Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
JBT CORPORATION EMPLOYEES' RETIREMENT PROGRAM

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/30/2008

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
JOHN BEAN TECHNOLOGIES CORPORATION

70 WEST MADISON STREET, SUITE 4400
CHICAGO, IL 60602

2b Employer Identification Number (EIN)
91-1650317

2c Plan Sponsor's telephone number
312-861-5900

2d Business code (see instructions)
339900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)
GRANT THORNTON LLP

175 W. JACKSON BLVD., 20TH FLOOR
CHICAGO, IL 60604

Preparer's telephone number (optional)
312-856-0200

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	

5	Total number of participants at the beginning of the plan year	**5**	4249
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1401
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1298
b	Retired or separated participants receiving benefits	**6b**	1353
c	Other retired or separated participants entitled to future benefits	**6c**	1311
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3962
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	254
f	Total. Add lines **6d** and **6e**.	**6f**	4216
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	13
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 3H

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

9a Plan funding arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[ ]	0	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[X]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

▶ **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
JBT CORPORATION EMPLOYEES' RETIREMENT PROGRAM

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
JOHN BEAN TECHNOLOGIES CORPORATION

D Employer Identification Number (EIN)
91-1650317

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2014

2 Assets:

a Market value	**2a**	251394433
b Actuarial value	**2b**	243495852

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	1529	94523429	94523429
b For terminated vested participants	1319	44870986	44870986
c For active participants	1401	70060945	72277420
d Total	4249	209455360	211671835

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.52%
6 Target normal cost	**6**	1437817

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/24/2015
Date

JULIE L. SOLUM
Type or print name of actuary

14-06838
Most recent enrollment number

HEWITT ASSOCIATES LLC
Firm name

847-295-5000
Telephone number (including area code)

4 OVERLOOK POINT
LINCOLNSHIRE, IL 60069
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	20369829
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	20369829
10	Interest on line 9 using prior year's actual return of 9.67%	0	1969762
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		6197262
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.36 %		394146
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		6591408
	d Portion of (c) to be added to prefunding balance		6591408
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	28930999

Part III Funding Percentages

14	Funding target attainment percentage	14	101.36 %
15	Adjusted funding target attainment percentage	15	115.03 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	96.57 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/11/2014	800000				
01/26/2015	5000000				
07/24/2015	5000000				
			Totals ► 18(b)	10800000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	9991106

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.99 %	6.32 %	6.99 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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**	1437817
b Excess assets, if applicable, but not greater than line 31a	**31b**	1437817

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	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

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	9991106

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

a Total (excess, if any, of line 37 over line 36)	**38a**	9991106
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
JBT CORPORATION EMPLOYEES' RETIREMENT PROGRAM

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JOHN BEAN TECHNOLOGIES CORPORATION

D Employer Identification Number (EIN)
91-1650317

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

THE NORTHERN TRUST COMPANY

36-1561860

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

STATE STREET GLOBAL ADVISORS

04-1867445

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

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

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

HEWITT ASSOCIATES

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 50	NONE	428159	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DIMEO SCHNEIDER AND ASSOCIATES, LLC

36-4001764

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	201655	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	144968	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JPMORGAN INVESTMENT MGMT INC

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	83609	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VAUGHAN NELSON INVESTMENT MGMT LP

04-3304963

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	68428	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STATE STREET RESEARCH AND MGMT CO.

13-3142135

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	32635	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CHICAGO EQUITY PARTNERS, LLC

36-4338679

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	23471	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GRANT THORNTON LLP

36-6055558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	22313	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PENSION BENEFIT INFORMATION

94-2856521

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	257	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name: JENNIFER L. KOMOLL	**b** EIN: 36-2235791	
c Position: ENROLLED ACTUARY		
d Address: 4 OVERLOOK POINT LINCOLNSHIRE, IL 60069	**e** Telephone: 847-441-3141	

Explanation: AS A RESULT OF AN INTERNAL CHANGE IN ASSIGNMENTS AT AON HEWITT, THE ENROLLED ACTUARY HAS CHANGED

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
JBT CORPORATION EMPLOYEES' RETIREMENT PROGRAM

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
JOHN BEAN TECHNOLOGIES CORPORATION

D Employer Identification Number (EIN)
91-1650317

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

a Name of MTIA, CCT, PSA, or 103-12 IE: CMGLD PN TST HIGH YIELD JPMCB

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.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)
20-4786224-001	C	22147956

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 1000 INDX NL FUND

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-160	C	45482123

a Name of MTIA, CCT, PSA, or 103-12 IE: COLTV SHORT TERM INVT FUND

b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS

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)
45-6138589-084	C	2369848

a Name of MTIA, CCT, PSA, or 103-12 IE: TIPS INDEX (CMTP) FD

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-103	C	3606412

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
JBT CORPORATION EMPLOYEES' RETIREMENT PROGRAM

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JOHN BEAN TECHNOLOGIES CORPORATION

D Employer Identification Number (EIN)
91-1650317

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	8400000	10000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1425748	103126
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	8340025	8574084
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	371682	363177
(B) All other	1c(3)(B)	172373	496727
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	10147690	10779735
(5) Partnership/joint venture interests	1c(5)	12323995	10169583
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	70134525	73606340
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	142400964	145219183
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	253717002	259311955
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	2092817	134377
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	2092817	134377
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	251624185	259177578

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	10800000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		10800000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	235820	
(C) Corporate debt instruments	2b(1)(C)	27429	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		263249
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	313548	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3682232	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3995780
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	8980691	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	8968607	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		12084
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-3728033	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-3728033

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		8382919
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-781534
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		18944465

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10106257	
(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)		10106257
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)	22312	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	409798	
(4) Other	2i(4)	852705	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1284815
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		11391072

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		7553393
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: GRANT THORNTON LLP **(2)** EIN: 36-6055558

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		10000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
JBT CORPORATION EMPLOYEES' RETIREMENT PROGRAM

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JOHN BEAN TECHNOLOGIES CORPORATION

D Employer Identification Number (EIN)
91-1650317

Part I Distributions

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

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

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

EIN(s): 36-3046063

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 65.0% Investment-Grade Debt: 15.0% High-Yield Debt: 9.0% Real Estate: 0.0% Other: 11.0%

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):

Financial Statements and Report of Independent Certified Public Accountants

JBT Corporation
Employees' Retirement Program

December 31, 2014 and 2013

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Employee Welfare Benefits Plan Committee
John Bean Technologies Corporation

Report on the financial statements

We were engaged to audit the financial statements of the JBT Corporation Employees' Retirement Program (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's responsibility for the financial statements

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

Auditor's responsibility

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

Basis for disclaimer of opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's 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 certified information described in note G, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the certifying entity meets the requirements of 29 CFR 2520.103-8. The Plan administrator obtained a certification from this entity as of and for the years ended December 31, 2014 and 2013, stating that the certified information provided to the Plan administrator is complete and accurate.

Disclaimer of opinion

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

Supplementary information

The supplemental schedules of assets (held at end of year) as of December 31, 2014, and of reportable transactions for the year ended December 31, 2014, are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Report on form and content in compliance with DOL rules and regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the certified information described in note G, 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's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Grant Thornton LLP

Chicago, Illinois
October 5, 2015

JBT Corporation
Employees' Retirement Program
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2014 and 2013

	2014	2013
Assets		
Investments, at fair value		
Common stock	$ 10,779,735	$ 10,147,690
Collective funds	73,606,340	70,134,525
Registered investment companies	145,219,183	142,400,964
U.S. government securities	8,574,084	8,340,025
Preferred corporate bonds	363,177	371,682
Other corporate bonds	496,727	172,373
Partnership fund	10,169,583	12,323,995
Total investments	249,208,829	243,891,254
Receivables		
Employer contributions	10,000,000	8,400,000
Due from broker	-	1,322,536
Interest and dividends	103,126	103,212
Total receivables	10,103,126	9,825,748
Total assets	259,311,955	253,717,002
Liabilities		
Accrued expenses	78,280	246,294
Due to broker	56,097	1,846,523
Total liabilities	134,377	2,092,817
NET ASSETS AVAILABLE FOR BENEFITS	$259,177,578	$251,624,185

The accompanying notes are an integral part of these statements.

JBT Corporation
Employees' Retirement Program
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended December 31, 2014 and 2013

	2014	2013
Additions		
Investment income		
Interest and dividends	$ 4,265,187	$ 3,125,565
Net appreciation in fair value of investments	3,879,278	18,699,430
Total investment income	8,144,465	21,824,995
Employer contributions	10,800,000	8,400,000
Total additions	18,944,465	30,224,995
Deductions		
Benefits paid directly to participants	10,106,257	9,569,057
Administrative expenses	1,284,815	1,326,009
Total deductions	11,391,072	10,895,066
NET INCREASE	7,553,393	19,329,929
Net assets available for benefits		
Beginning of year	251,624,185	232,294,256
End of year	$259,177,578	$251,624,185

The accompanying notes are an integral part of these statements.

NOTE A - DESCRIPTION OF THE PLAN AND TRUST

The following description of the JBT Corporation Employees' Retirement Program (the Plan) provides general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

On October 29, 2007, FMC Technologies, Inc. (FMC Technologies), the former parent of John Bean Technologies Corporation (the Company), announced an intention to separate into two independent publicly traded companies through the spin-off and distribution of 100% of the FoodTech and Airport Systems businesses. On July 31, 2008, FMC Technologies effected the spin-off of these businesses by distributing all of its holdings of the common stock of the Company on a pro rata basis to its stockholders. Employees of the Company immediately after the spin-off are entitled to credit for all years of service under the FMC Technologies Employees' Retirement Program.

The Plan's assets are held in a trust with The Northern Trust Company (Northern Trust or the Trustee). All of the assets of the Plan are available to pay benefits to participants of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Eligibility

The Plan is a defined benefit pension plan covering substantially all employees of the Company, its retirees and terminated vested employees.

Effective January 1, 2010, the Plan was amended to freeze any future participation in the Plan by non-union employees.

Pension Benefits

Effective January 1, 2010, the Plan was amended to discontinue future benefit accruals for active non-union employees who were participants under the Plan as of December 31, 2009.

The following provisions of the Plan apply to the salaried and non-union hourly employees of the Company:

The normal retirement age is 65. A participant who terminates employment prior to completing five years of service is not eligible to receive a pension under the Plan. However, an active employee becomes vested at age 65 regardless of the years of service.

The normal annual benefit amount is equal to the sum of [(1) + (2)] times (3) where:

(1) 1% of final average annual earnings up to allowable Social Security covered compensation

Plus

1.5% of final average annual earnings in excess of allowable Social Security covered compensation

Times

Years of credited service projected to age 65 (maximum of 35 years)

(2) 1.5% of final average annual earnings times years of credited service projected to age 65 in excess of 35 years

(3) Ratio of years of credited service as of termination to years of credited service projected to age 65

Plan participants hired before January 1, 1984, are eligible for early retirement on or after age 55. Plan participants hired after December 31, 1983, are eligible for early retirement following attainment of age 55 and 10 years of credited service.

The following provisions of the Plan apply to employees covered by the Jetway Systems Union and former employees covered by the Jetway Systems Union, Green Bay Union, Hoopeston Union and Smith Meter Unit Hourly benefit structures:

The normal retirement age ranges between 62 and 65. A participant who terminates employment prior to completing vesting service of five years is not eligible to receive a pension under the Plan. The normal monthly benefit amount ranges between $21.50 and $33.00 times the years of service.

Participants are entitled to early retirement following attainment of a specified age and a specified number of years of vesting service. For early retirement, the benefit is the monthly accrued benefit, reduced by early retirement reduction factors outlined in the Plan.

