0.006      | 0.007  |
| 53  | 0.03496                         | 0.02308                       | 0.02656         |            |              | 0.007      | 0.007  |
| 54  | 0.03496                         | 0.02308                       | 0.02656         |            |              | 0.008      | 0.008  |
| 55  | 0.03870                         | 0.02308                       | 0.02656         | 0.025      | 0.050        | 0.009      | 0.008  |
| 56  | 0.03870                         | 0.02308                       | 0.02656         | 0.025      | 0.040        | 0.010      | 0.008  |
| 57  | 0.03870                         | 0.02308                       | 0.02656         | 0.025      | 0.040        | 0.011      | 0.009  |
| 58  | 0.03870                         | 0.02308                       | 0.02656         | 0.025      | 0.040        | 0.012      | 0.010  |
| 59  | 0.03870                         | 0.02308                       | 0.02656         | 0.025      | 0.100        | 0.014      | 0.010  |
| 60  | 0.03870                         | 0.02308                       | 0.02656         | 0.025      | 0.100        | 0.015      | 0.011  |
| 61  | 0.03870                         | 0.02308                       | 0.02656         | 0.025      | 0.120        | 0.016      | 0.012  |
| 62  | 0.03870                         | 0.02308                       | 0.02656         | 0.150      | 0.200        | 0.017      | 0.013  |
| 63  | 0.03870                         | 0.02308                       | 0.02656         | 0.150      | 0.200        | 0.018      | 0.015  |
| 64  | 0.03870                         | 0.02308                       | 0.02656         | 0.150      | 0.200        | 0.020      | 0.016  |
| 65  | 0.00000                         | 0.00000                       | 0.00000         | 0.350      | 0.300        | 0.021      | 0.017  |
| 66  |                                 |                               |                 | 0.350      | 0.300        | 0.021      | 0.017  |
| 67  |                                 |                               |                 | 0.350      | 0.300        | 0.021      | 0.017  |
| 68  |                                 |                               |                 | 0.500      | 0.300        | 0.021      | 0.017  |
| 69  |                                 |                               |                 | 0.500      | 0.300        | 0.021      | 0.017  |
| 70  |                                 |                               |                 | 1.000      | 1.000        | 0.021      | 0.017  |

# BWXT Retirement Plan

EIN/PN: 72-1172705 / 001

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

### Asset valuation method

The Actuarial Value of Assets is market value as of the valuation date, including the discounted value of accrued contributions, reduced by 2/3 of the gain/(loss) for the immediately preceding plan year and reduced by 1/3 of the gain/(loss) for the plan year before that. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by current law and regulation to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

|                      | Actuary's Assumption | Third Segment Rate | Reflecting Limit |
|----------------------|----------------------|--------------------|------------------|
| 2020 Expected Return | 7.20%                | 5.94%              | 5.94%            |
| 2019 Expected Return | 7.20%                | 6.11%              | 6.11%            |
| 2018 Expected Return | 7.20%                | 6.29%              | 6.29%            |

### Future actuarial measurements

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

### Summary of Changes from the January 1, 2019 Valuation

- The interest rate basis was updated to the current rates as specified in IRS Regulation 1.430(h)(2)-1. These rates are constrained in accordance with relevant legislation.
- The mortality assumption was updated according to the projection specified in IRS Regulation 1.430(h)(3)-1, as amended in IRS Notice 2019-26, applied on a static basis.
- The prescribed changes in the interest rate and mortality basis increased the Funding Target by approximately \$25.3 million.

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</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>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>2020</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                                                           |                                                                                                                                                                                                               |                                         |     |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----|
| For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>                                  |                                                                                                                                                                                                               |                                         |     |
| ► <b>Round off amounts to nearest dollar.</b>                                                                                             |                                                                                                                                                                                                               |                                         |     |
| ► <b>Caution:</b> 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>BWXT Retirement Plan                                                                                             | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"><b>B</b> Three-digit plan number (PN) ►</td> <td style="width:30%; text-align: center;">001</td> </tr> </table> | <b>B</b> Three-digit plan number (PN) ► | 001 |
| <b>B</b> Three-digit plan number (PN) ►                                                                                                   | 001                                                                                                                                                                                                           |                                         |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>BWXT Investment Company                                       | <b>D</b> Employer Identification Number (EIN)<br>72-1172705                                                                                                                                                   |                                         |     |
| <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                                                       |                                         |     |