Death and Disability Benefits

Certain union participants are eligible for disability benefits upon becoming permanently and totally disabled and, in some cases, after completing 10 to 15 years of service. The Plan also has provisions for benefits for the surviving spouse or beneficiary of a participant (including a pre-retirement survivor benefit if the employee's death occurs while still an active employee).

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated Plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurements date. See note I for discussion on fair value measurements.

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

Payment of Benefits

Benefits paid to participants and beneficiaries are recorded when paid.

Administrative Expenses

Administrative expenses are primarily paid by the Plan.

Reclassifications

Certain amounts reported in prior years have been reclassified from what was previously reported to conform to the current-year presentation.

NOTE C - FUNDING POLICY

The Company's funding policy is to contribute at least the minimum required by law, and to make additional discretionary contributions where advantageous to provide for favorable tax treatment, reduce long-term costs and/or improve short-term results. The determination of required contributions to be made by the Company during 2014 and 2013 were based on actuarial valuations as of January 1 of each year. There was approximately $-0- and $1.5 million required contribution for 2014 and 2013, respectively, under ERISA. The Company made the required contribution for 2013 and additionally made voluntary contributions for the 2014 and 2013 Plan years.

NOTE D - PLAN TERMINATION

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

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

1. The net assets of the Plan would be allocated to the benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period

would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The amount is limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

2. The net assets of the Plan would be allocated to other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).

3. The net assets of the Plan would be allocated to all other benefits (that is, vested and non-vested benefits not insured by the PBGC).

Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and survivor benefits. However, the amount of benefit protection from the PBGC is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years of age at the time of retirement or Plan termination (whichever comes later). For some annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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 financial condition of the Company or the level of benefits guaranteed by the PBGC.

NOTE E - 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 (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died and (3) present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death, disability and termination) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated Plan benefits 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 or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of December 31, 2013 and 2012 (the most recent valuation dates), were:

(1) Life expectancy of participants - the updated RP 2014 Combined Mortality Table was used for year December 31, 2013, and the RP 2000 Combined Mortality Table was used for the year ended December 31, 2012,

(2) Retirement age assumptions - the assumed average retirement age was updated to 63 for active participants and 62 for terminated vested participants for the year ended December 31, 2013, from 62 for active participants and 65 for terminated vested participants for the year ended December 31, 2012, and

(3) An assumed rate of return on assets of 8.0% for the years December 31, 2013 and 2012.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

The total actuarial present value of accumulated Plan benefits consisted of the following as of December 31, 2013:

Vested benefits	
Participants currently receiving payments	$ 88,176,668
Other participants	98,084,854
Total vested benefits	186,261,522
Non-vested participants	1,858,641
Total actuarial present value of accumulated Plan benefits	$188,120,163

Changes in the total actuarial present value of accumulated Plan benefits were as follows:

Total actuarial present value of accumulated Plan benefits on December 31, 2012	$178,594,178
(Decrease) increase during the period attributable to	
Benefits accumulated and other experience items	75,987
Interest accumulation	13,912,135
Benefits paid	(9,569,057)
Change in actuarial assumptions	5,106,920
Net increase	9,525,985
Total actuarial present value of accumulated Plan benefits on December 31, 2013	$188,120,163

NOTE F - TAX STATUS

The Plan is substantially identical, in all material respects, to the FMC Technologies Employees' Retirement Program, which has received a determination letter from the Internal Revenue Service (IRS) as to the qualified status of the Plan under Section 401(a) of the Internal Revenue Code (the IRC). Accordingly, income taxes are not provided for in the accompanying financial statements. On May 31, 2012, the Company submitted an application to the IRS for a favorable determination letter. The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable sections in the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements. To date, no response has been received from the IRS other than the acknowledgement of the application.

U.S. GAAP requires Plan management 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 or other applicable taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2014 and 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

NOTE G - INFORMATION CERTIFIED BY THE TRUSTEE

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate:

- Investments, due from broker, interest and dividends receivable, and due to broker, as shown in the statements of net assets available for benefits as of December 31, 2014 and 2013.
- Investment income, as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2014 and 2013.
- Schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2014.
- Schedule H, line 4j - schedule of reportable transactions for the year ended December 31, 2014.

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

NOTE H - INVESTMENTS

The following table presents the fair values of investments that represent 5% or more of the Plan's net assets at December 31:

	2014	2013
CF SSGA Russell 1000 Index Non-Lending (CMCQ) Fund	$45,482,123	$40,200,632
MFO SteelPath MLP Select 40 Fund	16,227,329	15,235,373
CF JPMCB High Yield Bond Fund	22,147,956	21,613,698
MFO Aberdeen Funds Emerging Markets Institutional Fund	23,247,288	23,831,323
MFO Nuveen Real Estate Class I	26,978,353	20,550,628
MFO International Fund	31,157,230	32,576,782

During the years ended December 31, 2014 and 2013, the Plan's investments (including investments bought and sold, as well as held during the period) appreciated in value as follows:

	2014	2013
Common stock	$ 458,837	$ 3,359,335
Collective funds	8,376,761	11,726,197
Registered investment companies	(3,085,867)	3,775,782
Other corporate bonds	16,057	(42,150)
Partnership fund	(2,154,412)	(672,434)
Preferred corporate bonds	979,658	1,115,720
U.S. government securities	(711,756)	(563,021)
Total	$ 3,879,278	$18,699,430

NOTE I - FAIR VALUE MEASUREMENTS

The fair value framework requires the categorization of assets and liabilities into three levels based on the assumptions (inputs) used to price the assets or liabilities. Level 1 provides the most reliable measure of fair value; whereas, Level 3 generally requires significant management judgment. The three levels are defined as follows:

Level 1 - Unadjusted quoted prices in active markets for identical assets and liabilities.

Level 2 - Observable inputs other than those included in Level 1; for example, quoted prices for similar assets or liabilities in active markets or quoted prices for identical assets or liabilities in inactive markets.

Level 3 - Unobservable inputs reflecting management's own assumptions about the inputs used in pricing the asset or liability.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value:

Common stock - Valued at the closing price reported in the active market in which the individual security is traded or bid and obtained from independent pricing services and brokers if the closing price is not available.

Collective funds - Valued using the net asset value (NAV) provided by the fund's trustee based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The Plan's fair value is based on the Plan's proportionate ownership of the underlying investments. The NAV is calculated, at a minimum, on a daily basis.

Partnership fund - Valued using the NAV provided by the fund's trustee based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is calculated, at a minimum, on a monthly basis.

Registered investment companies - Valued at the closing price reported in the active market in which the individual security is traded.

U.S. government securities and corporate bonds - Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

Investments measured at fair value on a recurring basis consisted of the following instruments as of December 31:

	2014			
	Level 1	Level 2	Level 3	Total
Common stock				
Small cap equities	$ 10,675,516	$ -	$ -	$ 10,675,516
REITs	104,220	-	-	104,220
Collective funds (1)				
Large cap equity funds (2)	-	45,482,123	-	45,482,123
U.S. government securities fund (3)	-	3,606,412	-	3,606,412
Corporate bond funds (4)	-	22,147,956	-	22,147,956
Short-term investments fund	2,369,848	-	-	2,369,848
Registered investment companies				
Large cap equity funds	23,247,288	-	-	23,247,288
Corporate bond funds	23,391,925	-	-	23,391,925
Small cap equity funds	13,988,740	-	-	13,988,740
Energy fund	16,227,329	-	-	16,277,329
Real estate funds	58,135,583	-	-	58,135,583
Commodities fund	10,228,317	-	-	10,228,317
U.S. government securities	-	8,574,084	-	8,574,084
Preferred corporate bonds	-	363,177	-	363,177
Other corporate bonds	-	496,728	-	496,728
Partnership fund (5)	-	10,169,583	-	10,169,583
Total investments measured at fair value	$158,368,766	$90,840,063	$ -	$249,208,829

	2013			
	Level 1	Level 2	Level 3	Total
Common stock				
Small cap equities	$ 10,105,190	$ -	$ -	$ 10,105,190
REITs	42,500	-	-	42,500
Collective funds (1)				
Large cap equity funds (2)	-	40,200,632	-	40,200,632
U.S. government securities fund (3)	-	3,489,733	-	3,489,733
Corporate bonds fund (4)	-	21,613,698	-	21,613,698
Short-term investments fund	4,830,462	-	-	4,830,462
Registered investment companies				
Large cap equity funds	23,831,324	-	-	23,831,324
Corporate bond funds	22,935,589	-	-	22,935,589
Small cap equity funds	14,788,844	-	-	14,788,844
Energy fund	15,235,373	-	-	15,235,373
Real estate funds	53,127,410	-	-	53,127,410
Commodities fund	12,482,424	-	-	12,482,424
U.S. government securities	-	8,340,025	-	8,340,025
Preferred corporate bonds	-	371,682	-	371,682
Other corporate bonds	-	172,373	-	172,373
Partnership fund (5)	-	12,323,995	-	12,323,995
Total investments measured at fair value	$157,379,116	$86,512,138	$ -	$243,891,254

(1) The Plan is required to provide a redemption notice to withdraw its shares in the investment, after which time the investment will no longer be available as an investment option. These funds may be redeemed daily without restrictions other than the Plan liquidating its investments. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

(2) The primary objective of these funds is to approximate the risk and return characteristics of the S&P 500 Index. This index is commonly used to represent the large cap segment of the U.S. equity market. These funds may participate in securities lending.

(3) Includes a fund designed to provide a high level of federally tax-exempt income from a portfolio of approved tax-exempt securities that have a high degree of liquidity and minimal credit risk. Investments include instruments such as tax-exempt commercial paper, floating rate notes and municipal bonds.

(4) The investment seeks maximum total return consistent with preservation of capital and prudent investment management. This fund invests in a diversified portfolio of investment-grade corporate fixed income securities.

(5) The primary objective of the fund is to provide an enhancement to an investor's portfolio of financial investments and to provide a partial inflation hedge, with an attractive risk/return profile as compared to other products using a commodity index or a pool of commodities. Funds may be redeemed monthly without restrictions. Were the Plan to initiate a full redemption, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

NOTE J - PARTY-IN-INTEREST TRANSACTIONS

All transactions with the Company, Northern Trust, the Plan's record keeper, service providers or participants are considered party-in-interest transactions. Certain Plan assets are invested in funds managed by Northern Trust and GMO. Northern Trust is the trustee of the Plan and GMO is an investment advisor of the Plan; therefore, these transactions qualify as party-in-interest transactions.

NOTE K - RISKS AND UNCERTAINTIES

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

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

NOTE L - SUBSEQUENT EVENTS

The Plan evaluated its December 31, 2014, financial statements for subsequent events through October 5, 2015, the date the financial statements were available to be issued. The Plan has no subsequent events of a material nature to report.