| Part I Basic Information |                                                                                                                                                                                                                 |                            |                           |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|
| <b>1</b>                 | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2020</u>                                                                                                                                        |                            |                           |
| <b>2</b>                 | Assets:                                                                                                                                                                                                         |                            |                           |
|                          | <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b>                  | 864,689,075               |
|                          | <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 824,905,702               |
| <b>3</b>                 | Funding target/participant count breakdown                                                                                                                                                                      | (1) Number of participants | (2) Vested Funding Target |
|                          | <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | 2,167                      | 489,750,184               |
|                          | <b>b</b> For terminated vested participants .....                                                                                                                                                               | 1,007                      | 30,529,273                |
|                          | <b>c</b> For active participants .....                                                                                                                                                                          | 2,110                      | 242,723,468               |
|                          | <b>d</b> Total .....                                                                                                                                                                                            | 5,284                      | 763,002,925               |
| <b>4</b>                 | If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                                         |                            |                           |
|                          | <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |
|                          | <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                  |                           |
| <b>5</b>                 | Effective interest rate .....                                                                                                                                                                                   | <b>5</b>                   | 5.37%                     |
| <b>6</b>                 | Target normal cost .....                                                                                                                                                                                        | <b>6</b>                   | 7,742,083                 |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                        |                                                                                                                                                        |  |                      |  |                                |  |                               |  |                  |  |           |  |                 |  |                   |  |                     |                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|--|--------------------------------|--|-------------------------------|--|------------------|--|-----------|--|-----------------|--|-------------------|--|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Statement by Enrolled Actuary</b><br><small>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.</small>                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                        |                                                                                                                                                        |  |                      |  |                                |  |                               |  |                  |  |           |  |                 |  |                   |  |                     |                                                                                                                                                                                                                                                                                                                                                         |
| <table style="width:100%;"> <tr> <td style="width:15%; text-align: center;"><b>SIGN HERE</b></td> <td style="width:85%;"> <div style="display: flex; align-items: center;"> <div style="flex: 1;">SONJA C. BOSARI</div> <div style="flex: 1; text-align: center;"> </div> </div> </td> </tr> <tr> <td></td> <td style="text-align: center;">Signature of actuary</td> </tr> <tr> <td></td> <td style="text-align: center;">SONJA C. BOSARI, FSA, EA, MAAA</td> </tr> <tr> <td></td> <td style="text-align: center;">Type or print name of actuary</td> </tr> <tr> <td></td> <td style="text-align: center;">Buck Global, LLC</td> </tr> <tr> <td></td> <td style="text-align: center;">Firm name</td> </tr> <tr> <td></td> <td style="text-align: center;">200 Plaza Drive</td> </tr> <tr> <td></td> <td style="text-align: center;">SECAUCUS NJ 07096</td> </tr> <tr> <td></td> <td style="text-align: center;">Address of the firm</td> </tr> </table> | <b>SIGN HERE</b>                                                                                                                                       | <div style="display: flex; align-items: center;"> <div style="flex: 1;">SONJA C. BOSARI</div> <div style="flex: 1; text-align: center;"> </div> </div> |  | Signature of actuary |  | SONJA C. BOSARI, FSA, EA, MAAA |  | Type or print name of actuary |  | Buck Global, LLC |  | Firm name |  | 200 Plaza Drive |  | SECAUCUS NJ 07096 |  | Address of the firm | <div style="text-align: center; margin-bottom: 10px;"> </div> <div style="text-align: center;">       Date<br/>       2005568     </div> <hr/> <div style="text-align: center;">       Most recent enrollment number<br/>       203-886-6756     </div> <hr/> <div style="text-align: center;">       Telephone number (including area code)     </div> |
| <b>SIGN HERE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <div style="display: flex; align-items: center;"> <div style="flex: 1;">SONJA C. BOSARI</div> <div style="flex: 1; text-align: center;"> </div> </div> |                                                                                                                                                        |  |                      |  |                                |  |                               |  |                  |  |           |  |                 |  |                   |  |                     |                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Signature of actuary                                                                                                                                   |                                                                                                                                                        |  |                      |  |                                |  |                               |  |                  |  |           |  |                 |  |                   |  |                     |                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SONJA C. BOSARI, FSA, EA, MAAA                                                                                                                         |                                                                                                                                                        |  |                      |  |                                |  |                               |  |                  |  |           |  |                 |  |                   |  |                     |                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Type or print name of actuary                                                                                                                          |                                                                                                                                                        |  |                      |  |                                |  |                               |  |                  |  |           |  |                 |  |                   |  |                     |                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Buck Global, LLC                                                                                                                                       |                                                                                                                                                        |  |                      |  |                                |  |                               |  |                  |  |           |  |                 |  |                   |  |                     |                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Firm name                                                                                                                                              |                                                                                                                                                        |  |                      |  |                                |  |                               |  |                  |  |           |  |                 |  |                   |  |                     |                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 200 Plaza Drive                                                                                                                                        |                                                                                                                                                        |  |                      |  |                                |  |                               |  |                  |  |           |  |                 |  |                   |  |                     |                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SECAUCUS NJ 07096                                                                                                                                      |                                                                                                                                                        |  |                      |  |                                |  |                               |  |                  |  |           |  |                 |  |                   |  |                     |                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Address of the firm                                                                                                                                    |                                                                                                                                                        |  |                      |  |                                |  |                               |  |                  |  |           |  |                 |  |                   |  |                     |                                                                                                                                                                                                                                                                                                                                                         |