SUPPLEMENTAL SCHEDULES

◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss

THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2013-12-31 VALUE (INCLUDING ACCRUALS) OF 243,470,479.40

◆ 5% Report - Part B

Series of Non-Security Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss

THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2013-12-31 VALUE (INCLUDING ACCRUALS) OF 243,470,479.40

◆ 5% Report - Part C Summary

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID		Number of Transactions	Transaction Aggregate Acquisition Price	Transaction Aggregate Disposition Price	Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
COLTV SHORT TERM INVT FD CUSIP: 195998AC3	Total acquisitions	275	11,918,401.04			0.00	11,918,401.04	11,918.401.04
	Total dispositions	208		14,379,015.17		0.00	14,379,015.17	14,379.015.17

NOTE: TRANSACTIONS ARE BASED ON THE 2013-12-31 VALUE (INCLUDING ACCRUALS) OF 243,470,479.40

◆ 5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss

THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2013-12-31 VALUE (INCLUDING ACCRUALS) OF 243,470,479.40

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
U.S. Government Securities			
United States - USD			
FEDERAL HOME LN MTG CORP POOL #C0-9004 3.5% 07-01-2042 BEO CUSIP: 31292SAD2	88,790.09	90,954.34	92,459.87
FEDERAL HOME LN MTG CORP POOL #C0-9029 3% 03-01-2043 BEO CUSIP: 31292SA67	187,623.72	192,431.58	189,908.60
FEDERAL HOME LN MTG CORP POOL #G0-4219 5.5% 04-01-2038 BEO CUSIP: 3128M6AU2	25,205.93	27,490.21	28,198.37
FEDERAL HOME LN MTG CORP POOL #G0-8479 3.5% 03-01-2042 BEO CUSIP: 3128MJQ94	30,893.66	31,646.68	32,185.32
FEDERAL HOME LN MTG CORP POOL #G0-8537 3% 07-01-2043 BEO CUSIP: 3128MJS35	4,658.94	4,562.85	4,712.76
FEDERAL HOME LN MTG CORP POOL #G0-8554 3.5% 10-01-2043 BEO CUSIP: 3128MJTL4	92,219.05	92,795.42	95,989.24
FEDERAL HOME LN MTG CORP POOL #G0-8585 3.5% 05-01-2044 BEO CUSIP: 3128MJUK4	104,922.49	106,873.39	109,212.03
FEDERAL HOME LN MTG CORP POOL #G0-8588 4% 05-01-2044 BEO CUSIP: 3128MJUN8	226,166.00	238,852.50	241,373.62
FEDERAL HOME LN MTG CORP POOL #G0-8597 3.5% 07-01-2044 BEO CUSIP: 3128MJUX6	63,445.23	64,952.06	66,039.06
FEDERAL HOME LN MTG CORP POOL #G1-8492 3% 01-01-2029 BEO CUSIP: 3128MMRN5	124,687.55	128,759.37	129,573.68
FEDERAL HOME LN MTG CORP POOL #G18472 2.5% 07-01-2028 BEO CUSIP: 3128MMQ22	48,005.30	48,327.85	48,928.58
FEDERAL NATL MTG ASSN GTD MTG POOL #AJ1441 3.5% 09-01-2026 BEO CUSIP: 3138ASS78	71,425.30	75,320.20	75,556.96
FEDERAL NATL MTG ASSN GTD MTG POOL #AJ7680 3.5% 12-01-2041 BEO CUSIP: 3138E0RA9	82,952.49	86,529.83	86,647.44
FEDERAL NATL MTG ASSN GTD MTG POOL #AJ7689 4% 12-01-2041 BEO CUSIP: 3138E0RK7	48,844.76	51,248.83	52,191.60
FEDERAL NATL MTG ASSN GTD MTG POOL #AK6724 3% 03-01-2042 BEO CUSIP: 3138EBPJ8	221,122.83	229,968.56	224,143.58
FEDERAL NATL MTG ASSN GTD MTG POOL #AK7497 3.5% 04-01-2042 BEO CUSIP: 3138ECKK8	72,201.89	74,029.49	75,385.05
FEDERAL NATL MTG ASSN GTD MTG POOL #AL0160 4.5% 05-01-2041 BEO CUSIP: 3138EGFA7	78,467.44	83,457.46	85,297.24
FEDERAL NATL MTG ASSN GTD MTG POOL #AL0657 5% 08-01-2041 BEO CUSIP: 3138EGWT7	140,162.36	151,955.69	155,231.21

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
U.S. Government Securities			
United States - USD			
FHLB PREASSIGN 00198 5.375 05-18-2016 CUSIP: 3133XFJF4	70,000.00	81,164.81	74,668.30
FHLB 5% DEB 17/11/2017 USD1000 5 11-17-2017 CUSIP: 3133XMQ87	85,000.00	101,926.17	94,476.56
FHLMC PREASSIGN 00049 3.75 03-27-2019 CUSIP: 3137EACA5	200,000.00	219,729.25	217,670.80
FHLMC PREASSIGN 00066 2.5 05-27-2016 CUSIP: 3137EACT4	75,000.00	80,090.41	77,119.87
FNMA .375 DUE 12-21-2015 CUSIP: 3135G0SB0	250,000.00	249,462.50	250,058.25
FNMA FANNIE MAE 5 05-11-2017 CUSIP: 31359M7X5	210,000.00	237,607.71	229,769.82
FNMA MTN 5.375 07-15-2016 CUSIP: 31359MS61	215,000.00	257,692.52	230,851.30
FNMA POOL #AB1387 4.5% 08-01-2040 BEO CUSIP: 31416WRH7	85,265.14	89,968.03	92,639.72
FNMA POOL #AB2497 4% 03-01-2021 BEO CUSIP: 31416XX39	707.34	747.78	749.97
FNMA POOL #AB4742 3% 03-01-2042 BEO CUSIP: 31417BHU4	38,628.18	39,509.38	39,156.80
FNMA POOL #AC0380 4.5% 07-01-2039 BEO CUSIP: 31417JM64	45,406.07	45,796.27	49,372.29
FNMA POOL #AD7136 5% 07-01-2040 BEO CUSIP: 31418U4W1	42,458.20	47,088.79	46,969.29
FNMA POOL #AD7151 4% 07-01-2025 BEO CUSIP: 31418U5M2	33,206.26	34,446.32	35,482.08
FNMA POOL #AD8536 5% 08-01-2040 BEO CUSIP: 31418WPW4	86,334.17	92,350.56	95,481.36
FNMA POOL #AE0313 4.5% 09-01-2040 BEO CUSIP: 31419AK30	98,406.74	100,513.27	106,955.33
FNMA POOL #AE5463 4% 10-01-2040 BEO CUSIP: 31419GB94	138,975.06	144,907.15	148,510.97
FNMA POOL #AE7723 4% 11-01-2040 BEO CUSIP: 31419JSM1	28,340.97	30,661.39	30,285.16
FNMA POOL #AT2062 2.5% 04-01-2028 BEO CUSIP: 3138WPJG0	109,851.30	110,589.36	112,078.64

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Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
U.S. Government Securities			
United States - USD			
FNMA POOL #AU1629 3% DUE 07-01-2043 REG CUSIP: 3138X0Y36	46,756.89	46,866.48	47,361.83
FNMA POOL #889734 5.5% 06-01-2037 BEO CUSIP: 31410KPT5	41,779.60	44,155.80	46,685.77
FNMA SEMI ANNUAL 5.375 06-12-2017 CUSIP: 31398ADM1	140,000.00	169,966.93	154,779.24
UNITED STATES OF AMER TREAS BONDS 2.75 BDS DUE 08-15-2042 USD100'BONDS 08/42' CUSIP: 912810QX9	90,000.00	85,583.17	89,971.92
UNITED STATES TREAS BDS DTD 00209 3.5% DUE 02-15-2039 REG CUSIP: 912810QA9	330,000.00	328,490.83	379,010.28
UNITED STATES TREAS NTS .875 DUE 04-15-2017 REG CUSIP: 912828C73	375,000.00	375,264.93	375,498.00
UNITED STATES TREAS NTS DTD 00306 2.625%DUE 08-15-2020 REG CUSIP: 912828NT3	115,000.00	120,987.96	120,094.15
UNITED STATES TREAS NTS DTD 00334 3.625%DUE 02-15-2021 REG CUSIP: 912828PX2	325,000.00	370,943.78	358,007.65
UNITED STATES TREAS NTS DTD 02/15/2011 3.125% DUE 05-15-2021 REG CUSIP: 912828QN3	280,000.00	309,863.32	300,475.00
UNITED STATES TREAS NTS DTD 03/31/2013 .75% DUE 03-31-2018 REG CUSIP: 912828UU2	305,000.00	297,817.66	300,305.74
UNITED STATES TREAS NTS DTD 05/15/2014 2.5% DUE 05-15-2024 REG CUSIP: 912828WJ5	855,000.00	854,307.22	880,783.38
UNITED STATES TREAS NTS DTD 08/31/2012 .625% DUE 08-31-2017 REG CUSIP: 912828TM2	480,000.00	474,296.41	475,425.12
UNITED STATES TREAS NTS DTD 11/15/2014 2.25% DUE 11-15-2024 REG CUSIP: 912828G38	95,000.00	96,603.51	95,638.30
UNITED STATES TREAS NTS DTD 12/31/2012 .75% DUE 12-31-2017 REG CUSIP: 912828UE8	405,000.00	397,058.21	400,728.46
UNITED STATES TREAS NTS NTS .625% DUE 12-15-2016 REG CUSIP: 912828A59	370,000.00	369,842.26	369,826.47
US TREAS BDS 4.75 DUE 02-15-2041 REG CUSIP: 912810QN1	325,000.00	434,215.88	454,162.15
Total United States - USD		**8,520,672.33**	**8,574,084.18**
Total U.S. Government Securities		**8,520,672.33**	**8,574,084.18**

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Debt Instruments - Preferred			
Canada - USD			
TRANSCANADA 3.8% DUE 10-01-2020 CUSIP: 893526DK6	20,000.00	21,210.20	20,564.44
Total Canada - USD		**21,210.20**	**20,564.44**
United States - USD			
AMERICAN EXPRESS CR CORP 2.75 09-15-2015 CUSIP: 0258M0DA4	45,000.00	46,487.25	45,694.26
CATERPILLAR FINL SVCS CORP 1 DUE 11-25-2016 REG CUSIP: 14912L5W7	30,000.00	30,174.90	30,022.98
CATERPILLAR FINL SVCS CORP MEDIUM TERM N2.25% DUE 12-01-2019 CUSIP: 14912L6F3	45,000.00	45,046.25	45,049.27
COLGATE-PALMOLIVE CO MEDIUM TERM NTS BOO1.75 DUE 03-15-2019 CUSIP: 19416QEF3	20,000.00	19,972.00	19,862.50
CONS EDISON CO N Y 6.75% DUE 04-01-2038 CUSIP: 209111EU3	15,000.00	20,210.10	20,888.49
DISNEY WALT CO NEW MEDIUM TERM NTS BOOK MEDIUM TERM NOTES 1.35 DUE 08-16-2016 CUSIP: 25468PCM6	25,000.00	25,427.00	25,234.82
EXXON MOBIL CORP .921 DUE 03-15-2017 CUSIP: 30231GAA0	40,000.00	40,024.25	39,948.08
GENERAL ELEC CAP CORP MEDIUM TERM NTS 1 DUE 01-08-2016 CUSIP: 36962G6R0	20,000.00	20,165.60	20,072.80
GENERAL ELEC CAP CORP MEDIUM TERM NTS 2.9 DUE 01-09-2017 CUSIP: 36962G5N0	25,000.00	26,184.00	25,870.72
GENERAL ELEC CAP CORP TRANCHE # TR 005286.75% DUE 03-15-2032/03-20-2002 CUSIP: 36962GXZ2	10,000.00	10,345.74	13,658.82
GEORGIA PWR CO 5.4% DUE 06-01-2040 CUSIP: 373334JR3	25,000.00	25,125.25	30,297.90
INTERNATIONAL BUSINESS MACHS CORP 4 NTS DUE 06-20-2042 USD1000 CUSIP: 459200HF1	25,000.00	26,557.58	24,894.05
JOHNSON & JOHNSON .7 DUE 11-28-2016 REG CUSIP: 478160BF0	30,000.00	30,098.40	29,980.86
MCDONALDS CORP 6.3% DUE 10-15-2037 CUSIP: 58013MEC4	20,000.00	22,516.32	26,133.58
MEDTRONIC INC .875% DUE 02-27-2017 CUSIP: 585055BB1	20,000.00	19,976.60	19,902.34
PEPSICO INC SR NT 2.5% DUE 05-10-2016 CUSIP: 713448BT4	40,000.00	41,793.69	40,866.32

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Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Debt Instruments - Preferred			
United States - USD			
PFIZER INC NT 6.2 DUE 03-15-2019 CUSIP: 717081DB6	20,000.00	25,017.00	23,267.74
U S BANCORP MEDIUM TERM NTS 2.2 04-25-2019 CUSIP: 91159HHH6	25,000.00	24,999.40	25,114.30
UNION PACIFIC CORP 3.646 DUE 02-15-2024 BEO CUSIP: 907818DR6	41,000.00	40,457.98	43,394.68
UTD PARCEL SVC INC 6.2% DUE 01-15-2038 CUSIP: 911312AJ5	25,000.00	28,438.25	33,245.75
WAL-MART STORES 6.5% DUE 08-15-2037 CUSIP: 931142CK7	15,000.00	17,389.80	20,640.31
WELLS FARGO & CO NEW MEDIUM TERM SR NTS 1.4% DUE 09-08-2017 CUSIP: 94974BGB0	45,000.00	44,995.95	44,963.46
WELLS FARGO & CO 1.25% DUE 07-20-2016 CUSIP: 94974BFL9	40,000.00	40,344.80	40,132.64
Total United States - USD		**671,748.11**	**689,136.67**
Total Corporate Debt Instruments - Preferred		**692,958.31**	**709,701.11**
Corporate Debt Instruments - Other			
United States - USD			
ALTRIA GROUP INC 9.7% DUE 11-10-2018 CUSIP: 02209SAD5	8,000.00	9,942.24	10,158.46
BURL NORTHN SANTA 4.7% DUE 10-01-2019 CUSIP: 12189TBC7	10,000.00	11,151.90	11,054.27
DOMINION RES INC 4.45% DUE 03-15-2021 CUSIP: 25746UBL2	10,000.00	11,016.90	10,834.67
NORFOLK SOUTHN 7.7% DUE 05-15-2017 CUSIP: 655844AE8	35,000.00	44,613.42	39,990.30
NORTHROP GRUMMAN 5.05% DUE 08-01-2019 CUSIP: 666807BA9	25,000.00	25,594.25	27,747.87
VERIZON 2.625% DUE 02-21-2020 CUSIP: 92343VCG7	51,000.00	51,199.92	50,416.91
Total United States - USD		**153,518.63**	**150,202.48**
Total Corporate Debt Instruments - Other		**153,518.63**	**150,202.48**

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
United States - USD			
ALBANY MOLECULAR RESH INC COM CUSIP: 012423109	2,450.00	40,810.24	39,886.00
ALERE INC COM CUSIP: 01449J105	3,225.00	118,785.36	122,550.00
AMAG PHARMACEUTICALS INC COM STK CUSIP: 00163U106	1,050.00	33,665.17	44,751.00
AMERICAN EQUITY INVT LIFE HLDG CO COM CUSIP: 025676206	3,100.00	43,462.91	90,489.00
AMSURG CORP COM CUSIP: 03232P405	3,600.00	175,069.81	197,028.00
ASPEN INSURANCE HLDGS COM CUSIP: G05384105	2,550.00	92,706.17	111,613.50
BARNES GROUP INC COM CUSIP: 067806109	575.00	22,020.69	21,280.75
BLOOMIN BRANDS INC COM CUSIP: 094235108	3,175.00	53,354.78	78,613.00
BROADRIDGE FINL SOLUTIONS INC COM STK CUSIP: 11133T103	4,025.00	105,084.53	185,874.50
BROADSOFT INC COM CUSIP: 11133B409	1,475.00	37,736.56	42,804.50
CACI INTL INC CL A CL A CUSIP: 127190304	1,300.00	99,481.57	112,034.00
CAP BK FINL CORP CL A COM CL A COM CUSIP: 139794101	3,250.00	67,918.63	87,100.00
CIVITAS SOLUTIONS INC COM CUSIP: 17887R102	700.00	11,779.75	11,921.00
CNO FINL GROUP INC COM CUSIP: 12621E103	6,000.00	44,117.93	103,320.00
COMMVAULT SYS INC COM STK CUSIP: 204166102	1,925.00	93,264.92	99,503.25
CON-WAY INC COM STK CUSIP: 205944101	700.00	28,923.24	34,426.00
DUN & BRADSTREET CORP DEL NEW COM CUSIP: 26483E100	1,150.00	118,325.10	139,104.00
ELLIE MAE INC COM STK CUSIP: 28849P100	1,400.00	39,236.23	56,448.00

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
United States - USD			
ESTERLINE TECHNOLOGIES CORP COM STK CUSIP: 297425100	1,325.00	127,403.22	145,326.00
FIRST CASH FINANCIAL SERVICES INC CUSIP: 31942D107	2,100.00	82,246.66	116,907.00
FIRSTMERIT CORP COM CUSIP: 337915102	8,725.00	159,372.81	164,815.25
FORUM ENERGY TECH COM USD0.01 CUSIP: 34984V100	4,500.00	121,101.87	93,285.00
GLOBE SPECIALTY METALS INC COM STK CUSIP: 37954N206	2,175.00	37,291.43	37,475.25
GNC HLDGS INC GNC HOLDINGS INC CUSIP: 36191G107	3,250.00	124,444.24	152,620.00
GRAPHIC PACKAGING HLDG CO COM STK CUSIP: 388689101	11,725.00	104,038.03	159,694.50
GROUP 1 AUTOMOTIVE INC COM CUSIP: 398905109	950.00	55,053.12	85,139.00
HAEMONETICS CORP MASS COM CUSIP: 405024100	3,225.00	111,578.71	120,679.50
HCC INS HLDGS INC COM CUSIP: 404132102	3,400.00	109,732.30	181,968.00
HILLENBRAND INC COM STK CUSIP: 431571108	3,900.00	102,960.70	134,550.00
HSN INC NEW COM CUSIP: 404303109	1,825.00	111,269.87	138,700.00
ICF INTL INC COM STK CUSIP: 44925C103	2,225.00	58,371.22	91,180.50
IGATE CORP COM STK ISIN# US45169U1051 CUSIP: 45169U105	4,150.00	142,783.00	163,842.00
INTEGRA LIFESCIENCES HLDG CORP COM DESP CUSIP: 457985208	2,575.00	94,059.05	139,642.25
JACK IN THE BOX INC COM CUSIP: 466367109	1,425.00	57,897.73	113,943.00
KAPSTONE PAPER & PACKAGING CORP KAPSTONEPAPER AND PACKAGING CORP COMMON STOCK CUSIP: 48562P103	3,100.00	90,688.61	90,861.00
KAR AUCTION SVCS INC COM STK CUSIP: 48238T109	5,675.00	110,233.89	196,638.75

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
United States - USD			
KAYNE ANDERSON MLP INVT CO COM CUSIP: 486606106	100,599.00	2,887,357.24	3,840,869.82
LENNOX INTL INC COM CUSIP: 526107107	1,175.00	65,764.93	111,707.25
LIFEPOINT HOSPS INC COM ISIN US53219L1098 CUSIP: 53219L109	1,925.00	106,506.28	138,426.75
LITTELFUSE INC COM CUSIP: 537008104	1,325.00	87,471.24	128,087.75
LPL FINL HLDGS INC COM CUSIP: 50212V100	2,450.00	69,392.18	109,147.50
MADDEN STEVEN LTD COM CUSIP: 556269108	3,375.00	111,002.60	107,426.25
MEN S WEARHOUSE INC COMMOM CUSIP: 587118100	2,675.00	97,732.99	118,101.25
MERIT MED SYS INC COM CUSIP: 589889104	3,825.00	54,119.35	66,287.25
PLATINUM UNDERWRITERS HLDGS INC COM USD0.01 CUSIP: G7127P100	1,500.00	87,016.86	110,130.00
PRA HEALTH SCIENCES INC COM CUSIP: 69354M108	3,600.00	75,992.45	87,192.00
PROSPERITY BANCSHARES INC COM CUSIP: 743606105	1,275.00	49,178.37	70,584.00
RELIANCE STL & ALUM CO COM CUSIP: 759509102	1,825.00	109,871.84	111,817.75
REXNORD CORP COM USD0.01 CUSIP: 76169B102	3,825.00	102,711.35	107,903.25
RYLAND GROUP INC COM CUSIP: 783764103	2,000.00	72,245.42	77,120.00
SERVICEMASTER GLOBAL HLDGS INC COM CUSIP: 81761R109	5,075.00	110,716.08	135,857.75
SILGAN HLDGS INC COM CUSIP: 827048109	2,900.00	109,351.33	155,440.00
SS&C TECHNOLOGIES HLDGS INC COM CUSIP: 78467J100	2,825.00	76,227.60	165,234.25
STANDEX INTL CORP COM CUSIP: 854231107	850.00	54,669.54	65,671.00

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Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
United States - USD			
TCP CAP CORP COM CUSIP: 87238Q103	4,625.00	75,309.07	77,607.50
TELEFLEX INC COM CUSIP: 879369106	1,100.00	77,580.52	126,302.00
TENNECO INC CUSIP: 880349105	1,525.00	80,995.76	86,330.25
THERMON GROUP HLDGS INC CUSIP: 88362T103	2,750.00	57,997.01	66,522.50
UNION BANKSHARES CORP NEW COM CUSIP: 90539J109	4,400.00	103,522.49	105,952.00
VERINT SYS INC COM CUSIP: 92343X100	3,150.00	107,438.48	183,582.00
VWR CORP COM CUSIP: 91843L103	4,700.00	104,506.95	121,589.00
WEBSTER FNCL CORP WATERBURY CONN COM CUSIP: 947890109	5,750.00	139,826.55	187,047.50
WOLVERINE WORLD WIDE INC COM CUSIP: 978097103	3,650.00	75,904.69	107,565.50
Total United States - USD		**8,176,679.22**	**10,675,515.57**
Total Corporate Stock - Common		**8,176,679.22**	**10,675,515.57**
Partnership/Joint Venture Interests			
United States - USD			
THE TAP FUND LLC - CLASS C CUSIP: 9912VS994	12,029,657.00	12,029,657.00	10,169,583.00
Total United States - USD		**12,029,657.00**	**10,169,583.00**
Total Partnership/Joint Venture Interests		**12,029,657.00**	**10,169,583.00**

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Value of Interest in Common/Collective Trusts			
United States - USD			
CF JPMCB HIGH YIELD BOND FUND CUSIP: 46623P971	1,190,750.34	16,745,339.55	22,147,956.32
CF SSGA RUSSELL 1000 INDEX NON-LENDING (CMCQ) FUND. CUSIP: 410997415	1,671,829.57	21,888,544.46	45,482,123.45
CF SSGA TIPS INDEX (CMTP) FD CUSIP: 885999524	150,656.37	3,045,528.66	3,606,412.18
COLTV SHORT TERM INVT FD CUSIP: 195998AC3	2,369,848.15	2,369,848.15	2,369,848.15
Total United States - USD		**44,049,260.82**	**73,606,340.10**
Total Value of Interest in Common/Collective Trusts		**44,049,260.82**	**73,606,340.10**
Value of Interest in Registered Investment Companies			
Emerging Markets Region - USD			
MFO ABERDEEN FDS EMERGING MKTS FD INSTL CL CUSIP: 003021714	1,723,297.87	21,011,787.17	23,247,288.26
Total Emerging Markets Region - USD		**21,011,787.17**	**23,247,288.26**
International Region - USD			
MFO GMO TR FOR FUTURE ISSUE SEE 362013 FOREIGN SMALL COS FD CL III CUSIP: 362008617	517,687.83	6,718,846.82	7,320,105.91
MFO INTERNATIONAL FD CUSIP: 81063U503	956,036.52	31,663,324.77	31,157,230.18
MFO PIMCO FDS EMERGING LOCAL BD FD INSTLCL USD CUSIP: 72201F516	744,480.84	7,270,223.64	6,194,080.58
Total International Region - USD		**45,652,395.23**	**44,671,416.67**
United States - USD			
MFO ALGER S/C GROWTH PORT-I2 CUSIP: 015544406	224,080.46	6,003,573.44	6,668,634.49
MFO NUVEEN INVT FDS INC REAL ESTATE SECSFD CL I CUSIP: 670678507	1,119,433.74	20,060,444.00	26,978,353.13
MFO PIMCO FDS FGN FD INSTL CUSIP: 693390882	840,307.08	8,838,591.06	9,050,107.25