## **BWXT Retirement Plan**

**EIN/PN: 72-1172705 / 001**

### **Schedule SB, Line 15 – Reconciliation of differences between valuation results and amounts used to determine AFTAP**

The AFTAP of 105.09% that was certified by the Enrolled Actuary on September 30, 2020 cannot be directly calculated from the final funding target and value of plan assets shown on the Schedule SB.

The following plan values as of January 1, 2020 were taken into account for purposes of this certification:

|                                                           |                  |
|-----------------------------------------------------------|------------------|
| Funding Target                                            | \$ 773,808,778   |
| Actuarial Value of Assets                                 | \$ 824,905,702   |
| Adjusted Funding Target                                   | \$ 1,003,530,481 |
| Adjusted Actuarial Value of Assets                        | \$ 1,054,627,406 |
| Prefunding Balance                                        | \$ 33,404,422    |
| Funding Standard Carryover Balance                        | \$ 0             |
| Annuity Purchase during 2018 and 2019 Plan Years for NHCE | \$ 229,721,704   |
| Plan Amendments Effective during the 2020 Plan Year       | \$ 3,787,286     |

# BWXT Retirement Plan

EIN/PN: 72-1172705 / 001

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

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

| (1)<br>Age                                                      | (2)<br>Expected<br>Active<br>Headcount | (3)<br>Retirement<br>Rate | (4)<br>Expected<br>Retirements<br>(2)*(3) | (5)<br>Weighted Age<br>(1)*(4) |
|-----------------------------------------------------------------|----------------------------------------|---------------------------|-------------------------------------------|--------------------------------|
| 48                                                              | 620.2039                               | 0.0000                    | 0.0298                                    | 1.4322                         |
| 49                                                              | 672.6412                               | 0.0007                    | 0.4466                                    | 21.8849                        |
| 50                                                              | 701.7417                               | 0.0036                    | 2.5096                                    | 125.4784                       |
| 51                                                              | 741.2710                               | 0.0057                    | 4.2358                                    | 216.0248                       |
| 52                                                              | 767.7954                               | 0.0073                    | 5.6041                                    | 291.4122                       |
| 53                                                              | 816.0072                               | 0.0087                    | 7.0824                                    | 375.3649                       |
| 54                                                              | 832.0665                               | 0.0096                    | 8.0205                                    | 433.1048                       |
| 55                                                              | 860.2656                               | 0.0425                    | 36.5371                                   | 2009.5426                      |
| 56                                                              | 890.2491                               | 0.0575                    | 51.1922                                   | 2866.7648                      |
| 57                                                              | 907.2978                               | 0.0574                    | 52.0727                                   | 2968.1438                      |
| 58                                                              | 916.2818                               | 0.0571                    | 52.3290                                   | 3035.0825                      |
| 59                                                              | 931.1500                               | 0.0784                    | 73.0052                                   | 4307.3050                      |
| 60                                                              | 912.1713                               | 0.0905                    | 82.5088                                   | 4950.5257                      |
| 61                                                              | 873.5531                               | 0.1082                    | 94.5331                                   | 5766.5200                      |
| 62                                                              | 835.4908                               | 0.1572                    | 131.3280                                  | 8142.3350                      |
| 63                                                              | 762.4934                               | 0.1594                    | 121.5041                                  | 7654.7577                      |
| 64                                                              | 676.6034                               | 0.1688                    | 114.2317                                  | 7310.8295                      |
| 65                                                              | 591.1288                               | 0.3521                    | 208.1369                                  | 13528.8977                     |
| 66                                                              | 423.9668                               | 0.3407                    | 144.4583                                  | 9534.2489                      |
| 67                                                              | 294.5625                               | 0.3405                    | 100.2901                                  | 6719.4380                      |
| 68                                                              | 207.2782                               | 0.4214                    | 87.3390                                   | 5939.0527                      |
| 69                                                              | 128.6570                               | 0.4034                    | 51.8955                                   | 3580.7892                      |
| 70                                                              | 87.2323                                | 1.0000                    | 87.2323                                   | 6106.2637                      |
| 71                                                              | 5.0000                                 | 1.0000                    | 5.0000                                    | 355.0000                       |
| 72                                                              | 4.0000                                 | 1.0000                    | 4.0000                                    | 288.0000                       |
| 73                                                              | 1.0000                                 | 1.0000                    | 1.0000                                    | 73.0000                        |
| 74                                                              | 2.0000                                 | 1.0000                    | 2.0000                                    | 148.0000                       |
| 75                                                              | 0.0000                                 | 1.0000                    | 0.0000                                    | 0.0000                         |
| 76                                                              | 0.0000                                 | 1.0000                    | 0.0000                                    | 0.0000                         |
| 77                                                              | 0.0000                                 | 1.0000                    | 0.0000                                    | 0.0000                         |
| 78                                                              | 0.0000                                 | 1.0000                    | 0.0000                                    | 0.0000                         |
| 79                                                              | 1.0000                                 | 1.0000                    | <u>1.0000</u>                             | 79.0000                        |
| <b>Total</b>                                                    |                                        |                           | <b>1,529.5228</b>                         | <b>96,828.1989</b>             |
| <b>Weighted Average Retirement Age = 96828.1989 / 1529.5228</b> |                                        |                           |                                           | <b>63.31</b>                   |
| <b>Rounded Weighted Average Retirement Age</b>                  |                                        |                           |                                           | <b>63</b>                      |

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

# BWXT Retirement Plan

EIN/PN: 72-1172705 / 001

## Schedule SB, Line 22 – Description of Weighted Average Retirement Age (continued)

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

**General note:** The table presents values rounded to fewer significant digits than used in the calculation. This table calculates the weighted average retirement age for all active persons in the plan.

# **BWXT Retirement Plan**

**EIN/PN: 72-1172705 / 001**

## **Schedule SB, Part V - Summary of Plan Provisions**

### **Summary of Main Plan Provisions for McDermott – Pre April 1, 1998 Hires**

#### **Eligibility**

Completion of one year of service.

#### **Normal retirement**

##### **Eligibility**

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

##### **Benefit**

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

Greatest of the following:

1. **PIA Offset Formula**

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

2. **Minimum Formula**

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

3. **Frozen Grandfathered Formula**

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

#### **Early retirement**

##### **Eligibility**

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

##### **Benefit**

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

#### **Deferred vested retirement**

##### **Eligibility**

Completion of 5 years of service.

# **BWXT Retirement Plan**

**EIN/PN: 72-1172705 / 001**

## **Schedule SB, Part V - Summary of Plan Provisions**

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

#### **Benefit**

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

#### **Disability retirement**

##### **Eligibility**

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

##### **Benefit**

Accrued pension (including minimum).

#### **Death benefit**

##### **Eligibility**

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

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

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

##### **Benefit**

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

#### **Normal form of benefit**

##### **Single**

Life annuity.

##### **Married**

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

# BWXT Retirement Plan

EIN/PN: 72-1172705 / 001

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

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

#### Optional forms

Ten year certain and life annuity.

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

100% joint and survivor annuity.

75% joint and survivor annuity.