** All or a portion of this security participates in Securities Lending.

Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Value of Interest in Registered Investment Companies			
United States - USD			
MFO PIMCO FDS PAC INVT MGMT SER COMMODITY REALRETURN STRATEGY FD INSTL CUSIP: 722005667	2,283,106.50	15,152,133.85	10,228,317.12
MFO STEELPATH MLP FDS TR SELECT 40 FD CL CUSIP: 858268204	1,310,769.71	14,868,579.44	16,227,329.01
MFO WELLS FARGO ADVANTAGE FDS INTL BD FD-IS CUSIP: 94985D582	771,566.00	8,683,735.41	8,147,736.96
Total United States - USD		**73,607,057.20**	**77,300,477.96**
Total Value of Interest in Registered Investment Com		**140,271,239.60**	**145,219,182.89**
Other			
United States - USD			
HERSHA HOSPITALITY TR PRTY CL A SHS BEN INT CUSIP: 427825104	14,825.00	79,905.61	104,219.75
Total United States - USD		**79,905.61**	**104,219.75**
Total Other		**79,905.61**	**104,219.75**
Other Liabilities			
Pending trade purchases: United States dollar	0.00	-56,096.73	-56,096.73
Total - all currencies		**-56,096.73**	**-56,096.73**
Total Other Liabilities		**-56,096.73**	**-56,096.73**
Total		**213,917,794.79**	**249,152,732.35**

** All or a portion of this security participates in Securities Lending.

Schedule SB Attachment (Form 5500)—2014 Plan Year
JBT Corporation Employees' Retirement Program
EIN: 91-1650317 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2014

Schedule of Salaried Active Participant Data as of January 1, 2014

Number of Participants and Average Accrued Benefit

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	1									
25-29	8	31 $922	1		1					
30-34	7	63 $1,282	17	1	4					
35-39	13	51 $1,299	33 $4,586	14	3					
40-44	9	39 $1,548	52 $5,393	20 $10,625	15	1				
45-49	2	39 $1,466	25 $6,398	32 $9,777	31 $15,503	23 $16,132	1			
50-54	10	54 $1,344	43 $5,240	36 $9,574	39 $16,055	39 $19,727	16	6		
55-59	15	38 $1,245	41 $5,974	34 $13,167	24 $13,663	38 $20,565	36 $21,805	22 $27,728	5	
60-64	6	27 $1,167	22 $6,460	16	19	20 $20,849	18	10	13	3
65-69		10	7	6	5	1	3	3	5	3
70+	3	1	2		1					

N-1237

Schedule SB Attachment (Form 5500)—2014 Plan Year
JBT Corporation Employees' Retirement Program
EIN: 91-1650317 PN: 001

Schedule of Hourly Active Participant Data as of January 1, 2014

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25			2							
25-29		1	5	3						
30-34			8	7						
35-39			4	8	2					
40-44			1	3	1	6	1			
45-49		1	3	4	2	4		7		
50-54			1	4	1	2	7	6	14	
55-59			1	5	1	5	2	6	9	9
60-64		1		1		3		1	2	7
65-69										2
70+				1						

N-164

Schedule SB Attachment (Form 5500)—2014 Plan Year
JBT Corporation Employees' Retirement Program
EIN: 91-1650317 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2013), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.99%
2nd Segment Rate	6.32%
3rd Segment Rate	6.99%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2013), without regard to interest rate stabilization
1st Segment Rate	1.37%
2nd Segment Rate	4.05%
3rd Segment Rate	5.06%
Optional Payment Form Election Percentage	45%: single life annuity; 20%: 50% joint and survivor annuity; 35%: 100% joint and survivor annuity
Optional Payment Form Conversion Interest Rate	6.00% for salaried and nonunion hourly; 8.00% for union hourly
Optional Payment Form Conversion Mortality	RP-2000 Combined Health Mortality Table for salaried and nonunion hourly; 1983 Group Annuity Mortality Table for union hourly
Retirement Age	
Active Participants	See Tables 1
Terminated Vested Participants	Age 62 (salaried and nonunion hourly participants who were terminated under a Reduction in Force and who attained 65 points (age plus service) at termination are assumed to retire at age 60 with the enhanced early retirement benefit reductions)
Mortality Rates	
Healthy and Disabled	2014 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(e)
Withdrawal Rates	See Tables 2
Disability Rates	See Tables 3-4

Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 75% of males and 75% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $210,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2012 Plan Year	8.00%, limited to 7.52%
2013 Plan Year	8.00%, limited to 6.76%
Trust Expenses Included in Target Normal Cost	$1,200,000
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2014

Table 1

Retirement Rates

Age	Rate
55	3.00%
56	3.00%
57	5.00%
58	5.00%
59	5.00%
60	5.00%
61	10.00%
62	10.00%
63	15.00%
64	15.00%
65	25.00%
66	25.00%
67	50.00%
68	50.00%
69	50.00%
70+	100.00%

Table 2—Page 1 of 2

Withdrawal Rates

	Years of Service			
Age	**0**	**1**	**2**	**3+**
15	25.50%	23.70%	21.70%	21.70%
16	25.50%	23.70%	21.70%	21.70%
17	25.50%	23.70%	21.70%	21.70%
18	25.50%	23.70%	21.70%	21.70%
19	25.50%	23.70%	21.70%	21.70%
20	25.50%	23.70%	21.70%	21.70%
21	25.50%	23.70%	21.70%	21.70%
22	25.50%	23.70%	21.70%	21.70%
23	25.50%	23.70%	21.70%	21.70%
24	25.50%	23.70%	21.70%	21.70%
25	25.50%	23.70%	21.70%	21.70%
26	25.50%	23.70%	21.70%	19.70%
27	25.50%	23.70%	21.70%	17.60%
28	25.50%	23.70%	21.70%	16.70%
29	25.50%	23.70%	21.70%	15.90%
30	25.50%	23.70%	21.70%	15.00%
31	25.50%	23.70%	21.70%	14.50%
32	25.50%	23.70%	21.70%	14.00%
33	25.50%	23.70%	21.70%	13.50%
34	25.50%	23.70%	21.70%	13.00%
35	25.50%	23.70%	21.70%	12.40%
36	25.50%	23.70%	21.70%	11.90%
37	25.50%	23.70%	21.70%	11.60%
38	25.50%	23.70%	21.70%	11.20%
39	25.50%	23.70%	21.70%	10.90%
40	25.50%	23.70%	21.70%	10.50%
41	25.50%	23.70%	21.70%	10.20%
42	25.50%	23.70%	21.70%	9.80%
43	25.50%	23.70%	21.70%	9.40%
44	25.50%	23.70%	21.70%	9.00%

Table 2—Page 2 of 2

Withdrawal Rates

	Years of Service			
Age	**0**	**1**	**2**	**3+**
45	25.50%	23.70%	21.70%	8.60%
46	25.50%	23.70%	21.70%	8.20%
47	25.50%	23.70%	21.70%	7.80%
48	25.50%	23.70%	21.70%	7.40%
49	25.50%	23.70%	21.70%	7.00%
50	25.50%	23.70%	21.70%	6.70%
51	25.50%	23.70%	21.70%	6.30%
52	25.50%	23.70%	21.70%	5.80%
53	25.50%	23.70%	21.70%	5.20%
54	25.50%	23.70%	21.70%	4.70%
55	25.50%	23.70%	21.70%	4.70%
56+	0.00%	0.00%	0.00%	0.00%

Table 3

Disability Rates—Salaried and Nonunion Hourly

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65	0.00%	0.00%
36	0.04%	0.08%	66	0.00%	0.00%
37	0.05%	0.09%	67	0.00%	0.00%
38	0.06%	0.10%	68	0.00%	0.00%
39	0.07%	0.12%	69	0.00%	0.00%
40	0.08%	0.13%	70	0.00%	0.00%
41	0.09%	0.15%	71	0.00%	0.00%
42	0.10%	0.17%	72	0.00%	0.00%
43	0.12%	0.19%	73	0.00%	0.00%
44	0.14%	0.22%	74	0.00%	0.00%

Table 4

Disability Rates—Union Hourly

Age	Male	Female	Age	Male	Female
15	0.04%	0.08%	45	0.32%	0.64%
16	0.05%	0.10%	46	0.35%	0.70%
17	0.06%	0.12%	47	0.40%	0.80%
18	0.07%	0.14%	48	0.45%	0.90%
19	0.07%	0.14%	49	0.51%	1.02%
20	0.07%	0.14%	50	0.57%	1.14%
21	0.07%	0.14%	51	0.63%	1.26%
22	0.08%	0.16%	52	0.71%	1.42%
23	0.08%	0.16%	53	0.79%	1.58%
24	0.08%	0.16%	54	0.88%	1.76%
25	0.09%	0.18%	55	0.98%	1.96%
26	0.09%	0.18%	56	1.09%	2.18%
27	0.09%	0.18%	57	1.22%	2.44%
28	0.10%	0.20%	58	1.34%	2.68%
29	0.10%	0.20%	59	1.47%	2.94%
30	0.11%	0.22%	60	1.62%	3.24%
31	0.11%	0.22%	61	1.76%	3.52%
32	0.12%	0.24%	62	1.91%	3.82%
33	0.12%	0.24%	63	2.06%	4.12%
34	0.13%	0.26%	64	2.21%	4.42%
35	0.13%	0.26%	65	2.36%	4.72%
36	0.14%	0.28%	66	2.36%	4.72%
37	0.14%	0.28%	67	2.36%	4.72%
38	0.15%	0.30%	68	2.36%	4.72%
39	0.15%	0.30%	69	2.36%	4.72%
40	0.16%	0.32%	70	2.36%	4.72%
41	0.18%	0.36%	71	2.36%	4.72%
42	0.22%	0.44%	72	2.36%	4.72%
43	0.23%	0.46%	73	2.36%	4.72%
44	0.27%	0.54%	74	2.36%	4.72%

◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss

THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2013-12-31 VALUE (INCLUDING ACCRUALS) OF 243,470,479.40

◆ 5% Report - Part B

Series of Non-Security Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss

THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2013-12-31 VALUE (INCLUDING ACCRUALS) OF 243,470,479.40

◆ 5% Report - Part C Summary

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID		Number of Transactions	Transaction Aggregate Acquisition Price	Transaction Aggregate Disposition Price	Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
COLTV SHORT TERM INVT FD CUSIP: 195998AC3	Total acquisitions	275	11,918,401.04			0.00	11,918,401.04	11,918.401.04
	Total dispositions	208		14,379,015.17		0.00	14,379,015.17	14,379.015.17

NOTE: TRANSACTIONS ARE BASED ON THE 2013-12-31 VALUE (INCLUDING ACCRUALS) OF 243,470,479.40

◆ 5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss

THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2013-12-31 VALUE (INCLUDING ACCRUALS) OF 243,470,479.40

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

▶ **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

JBT Corporation Employees' Retirement Program

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

John Bean Technologies Corporation

D Employer Identification Number (EIN)

91-1650317

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2014

2 Assets:

a Market value	2a	251,394,433
b Actuarial value	2b	243,495,852

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	1,529	94,523,429	94,523,429
b For terminated vested participants	1,319	44,870,986	44,870,986
c For active participants	1,401	70,060,945	72,277,420
d Total	4,249	209,455,360	211,671,835