#### Additional benefits

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

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

| Coverage Type                 | Additional<br>Monthly Benefit |        |
|-------------------------------|-------------------------------|--------|
| Single with Life Insurance    | \$                            | 123.00 |
| Dependent with Life Insurance | \$                            | 229.00 |
| Family with Life Insurance    | \$                            | 335.00 |
| Life Insurance Only           | \$                            | 17.00  |

# **BWXT Retirement Plan**

**EIN/PN: 72-1172705 / 001**

## **Schedule SB, Part V - Summary of Plan Provisions (continued)**

### **Summary of Main Plan Provisions for Babcock & Wilcox– Pre April 1, 1998 Hires**

#### **Coverage**

##### **Salaried**

Salaried employees of The Babcock & Wilcox Company.

##### **Barberton Hourly**

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

##### **Lynchburg Hourly**

Hourly paid employees at the Company's Naval Nuclear Fuel Division Lynchburg Plant who are not covered by a collective bargaining agreement.

##### **Bettis Hourly**

Hourly employees at the Company's Bettis, Pennsylvania site Department 224.

#### **Eligibility**

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

#### **Normal retirement**

##### **Eligibility**

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

##### **Benefit**

Salaried - Benefits under this formula are frozen as of December 31, 2015.

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

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

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

# BWXT Retirement Plan

EIN/PN: 72-1172705 / 001

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

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

Barberton Hourly

| For terminations/retirements<br>occurring between | Per month of<br>service |
|---------------------------------------------------|-------------------------|
| 5/1/2011 – 4/30/2012                              | \$ 43.00                |
| 5/1/2012 – 4/30/2013                              | \$ 44.00                |
| 5/1/2011 – 4/30/2012                              | \$ 45.50                |
| 5/1/2014 – 4/30/2015                              | \$ 47.00                |
| 5/1/2015 – 4/30/2016                              | \$ 48.50                |
| 5/1/2016 – 4/30/2017                              | \$ 50.00                |
| 5/1/2017 – 4/30/2018                              | \$ 51.50                |
| 5/1/2018 – 4/30/2019                              | \$ 53.00                |
| 5/1/2019 – 4/30/2020                              | \$ 54.50                |
| 5/1/2020 – 4/30/2021                              | \$ 56.00                |
| 5/1/2021 and later                                | \$ 57.50                |

Lynchburg and Bettis Hourly

\$47.75 a month per year of service for terminations on or after January 1, 2011.

\$49.00 a month per year of service for terminations on or after January 1, 2012.

\$50.25 a month per year of service for terminations on or after January 1, 2013.

\$51.75 a month per year of service for terminations on or after January 1, 2014.

\$52.75 a month per year of service for terminations on or after January 1, 2015.

\$54.00 a month per year of service for terminations on or after January 1, 2016.

\$55.25 a month per year of service for terminations on or after January 1, 2017.

\$56.50 a month per year of service for terminations on or after January 1, 2018.

\$57.75 a month per year of service for terminations on or after January 1, 2019.

\$59.00 a month per year of service for terminations on or after January 1, 2020.

### Early retirement

#### Eligibility

##### Salaried

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

##### Hourly

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

#### Benefit

##### Salaried

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

##### Hourly

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

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

# BWXT Retirement Plan

EIN/PN: 72-1172705 / 001

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

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

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

#### Special early retirement

##### Eligibility

###### Hourly

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

Barberton Hourly layoffs with 25 or more years of service who retired by August 1, 1999, receive an unreduced benefit when they would have had 30 years of service.

##### Benefit

Accrued pension plus an additional amount equal to:

An additional supplement of \$200 per month for Lynchburg Hourly and Bettis Hourly participants payable until age 62.

An additional supplement of \$250 payable until age 65 for Barberton Hourly participants retiring on or after November 1, 2000. For Barberton participants retiring on or after May 1, 2005 with 30 or more years of service, the prior supplement is replaced by the following benefit. A monthly supplement payable to age 65 in the following amounts:

| Age at Retirement            | Monthly Temporary Supplemental Benefit |
|------------------------------|----------------------------------------|
| Under age 60                 | \$ 250.00                              |
| At least 60 but under age 62 | \$ 300.00                              |
| At least 62 but under age 64 | \$ 350.00                              |
| Age 64 and older             | \$ 400.00                              |

An additional supplement for Barberton Hourly with at least 30 years of service, a supplement of \$200 per month to age 62 for retirement prior to age 58. If a participant retires at or after age 58, the supplement is paid until the earlier of age 65 or 60 months.

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

#### Disability retirement

##### Eligibility

###### Salaried

15 years of service and permanently and totally disabled.

###### Hourly

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

##### Benefit

###### Salaried

Accrued pension (including minimum).