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	6.52 %
6 Target normal cost	6	1,437,817

Statement by Enrolled Actuary

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

SIGN HERE

Julie L. Solum

Signature of actuary

09/24/2015

Date

Julie L. Solum

Type or print name of actuary

14-06838

Most recent enrollment number

Hewitt Associates LLC

Firm name

(847) 295-5000

Telephone number (including area code)

4 Overlook Point

Lincolnshire IL 60069

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	20,369,829
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	20,369,829
10	Interest on line 9 using prior year's actual return of 9.67%	0	1969762
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		6197262
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.36%		394146
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		6591408
	d Portion of (c) to be added to prefunding balance		6591408
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	28930999

Part III Funding Percentages

14	Funding target attainment percentage	14	101.36 %
15	Adjusted funding target attainment percentage	15	115.03 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	96.57 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/11/2014	800,000				
01/26/2015	5,000,000				
07/24/2015	5,000,000				
			Totals ► 18(b)	10,800,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	9,991,106

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.99 %	6.32 %	6.99 %	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	64

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6)	31a	1,437,817
b Excess assets, if applicable, but not greater than line 31a	31b	1,437,817

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	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

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

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	9,991,106
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	9,991,106
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	42	
43 Excess installment acceleration amount to be carried over to future plan years	43	

Schedule SB Attachment (Form 5500)—2014 Plan Year
JBT Corporation Employees' Retirement Program
EIN: 91-1650317 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2014

Date	Amount	Days to Discount to 1/1/2014 at 6.52%	Interest Adjusted Contribution
April 11, 2014	$ 800,000	100	$ 786,275
January 26, 2015	5,000,000	390	4,673,691
July 24, 2015	5,000,000	569	4,531,140
Total Contribution	$ 10,800,000		$ 9,991,106

Schedule SB Attachment (Form 5500)—2014 Plan Year
JBT Corporation Employees' Retirement Program
EIN: 91-1650317 PN: 001

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	3.00%	1.0000	1.67
56.5	3.00%	0.9700	1.64
57.5	5.00%	0.9409	2.71
58.5	5.00%	0.8939	2.61
59.5	5.00%	0.8492	2.53
60.5	5.00%	0.8067	2.44
61.5	10.00%	0.7664	4.71
62.5	10.00%	0.6897	4.31
63.5	15.00%	0.6208	5.91
64.5	15.00%	0.5276	5.10
65.5	25.00%	0.4485	7.34
66.5	25.00%	0.3364	5.59
67.5	50.00%	0.2523	8.51
68.5	50.00%	0.1261	4.32
69.5	50.00%	0.0631	2.19
70	100.00%	0.0315	2.21
		Weighted Average	63.79

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. ▶ [ ]

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
JBT CORPORATION EMPLOYEES' RETIREMENT PROGRAM

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/30/2008

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
JOHN BEAN TECHNOLOGIES CORPORATION

70 WEST MADISON STREET, SUITE 4400

CHICAGO IL 60602

2b Employer Identification Number (EIN)
91-1650317

2c Plan Sponsor's telephone number
312-861-5900

2d Business code (see instructions)
339900

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

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

SIGN HERE	Mark Montague	10/12/15	MARK MONTAGUE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)
GRANT THORNTON LLP

175 W. JACKSON BLVD., 20TH FLOOR

CHICAGO IL 60604

Preparer's telephone number (optional)
312-856-0200

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	4249
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	1401
a(2) Total number of active participants at the end of the plan year	**6a(2)**	1298
b Retired or separated participants receiving benefits	**6b**	1353
c Other retired or separated participants entitled to future benefits	**6c**	1311
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3962
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	254
f Total. Add lines **6d** and **6e**.	**6f**	4216
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	13
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 3H

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

Schedule SB Attachment (Form 5500)—2014 Plan Year
JBT Corporation Employees' Retirement Program
EIN: 91-1650317 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	June 30, 2008.
Plan Freeze Date	Accrued benefits were frozen for all salaried and nonunion hourly employees as of December 31, 2009.
Participation	All salaried and nonunion hourly employees except employees hired or rehired on or after January 1, 2010.
Eligibility for Benefits	
Normal Retirement	Age 65.
Early Retirement	Age 55 and 10 years of Credited Service.
Deferred Retirement	After age 65.
Deferred Vested	Five years of Vesting Service.
Retirement Benefits	
Normal Retirement	A monthly amount equal to the sum of [(1) + (2)] times (3), plus (4), but no less than the frozen FMC benefit as of December 31, 1990, where: (1) 1% of Final Average Earnings up to allowable Social Security Covered Compensation **Plus** 1.5% of Final Average Earnings over allowable Social Security Covered Compensation **Times** Years of Credited Service Projected to age 65 (up to 35 years). (2) 1.5% of Final Average Earnings **Times** Years of Credited Service Projected to age 65 (in excess of 35) (3) Ratio of Years of Credited Service as of termination to Years of Credited Service Projected to age 65. (4) $1.00 for each $120 of unwithdrawn employee contributions accumulated with interest.

Retirement Benefits	
Early Retirement	The benefit is computed in the same manner as the normal retirement benefit except for the following: (1) The amount determined in [(1) + (2)] times (3) above will be reduced by 1/3 of 1% for each month in excess of 36 that retirement precedes age 65. (2) For each year that retirement precedes age 65, the amount of employee contributions and interest required to provide $1.00 of benefits under part (4) above is increased by $3.00.
Deferred Vested	The accrued normal retirement benefit payable for life commencing at age 65. The benefit is payable as early as age 55, with reductions of 0.5% applied for each month between benefit commencement and age 65. Participants who were terminated under a Reduction in Force and who attained 65 points (age plus service) at termination will receive the early retirement benefit reductions.
Preretirement Death Benefits	
Survivor's Benefit	For employees eligible for early retirement, a benefit is payable to a beneficiary for life equal to 50% of what the participant would have received had the participant retired on the day of his death with the 50% joint and survivor option in effect. The employee's past contributions with interest serve as a minimum benefit upon death.
Spouse's Benefit	For employees who are vested but not yet eligible for early retirement, a benefit is payable to a surviving spouse equal to 50% of the amount the participant would have received if the participant terminated on the date of his death, survived until his earliest retirement date and retired with the 50% joint and survivor option in effect. The employee's past contributions with interest serve as a minimum benefit upon death.
Normal Form of Annuity	Life annuity. Benefits are paid to married participants on a reduced basis as a qualified joint and survivor annuity, unless elected otherwise.

Optional Forms of Annuity	50% joint and survivor annuity, 75% joint and survivor annuity, 100% joint and survivor annuity, and level income annuity options.
Employee Contributions	None are required or permitted since May 1, 1969. Interest is credited on accumulated amounts up to the date of retirement (or withdrawal, if earlier).
Benefit Offset	This plan will offset the November 30, 1985 benefits that are provided by Aetna and Prudential nonparticipating annuities.
Minimum Benefit	There is a minimum benefit equal to the accrued benefit as of December 31, 1990, as determined under the FMC plan existing on that date.
Benefit Accruals While On Long-Term Disability	Employees who are on long-term disability prior to January 12, 2006 will continue to earn credited service and vesting service during the period of disability. In addition, pensionable earnings are imputed during the period of disability. For participants who commence receiving long-term disability benefits on or after January 12, 2006, credited service and vesting service are not imputed during the period of disability.

Definitions

Plan Year	January 1 to December 31.
Vesting Service	Elapsed time from date of hire to date of termination. A partial month of service is recognized as a full month.
Credited Service	Same as Vesting Service except no service is credited for certain leaves of absence and no service is credited after December 31, 2009.
Earnings	Regular compensation including overtime, administrative and discretionary bonuses, sales bonuses and sales commissions, and incentive compensation (earned during the plan year but paid after the end of the plan year). Earnings exclude hiring and stay bonuses, awards, deferred compensation, severance pay, accrued vacation and other special payments. Earnings after December 31, 2009 will be excluded.
Final Average Earnings	The average of the highest consecutive 60 months of Earnings out of the last 120 months of employment.
Covered Compensation	Covered Compensation is the allowable 35-year average of the maximum earnings subject to Social Security tax. The 35-year period ends in the year the employee reaches Social Security Retirement Age. Each year as the Social Security wage base changes, the allowable Covered Compensation amount will also change.
Social Security Retirement Age	Based on year of birth as follows:

Before 1938	Age 65
1938–1954	Age 66
After 1954	Age 67

Summary of Plan Provisions—Union Hourly

Participation	Union hourly employees.
Eligibility for Benefits	
Normal Retirement	Age 65.
Early Retirement	Age 55 and 10 years of credited service.
Deferred Vested	Five years of vesting service.
Preretirement Death	Five years of vesting service.
Disability	Ten years of vesting service.
Retirement Benefits	
Normal Retirement	Monthly pension is $33.00 times years of service, effective September 1, 2011.
Early Retirement	The benefit is computed in the same manner as the normal retirement benefit except for the following: The benefit for employees will be reduced 4% for each year that retirement precedes age 65 and 5% for each year retirement precedes age 60.
Deferred Vested	The monthly accrued benefit, reduced actuarially if payments commence after age 55 but before age 65.
Disability	The monthly accrued benefit payable immediately after the completion of any waiting period after the date of disability. The disability benefit is subject to a minimum of $100 per month. An additional $100 monthly benefit is payable to participants until eligible for Social Security benefits.
Preretirement Death Benefit	If eligible for early retirement, the benefit payable to the spouse for life is equal to 50% of what the participant would have received had the participant retired on the day of his death with the 50% joint-and-survivor option in effect. If vested, but not yet eligible for early retirement, the benefit is equal to 50% of the amount the participant would have received if the participant terminated on the date of his death, survived until his earliest retirement date and retired with the 50% joint-and-survivor option in effect.

Normal Form of Annuity	Unmarried participants receive a single life annuity; married participants receive a 50% joint-and-survivor annuity.
Optional Forms of Annuity	75% joint-and-survivor annuity, 100% joint-and-survivor annuity.

Plan Changes Since the Prior Year

The funding and plan reporting valuations do not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

The Enrolled Actuary has changed to Julie Solum.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
U.S. Government Securities			
United States - USD			
FEDERAL HOME LN MTG CORP POOL #C0-9004 3.5% 07-01-2042 BEO CUSIP: 31292SAD2	88,790.09	90,954.34	92,459.87
FEDERAL HOME LN MTG CORP POOL #C0-9029 3% 03-01-2043 BEO CUSIP: 31292SA67	187,623.72	192,431.58	189,908.60
FEDERAL HOME LN MTG CORP POOL #G0-4219 5.5% 04-01-2038 BEO CUSIP: 3128M6AU2	25,205.93	27,490.21	28,198.37
FEDERAL HOME LN MTG CORP POOL #G0-8479 3.5% 03-01-2042 BEO CUSIP: 3128MJQ94	30,893.66	31,646.68	32,185.32
FEDERAL HOME LN MTG CORP POOL #G0-8537 3% 07-01-2043 BEO CUSIP: 3128MJS35	4,658.94	4,562.85	4,712.76
FEDERAL HOME LN MTG CORP POOL #G0-8554 3.5% 10-01-2043 BEO CUSIP: 3128MJTL4	92,219.05	92,795.42	95,989.24
FEDERAL HOME LN MTG CORP POOL #G0-8585 3.5% 05-01-2044 BEO CUSIP: 3128MJUK4	104,922.49	106,873.39	109,212.03
FEDERAL HOME LN MTG CORP POOL #G0-8588 4% 05-01-2044 BEO CUSIP: 3128MJUN8	226,166.00	238,852.50	241,373.62
FEDERAL HOME LN MTG CORP POOL #G0-8597 3.5% 07-01-2044 BEO CUSIP: 3128MJUX6	63,445.23	64,952.06	66,039.06
FEDERAL HOME LN MTG CORP POOL #G1-8492 3% 01-01-2029 BEO CUSIP: 3128MMRN5	124,687.55	128,759.37	129,573.68
FEDERAL HOME LN MTG CORP POOL #G18472 2.5% 07-01-2028 BEO CUSIP: 3128MMQ22	48,005.30	48,327.85	48,928.58
FEDERAL NATL MTG ASSN GTD MTG POOL #AJ1441 3.5% 09-01-2026 BEO CUSIP: 3138ASS78	71,425.30	75,320.20	75,556.96
FEDERAL NATL MTG ASSN GTD MTG POOL #AJ7680 3.5% 12-01-2041 BEO CUSIP: 3138E0RA9	82,952.49	86,529.83	86,647.44
FEDERAL NATL MTG ASSN GTD MTG POOL #AJ7689 4% 12-01-2041 BEO CUSIP: 3138E0RK7	48,844.76	51,248.83	52,191.60
FEDERAL NATL MTG ASSN GTD MTG POOL #AK6724 3% 03-01-2042 BEO CUSIP: 3138EBPJ8	221,122.83	229,968.56	224,143.58
FEDERAL NATL MTG ASSN GTD MTG POOL #AK7497 3.5% 04-01-2042 BEO CUSIP: 3138ECKK8	72,201.89	74,029.49	75,385.05
FEDERAL NATL MTG ASSN GTD MTG POOL #AL0160 4.5% 05-01-2041 BEO CUSIP: 3138EGFA7	78,467.44	83,457.46	85,297.24
FEDERAL NATL MTG ASSN GTD MTG POOL #AL0657 5% 08-01-2041 BEO CUSIP: 3138EGWT7	140,162.36	151,955.69	155,231.21

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
U.S. Government Securities			
United States - USD			
FHLB PREASSIGN 00198 5.375 05-18-2016 CUSIP: 3133XFJF4	70,000.00	81,164.81	74,668.30
FHLB 5% DEB 17/11/2017 USD1000 5 11-17-2017 CUSIP: 3133XMQ87	85,000.00	101,926.17	94,476.56
FHLMC PREASSIGN 00049 3.75 03-27-2019 CUSIP: 3137EACA5	200,000.00	219,729.25	217,670.80
FHLMC PREASSIGN 00066 2.5 05-27-2016 CUSIP: 3137EACT4	75,000.00	80,090.41	77,119.87
FNMA .375 DUE 12-21-2015 CUSIP: 3135G0SB0	250,000.00	249,462.50	250,058.25
FNMA FANNIE MAE 5 05-11-2017 CUSIP: 31359M7X5	210,000.00	237,607.71	229,769.82
FNMA MTN 5.375 07-15-2016 CUSIP: 31359MS61	215,000.00	257,692.52	230,851.30
FNMA POOL #AB1387 4.5% 08-01-2040 BEO CUSIP: 31416WRH7	85,265.14	89,968.03	92,639.72
FNMA POOL #AB2497 4% 03-01-2021 BEO CUSIP: 31416XX39	707.34	747.78	749.97
FNMA POOL #AB4742 3% 03-01-2042 BEO CUSIP: 31417BHU4	38,628.18	39,509.38	39,156.80
FNMA POOL #AC0380 4.5% 07-01-2039 BEO CUSIP: 31417JM64	45,406.07	45,796.27	49,372.29
FNMA POOL #AD7136 5% 07-01-2040 BEO CUSIP: 31418U4W1	42,458.20	47,088.79	46,969.29
FNMA POOL #AD7151 4% 07-01-2025 BEO CUSIP: 31418U5M2	33,206.26	34,446.32	35,482.08
FNMA POOL #AD8536 5% 08-01-2040 BEO CUSIP: 31418WPW4	86,334.17	92,350.56	95,481.36
FNMA POOL #AE0313 4.5% 09-01-2040 BEO CUSIP: 31419AK30	98,406.74	100,513.27	106,955.33
FNMA POOL #AE5463 4% 10-01-2040 BEO CUSIP: 31419GB94	138,975.06	144,907.15	148,510.97
FNMA POOL #AE7723 4% 11-01-2040 BEO CUSIP: 31419JSM1	28,340.97	30,661.39	30,285.16
FNMA POOL #AT2062 2.5% 04-01-2028 BEO CUSIP: 3138WPJG0	109,851.30	110,589.36	112,078.64

** All or a portion of this security participates in Securities Lending.

Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
U.S. Government Securities			
United States - USD			
FNMA POOL #AU1629 3% DUE 07-01-2043 REG CUSIP: 3138X0Y36	46,756.89	46,866.48	47,361.83
FNMA POOL #889734 5.5% 06-01-2037 BEO CUSIP: 31410KPT5	41,779.60	44,155.80	46,685.77
FNMA SEMI ANNUAL 5.375 06-12-2017 CUSIP: 31398ADM1	140,000.00	169,966.93	154,779.24
UNITED STATES OF AMER TREAS BONDS 2.75 BDS DUE 08-15-2042 USD100'BONDS 08/42' CUSIP: 912810QX9	90,000.00	85,583.17	89,971.92
UNITED STATES TREAS BDS DTD 00209 3.5% DUE 02-15-2039 REG CUSIP: 912810QA9	330,000.00	328,490.83	379,010.28
UNITED STATES TREAS NTS .875 DUE 04-15-2017 REG CUSIP: 912828C73	375,000.00	375,264.93	375,498.00
UNITED STATES TREAS NTS DTD 00306 2.625%DUE 08-15-2020 REG CUSIP: 912828NT3	115,000.00	120,987.96	120,094.15
UNITED STATES TREAS NTS DTD 00334 3.625%DUE 02-15-2021 REG CUSIP: 912828PX2	325,000.00	370,943.78	358,007.65
UNITED STATES TREAS NTS DTD 02/15/2011 3.125% DUE 05-15-2021 REG CUSIP: 912828QN3	280,000.00	309,863.32	300,475.00
UNITED STATES TREAS NTS DTD 03/31/2013 .75% DUE 03-31-2018 REG CUSIP: 912828UU2	305,000.00	297,817.66	300,305.74
UNITED STATES TREAS NTS DTD 05/15/2014 2.5% DUE 05-15-2024 REG CUSIP: 912828WJ5	855,000.00	854,307.22	880,783.38
UNITED STATES TREAS NTS DTD 08/31/2012 .625% DUE 08-31-2017 REG CUSIP: 912828TM2	480,000.00	474,296.41	475,425.12
UNITED STATES TREAS NTS DTD 11/15/2014 2.25% DUE 11-15-2024 REG CUSIP: 912828G38	95,000.00	96,603.51	95,638.30
UNITED STATES TREAS NTS DTD 12/31/2012 .75% DUE 12-31-2017 REG CUSIP: 912828UE8	405,000.00	397,058.21	400,728.46
UNITED STATES TREAS NTS NTS .625% DUE 12-15-2016 REG CUSIP: 912828A59	370,000.00	369,842.26	369,826.47
US TREAS BDS 4.75 DUE 02-15-2041 REG CUSIP: 912810QN1	325,000.00	434,215.88	454,162.15
Total United States - USD		**8,520,672.33**	**8,574,084.18**
Total U.S. Government Securities		**8,520,672.33**	**8,574,084.18**

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Debt Instruments - Preferred			
Canada - USD			
TRANSCANADA 3.8% DUE 10-01-2020 CUSIP: 893526DK6	20,000.00	21,210.20	20,564.44
Total Canada - USD		**21,210.20**	**20,564.44**
United States - USD			
AMERICAN EXPRESS CR CORP 2.75 09-15-2015 CUSIP: 0258M0DA4	45,000.00	46,487.25	45,694.26
CATERPILLAR FINL SVCS CORP 1 DUE 11-25-2016 REG CUSIP: 14912L5W7	30,000.00	30,174.90	30,022.98
CATERPILLAR FINL SVCS CORP MEDIUM TERM N2.25% DUE 12-01-2019 CUSIP: 14912L6F3	45,000.00	45,046.25	45,049.27
COLGATE-PALMOLIVE CO MEDIUM TERM NTS BOO1.75 DUE 03-15-2019 CUSIP: 19416QEF3	20,000.00	19,972.00	19,862.50
CONS EDISON CO N Y 6.75% DUE 04-01-2038 CUSIP: 209111EU3	15,000.00	20,210.10	20,888.49
DISNEY WALT CO NEW MEDIUM TERM NTS BOOK MEDIUM TERM NOTES 1.35 DUE 08-16-2016 CUSIP: 25468PCM6	25,000.00	25,427.00	25,234.82
EXXON MOBIL CORP .921 DUE 03-15-2017 CUSIP: 30231GAA0	40,000.00	40,024.25	39,948.08
GENERAL ELEC CAP CORP MEDIUM TERM NTS 1 DUE 01-08-2016 CUSIP: 36962G6R0	20,000.00	20,165.60	20,072.80
GENERAL ELEC CAP CORP MEDIUM TERM NTS 2.9 DUE 01-09-2017 CUSIP: 36962G5N0	25,000.00	26,184.00	25,870.72
GENERAL ELEC CAP CORP TRANCHE # TR 005286.75% DUE 03-15-2032/03-20-2002 CUSIP: 36962GXZ2	10,000.00	10,345.74	13,658.82
GEORGIA PWR CO 5.4% DUE 06-01-2040 CUSIP: 373334JR3	25,000.00	25,125.25	30,297.90
INTERNATIONAL BUSINESS MACHS CORP 4 NTS DUE 06-20-2042 USD1000 CUSIP: 459200HF1	25,000.00	26,557.58	24,894.05
JOHNSON & JOHNSON .7 DUE 11-28-2016 REG CUSIP: 478160BF0	30,000.00	30,098.40	29,980.86
MCDONALDS CORP 6.3% DUE 10-15-2037 CUSIP: 58013MEC4	20,000.00	22,516.32	26,133.58
MEDTRONIC INC .875% DUE 02-27-2017 CUSIP: 585055BB1	20,000.00	19,976.60	19,902.34
PEPSICO INC SR NT 2.5% DUE 05-10-2016 CUSIP: 713448BT4	40,000.00	41,793.69	40,866.32

** All or a portion of this security participates in Securities Lending.

Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Debt Instruments - Preferred			
United States - USD			
PFIZER INC NT 6.2 DUE 03-15-2019 CUSIP: 717081DB6	20,000.00	25,017.00	23,267.74
U S BANCORP MEDIUM TERM NTS 2.2 04-25-2019 CUSIP: 91159HHH6	25,000.00	24,999.40	25,114.30
UNION PACIFIC CORP 3.646 DUE 02-15-2024 BEO CUSIP: 907818DR6	41,000.00	40,457.98	43,394.68
UTD PARCEL SVC INC 6.2% DUE 01-15-2038 CUSIP: 911312AJ5	25,000.00	28,438.25	33,245.75
WAL-MART STORES 6.5% DUE 08-15-2037 CUSIP: 931142CK7	15,000.00	17,389.80	20,640.31
WELLS FARGO & CO NEW MEDIUM TERM SR NTS 1.4% DUE 09-08-2017 CUSIP: 94974BGB0	45,000.00	44,995.95	44,963.46
WELLS FARGO & CO 1.25% DUE 07-20-2016 CUSIP: 94974BFL9	40,000.00	40,344.80	40,132.64
Total United States - USD		**671,748.11**	**689,136.67**
Total Corporate Debt Instruments - Preferred		**692,958.31**	**709,701.11**
Corporate Debt Instruments - Other			
United States - USD			
ALTRIA GROUP INC 9.7% DUE 11-10-2018 CUSIP: 02209SAD5	8,000.00	9,942.24	10,158.46
BURL NORTHN SANTA 4.7% DUE 10-01-2019 CUSIP: 12189TBC7	10,000.00	11,151.90	11,054.27
DOMINION RES INC 4.45% DUE 03-15-2021 CUSIP: 25746UBL2	10,000.00	11,016.90	10,834.67
NORFOLK SOUTHN 7.7% DUE 05-15-2017 CUSIP: 655844AE8	35,000.00	44,613.42	39,990.30
NORTHROP GRUMMAN 5.05% DUE 08-01-2019 CUSIP: 666807BA9	25,000.00	25,594.25	27,747.87
VERIZON 2.625% DUE 02-21-2020 CUSIP: 92343VCG7	51,000.00	51,199.92	50,416.91
Total United States - USD		**153,518.63**	**150,202.48**
Total Corporate Debt Instruments - Other		**153,518.63**	**150,202.48**