# **BWXT Retirement Plan**

**EIN/PN: 72-1172705 / 001**

## **Schedule SB, Part V - Summary of Plan Provisions (continued)**

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

#### Hourly

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

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

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

### **Deferred vested retirement**

#### Eligibility

Completion of 5 years of service.

#### Benefit

##### Salaried

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

##### Hourly

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

### **Death benefit**

#### Eligibility

##### Salaried

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

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

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

##### Hourly

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

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

#### Benefit

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

# BWXT Retirement Plan

EIN/PN: 72-1172705 / 001

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

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

#### Normal form of benefit

##### Salaried

###### Single

Life annuity.

###### Married

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

##### Hourly

###### Single

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

###### Married

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

#### Optional forms- available for Salaried participants only

Ten year certain and life annuity.

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

100% joint and survivor annuity.

75% joint and survivor annuity.

#### Additional benefits

As of April 1, 1998 for early deferred participants, retired participants, and beneficiaries in receipt at Salaried or Lynchburg Hourly locations.

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

As of November 1, 2000 for early deferred participants, retired participants and beneficiaries in receipt at Barberton hourly.

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

# **BWXT Retirement Plan**

**EIN/PN: 72-1172705 / 001**

## **Schedule SB, Part V - Summary of Plan Provisions (continued)**

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

For Barberton hourly participants who retired prior to November 1, 2000 a monthly supplement to age 65.

| <b>Coverage Type</b> | <b>Additional<br/>Monthly Benefit</b> |
|----------------------|---------------------------------------|
| Single               | \$ 81.00                              |
| Family               | \$ 268.00                             |

### **Contributions**

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

# **BWXT Retirement Plan**

**EIN/PN: 72-1172705 / 001**

## **Schedule SB, Part V - Summary of Plan Provisions (continued)**

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

#### **Coverage**

##### **Salaried**

Salaried employees of The Babcock & Wilcox Company.

##### **Barberton Hourly**

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

##### **Lynchburg Hourly**

Hourly paid employees at the Company's Naval Nuclear Fuel Division Lynchburg Plant who are not covered by a collective bargaining agreement.

##### **Bettis Hourly**

Hourly paid employees at the Company's Bettis, Pennsylvania site Department 224.

#### **Eligibility**

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

#### **Normal retirement**

##### **Eligibility**

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

##### **Benefit**

Salaried - Benefits under this formula are frozen as of December 31, 2015.

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

Salaried employees hired on or after April 1, 2001 with one year of service and are participants in the plan:

Benefit is accrued benefit as of March 31, 2006, increased each year in the same percentage as increases in the Consumer Price Index, up to a maximum of 8% a year for each year they remain in the employ of the company.

Employees who elected to stop accruals in the plan as of April 1, 2007:

Benefit is accrued benefit as of March 31, 2007 increased each year in the same percentage as increases in the Consumer Price Index, up to a maximum of 8% a year for each year they remain in the employ of the company.

# BWXT Retirement Plan

EIN/PN: 72-1172705 / 001

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

Barberton Hourly

| For terminations/retirements<br>occurring between | Per month<br>of service |
|---------------------------------------------------|-------------------------|
| 5/1/2011 – 4/30/2012                              | \$ 43.00                |
| 5/1/2012 – 4/30/2013                              | \$ 44.00                |
| 5/1/2013 – 4/30/2014                              | \$ 45.50                |
| 5/1/2014 – 4/30/2015                              | \$ 47.00                |
| 5/1/2015 – 4/30/2016                              | \$ 48.50                |
| 5/1/2016 – 4/30/2017                              | \$ 50.00                |
| 5/1/2017 – 4/30/2018                              | \$ 51.50                |
| 5/1/2018 – 4/30/2019                              | \$ 53.00                |
| 5/1/2019 – 4/30/2020                              | \$ 54.50                |
| 5/1/2020 – 4/30/2021                              | \$ 56.00                |
| 5/1/2021 and later                                | \$ 57.50                |

Lynchburg Hourly and Bettis Hourly

\$47.75 a month per year of service for terminations on or after January 1, 2011.

\$49.00 a month per year of service for terminations on or after January 1, 2012.

\$50.25 a month per year of service for terminations on or after January 1, 2013.

\$51.75 a month per year of service for terminations on or after January 1, 2014.

\$52.75 a month per year of service for terminations on or after January 1, 2015.

\$54.00 a month per year of service for terminations on or after January 1, 2016.

\$55.25 a month per year of service for terminations on or after January 1, 2017.

\$56.50 a month per year of service for terminations on or after January 1, 2018.

\$57.75 a month per year of service for terminations on or after January 1, 2019.

\$59.00 a month per year of service for terminations on or after January 1, 2020.

### Early retirement

#### Eligibility

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

#### Benefit

##### Salaried

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

##### Hourly

Accrued pension reduced by 0.4% for each month member is under age 62, plus:

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

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

# BWXT Retirement Plan

EIN/PN: 72-1172705 / 001

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

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

#### Special early retirement

##### Eligibility

###### Hourly

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

Barberton Hourly layoffs with 25 or more years of service who retired by August 1, 1999 and receive an unreduced benefit when they would have had 30 years of service.

##### Benefit

Accrued pension plus an additional amount equal to:

An additional supplement of \$200 per month for Lynchburg Hourly and Bettis Hourly participants payable until age 62.

An additional supplement of \$250 payable until age 65 for Barberton Hourly participants retiring on or after November 1, 2000. For Barberton participants retiring on or after May 1, 2005 with 30 or more years of service, the prior supplement is replaced by the following benefit. A monthly supplement payable to age 65 in the following amounts:

| Age at Retirement            | Monthly Temporary Supplemental Benefit |
|------------------------------|----------------------------------------|
| Under age 60                 | \$250.00                               |
| At least 60 but under age 62 | \$300.00                               |
| At least 62 but under age 64 | \$350.00                               |
| Age 64 and older             | \$400.00                               |

An additional supplement for Barberton Hourly with at least 30 years of service equal to \$200 per month to age 62 for retirement prior to age 58. If a participant retires at or after age 58, the supplement is paid until the earlier of age 65 or 60 months

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

#### Disability retirement

##### Eligibility

###### Salaried

Completion of 15 years of service and totally and permanently disabled prior to normal retirement date.

###### Hourly

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

##### Benefit

###### Salaried

Accrued pension.

# **BWXT Retirement Plan**

**EIN/PN: 72-1172705 / 001**

## **Schedule SB, Part V - Summary of Plan Provisions (continued)**

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

#### Hourly

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

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

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

### **Deferred vested retirement**

#### Eligibility

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

#### Benefit

##### Salaried

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

##### Hourly

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

### **Death benefit**

#### Eligibility

##### Salaried

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

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

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

##### Hourly

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

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

#### Benefit

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

# **BWXT Retirement Plan**

**EIN/PN: 72-1172705 / 001**

## **Schedule SB, Part V - Summary of Plan Provisions (continued)**

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

#### **Normal form of benefit**

Salaried

Single

Life annuity.

Married

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

Hourly

Single

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

Married

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

#### **Optional forms- available for Salaried participants only**

Ten year certain and life annuity.

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

100% joint and survivor annuity.

75% joint and survivor annuity.

#### **Contributions**

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

# **BWXT Retirement Plan**

**EIN/PN: 72-1172705 / 001**

## **Schedule SB, Part V - Summary of Plan Provisions (continued)**

### **Summary of Main Plan Provisions – Marine Mechanical Hourly**

#### **Eligibility**

All hourly employees of Marine Mechanical Corporation.

#### **Normal retirement**

##### **Eligibility**

Attainment of age 65.

##### **Benefit**

If termination prior to November 1, 2008: \$30 times years of benefit service.

If termination on or after November 1, 2008: \$31 times years of benefit service.

If termination on or after January 1, 2010: \$32 times years of benefit service.

If termination on or after January 1, 2011: \$33 times years of benefit service.

If termination on or after January 1, 2012: \$34 times years of benefit service.

If termination on or after January 1, 2013: \$36 times years of benefit service.

If termination on or after January 1, 2015: \$37 times years of benefit service.

#### **Early retirement**

##### **Eligibility**

Attainment of age 55 and completion of 10 years of vesting service.

##### **Benefit**

The monthly benefit payable at Normal Retirement reduced 5% for each year that benefit commencement precedes age 62.

#### **Supplemental early retirement**

##### **Eligibility**

Certain employees of the Aircraft Workers Alliance Amalgamated, Inc. who were vested in the TRW-AWA Retirement Plan on October 20, 1986 and completion of 10 years of service.

##### **Benefit**

Supplemental benefit from actual retirement age to attainment of age 60, so that Plan benefit and Supplement benefit equal \$1,000 per month, based on normal annuity form.

Supplement benefit from age 60 (or actual retirement age if later) to attainment of age 62, so that Plan benefit plus the Supplement benefit plus the TRW benefit equal \$1,000 per month based on normal annuity form. The Supplement benefit ceases at attainment of age 62.

#### **Disability benefit**

##### **Eligibility**

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

##### **Benefit**

The participant continues to accrue vesting and benefit service under the Plan while disabled.

# **BWXT Retirement Plan**

**EIN/PN: 72-1172705 / 001**

## **Schedule SB, Part V - Summary of Plan Provisions (continued)**

### **Summary of Main Plan Provisions – Marine Mechanical Hourly (continued)**

#### **Layoff benefit**

##### **Eligibility**

Participant on layoff who returns to active employment within 36 months.

##### **Benefit**

Participant receives vesting and benefit service for the period of layoff.

#### **Termination benefit**

##### **Eligibility**

Completion of five years of vesting service.

##### **Benefit**

The Normal Retirement benefit payable at age 65 accrued as of date of termination. Benefits commencing after attainment of age 55 and prior to attainment of age 65 are reduced 6.6% for each year benefit commencement precedes age 65.

#### **Preretirement death**

##### **Eligibility**

Completion of five years of vesting service.

##### **Benefit**

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

#### **Normal form of benefit**

##### **Single**

Life annuity.

##### **Married**

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

#### **Optional forms**

25% joint and survivor annuity.

50% joint and survivor annuity.

75% joint and survivor annuity.

100% joint and survivor annuity.

#### **Definitions**

##### **Year of Service**

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

# **BWXT Retirement Plan**

**EIN/PN: 72-1172705 / 001**

## **Schedule SB, Part V - Summary of Plan Provisions (continued)**

### **Summary of Main Plan Provisions – Marine Mechanical Salaried**

#### **Eligibility**

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

#### **Normal retirement**

##### **Eligibility**

Attainment of age 65.

##### **Benefit**

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

For salaried employees hired on or after January 1, 2003, benefit is accrued as of December 31, 2007 increased each year in the same percentage as increases in the Consumer Price Index, up to a maximum of 8% a year for each year they remain in the employ of the company. The increase in accrued benefit from January 1, 2013 to December 31, 2013 was 1.18%.

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

#### **Early retirement**

##### **Eligibility**

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

##### **Benefit**

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

#### **Disability benefit**

##### **Eligibility**

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

##### **Benefit**

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

#### **Termination benefit**

##### **Eligibility**

Completion of five years of vesting service.

##### **Benefit**

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

# **BWXT Retirement Plan**

**EIN/PN: 72-1172705 / 001**

## **Schedule SB, Part V - Summary of Plan Provisions (continued)**

### **Summary of Main Plan Provisions – Marine Mechanical Salaried (continued)**

#### **Preretirement death**

##### **Eligibility**

Completion of five years of vesting service.

##### **Benefit**

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

#### **Normal form of benefit**

##### **Single**

Life annuity.

##### **Married**

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

#### **Optional forms**

25% joint and survivor annuity.

50% joint and survivor annuity.

75% joint and survivor annuity.

100% joint and survivor annuity.

#### **Definitions**

##### **Average Compensation**

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

##### **Covered Compensation**

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

##### **Year of Service**

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

# BWXT Retirement Plan

EIN/PN: 72-1172705 / 001

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

### Summary of Main Plan Provisions – Marine Mechanical Salaried (continued)

#### Summary of Changes from the January 1, 2019 Valuation

- The unit multiplier for current Barberton active participants was increased, reaching \$57.50 for all service effective for terminations after 4/30/2021:

| Termination date          | Multiplier |
|---------------------------|------------|
| 05/01/17 through 04/30/18 | \$ 51.50   |
| 05/01/18 through 04/30/19 | \$ 53.00   |
| 05/01/19 through 04/30/20 | \$ 54.50   |
| 05/01/20 through 04/30/21 | \$ 56.00   |
| 05/01/21 and thereafter   | \$ 57.50   |

- The unit multiplier for current Lynchburg and Bettis active participants was increased to \$59.00 for all service effective January 1, 2020.
- These changes increased the Funding Target by \$3.8M and PBO by \$5.3M