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
United States - USD			
ALBANY MOLECULAR RESH INC COM CUSIP: 012423109	2,450.00	40,810.24	39,886.00
ALERE INC COM CUSIP: 01449J105	3,225.00	118,785.36	122,550.00
AMAG PHARMACEUTICALS INC COM STK CUSIP: 00163U106	1,050.00	33,665.17	44,751.00
AMERICAN EQUITY INVT LIFE HLDG CO COM CUSIP: 025676206	3,100.00	43,462.91	90,489.00
AMSURG CORP COM CUSIP: 03232P405	3,600.00	175,069.81	197,028.00
ASPEN INSURANCE HLDGS COM CUSIP: G05384105	2,550.00	92,706.17	111,613.50
BARNES GROUP INC COM CUSIP: 067806109	575.00	22,020.69	21,280.75
BLOOMIN BRANDS INC COM CUSIP: 094235108	3,175.00	53,354.78	78,613.00
BROADRIDGE FINL SOLUTIONS INC COM STK CUSIP: 11133T103	4,025.00	105,084.53	185,874.50
BROADSOFT INC COM CUSIP: 11133B409	1,475.00	37,736.56	42,804.50
CACI INTL INC CL A CL A CUSIP: 127190304	1,300.00	99,481.57	112,034.00
CAP BK FINL CORP CL A COM CL A COM CUSIP: 139794101	3,250.00	67,918.63	87,100.00
CIVITAS SOLUTIONS INC COM CUSIP: 17887R102	700.00	11,779.75	11,921.00
CNO FINL GROUP INC COM CUSIP: 12621E103	6,000.00	44,117.93	103,320.00
COMMVAULT SYS INC COM STK CUSIP: 204166102	1,925.00	93,264.92	99,503.25
CON-WAY INC COM STK CUSIP: 205944101	700.00	28,923.24	34,426.00
DUN & BRADSTREET CORP DEL NEW COM CUSIP: 26483E100	1,150.00	118,325.10	139,104.00
ELLIE MAE INC COM STK CUSIP: 28849P100	1,400.00	39,236.23	56,448.00

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
United States - USD			
ESTERLINE TECHNOLOGIES CORP COM STK CUSIP: 297425100	1,325.00	127,403.22	145,326.00
FIRST CASH FINANCIAL SERVICES INC CUSIP: 31942D107	2,100.00	82,246.66	116,907.00
FIRSTMERIT CORP COM CUSIP: 337915102	8,725.00	159,372.81	164,815.25
FORUM ENERGY TECH COM USD0.01 CUSIP: 34984V100	4,500.00	121,101.87	93,285.00
GLOBE SPECIALTY METALS INC COM STK CUSIP: 37954N206	2,175.00	37,291.43	37,475.25
GNC HLDGS INC GNC HOLDINGS INC CUSIP: 36191G107	3,250.00	124,444.24	152,620.00
GRAPHIC PACKAGING HLDG CO COM STK CUSIP: 388689101	11,725.00	104,038.03	159,694.50
GROUP 1 AUTOMOTIVE INC COM CUSIP: 398905109	950.00	55,053.12	85,139.00
HAEMONETICS CORP MASS COM CUSIP: 405024100	3,225.00	111,578.71	120,679.50
HCC INS HLDGS INC COM CUSIP: 404132102	3,400.00	109,732.30	181,968.00
HILLENBRAND INC COM STK CUSIP: 431571108	3,900.00	102,960.70	134,550.00
HSN INC NEW COM CUSIP: 404303109	1,825.00	111,269.87	138,700.00
ICF INTL INC COM STK CUSIP: 44925C103	2,225.00	58,371.22	91,180.50
IGATE CORP COM STK ISIN# US45169U1051 CUSIP: 45169U105	4,150.00	142,783.00	163,842.00
INTEGRA LIFESCIENCES HLDG CORP COM DESP CUSIP: 457985208	2,575.00	94,059.05	139,642.25
JACK IN THE BOX INC COM CUSIP: 466367109	1,425.00	57,897.73	113,943.00
KAPSTONE PAPER & PACKAGING CORP KAPSTONEPAPER AND PACKAGING CORP COMMON STOCK CUSIP: 48562P103	3,100.00	90,688.61	90,861.00
KAR AUCTION SVCS INC COM STK CUSIP: 48238T109	5,675.00	110,233.89	196,638.75

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
United States - USD			
KAYNE ANDERSON MLP INVT CO COM CUSIP: 486606106	100,599.00	2,887,357.24	3,840,869.82
LENNOX INTL INC COM CUSIP: 526107107	1,175.00	65,764.93	111,707.25
LIFEPOINT HOSPS INC COM ISIN US53219L1098 CUSIP: 53219L109	1,925.00	106,506.28	138,426.75
LITTELFUSE INC COM CUSIP: 537008104	1,325.00	87,471.24	128,087.75
LPL FINL HLDGS INC COM CUSIP: 50212V100	2,450.00	69,392.18	109,147.50
MADDEN STEVEN LTD COM CUSIP: 556269108	3,375.00	111,002.60	107,426.25
MEN S WEARHOUSE INC COMMOM CUSIP: 587118100	2,675.00	97,732.99	118,101.25
MERIT MED SYS INC COM CUSIP: 589889104	3,825.00	54,119.35	66,287.25
PLATINUM UNDERWRITERS HLDGS INC COM USD0.01 CUSIP: G7127P100	1,500.00	87,016.86	110,130.00
PRA HEALTH SCIENCES INC COM CUSIP: 69354M108	3,600.00	75,992.45	87,192.00
PROSPERITY BANCSHARES INC COM CUSIP: 743606105	1,275.00	49,178.37	70,584.00
RELIANCE STL & ALUM CO COM CUSIP: 759509102	1,825.00	109,871.84	111,817.75
REXNORD CORP COM USD0.01 CUSIP: 76169B102	3,825.00	102,711.35	107,903.25
RYLAND GROUP INC COM CUSIP: 783764103	2,000.00	72,245.42	77,120.00
SERVICEMASTER GLOBAL HLDGS INC COM CUSIP: 81761R109	5,075.00	110,716.08	135,857.75
SILGAN HLDGS INC COM CUSIP: 827048109	2,900.00	109,351.33	155,440.00
SS&C TECHNOLOGIES HLDGS INC COM CUSIP: 78467J100	2,825.00	76,227.60	165,234.25
STANDEX INTL CORP COM CUSIP: 854231107	850.00	54,669.54	65,671.00

** All or a portion of this security participates in Securities Lending.

Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
United States - USD			
TCP CAP CORP COM CUSIP: 87238Q103	4,625.00	75,309.07	77,607.50
TELEFLEX INC COM CUSIP: 879369106	1,100.00	77,580.52	126,302.00
TENNECO INC CUSIP: 880349105	1,525.00	80,995.76	86,330.25
THERMON GROUP HLDGS INC CUSIP: 88362T103	2,750.00	57,997.01	66,522.50
UNION BANKSHARES CORP NEW COM CUSIP: 90539J109	4,400.00	103,522.49	105,952.00
VERINT SYS INC COM CUSIP: 92343X100	3,150.00	107,438.48	183,582.00
VWR CORP COM CUSIP: 91843L103	4,700.00	104,506.95	121,589.00
WEBSTER FNCL CORP WATERBURY CONN COM CUSIP: 947890109	5,750.00	139,826.55	187,047.50
WOLVERINE WORLD WIDE INC COM CUSIP: 978097103	3,650.00	75,904.69	107,565.50
Total United States - USD		**8,176,679.22**	**10,675,515.57**
Total Corporate Stock - Common		**8,176,679.22**	**10,675,515.57**
Partnership/Joint Venture Interests			
United States - USD			
THE TAP FUND LLC - CLASS C CUSIP: 9912VS994	12,029,657.00	12,029,657.00	10,169,583.00
Total United States - USD		**12,029,657.00**	**10,169,583.00**
Total Partnership/Joint Venture Interests		**12,029,657.00**	**10,169,583.00**

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Value of Interest in Common/Collective Trusts			
United States - USD			
CF JPMCB HIGH YIELD BOND FUND CUSIP: 46623P971	1,190,750.34	16,745,339.55	22,147,956.32
CF SSGA RUSSELL 1000 INDEX NON-LENDING (CMCQ) FUND. CUSIP: 410997415	1,671,829.57	21,888,544.46	45,482,123.45
CF SSGA TIPS INDEX (CMTP) FD CUSIP: 885999524	150,656.37	3,045,528.66	3,606,412.18
COLTV SHORT TERM INVT FD CUSIP: 195998AC3	2,369,848.15	2,369,848.15	2,369,848.15
Total United States - USD		**44,049,260.82**	**73,606,340.10**
Total Value of Interest in Common/Collective Trusts		**44,049,260.82**	**73,606,340.10**
Value of Interest in Registered Investment Companies			
Emerging Markets Region - USD			
MFO ABERDEEN FDS EMERGING MKTS FD INSTL CL CUSIP: 003021714	1,723,297.87	21,011,787.17	23,247,288.26
Total Emerging Markets Region - USD		**21,011,787.17**	**23,247,288.26**
International Region - USD			
MFO GMO TR FOR FUTURE ISSUE SEE 362013 FOREIGN SMALL COS FD CL III CUSIP: 362008617	517,687.83	6,718,846.82	7,320,105.91
MFO INTERNATIONAL FD CUSIP: 81063U503	956,036.52	31,663,324.77	31,157,230.18
MFO PIMCO FDS EMERGING LOCAL BD FD INSTLCL USD CUSIP: 72201F516	744,480.84	7,270,223.64	6,194,080.58
Total International Region - USD		**45,652,395.23**	**44,671,416.67**
United States - USD			
MFO ALGER S/C GROWTH PORT-I2 CUSIP: 015544406	224,080.46	6,003,573.44	6,668,634.49
MFO NUVEEN INVT FDS INC REAL ESTATE SECSFD CL I CUSIP: 670678507	1,119,433.74	20,060,444.00	26,978,353.13
MFO PIMCO FDS FGN FD INSTL CUSIP: 693390882	840,307.08	8,838,591.06	9,050,107.25

** All or a portion of this security participates in Securities Lending.

Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Value of Interest in Registered Investment Companies			
United States - USD			
MFO PIMCO FDS PAC INVT MGMT SER COMMODITY REALRETURN STRATEGY FD INSTL CUSIP: 722005667	2,283,106.50	15,152,133.85	10,228,317.12
MFO STEELPATH MLP FDS TR SELECT 40 FD CL CUSIP: 858268204	1,310,769.71	14,868,579.44	16,227,329.01
MFO WELLS FARGO ADVANTAGE FDS INTL BD FD-IS CUSIP: 94985D582	771,566.00	8,683,735.41	8,147,736.96
Total United States - USD		**73,607,057.20**	**77,300,477.96**
Total Value of Interest in Registered Investment Com		**140,271,239.60**	**145,219,182.89**
Other			
United States - USD			
HERSHA HOSPITALITY TR PRTY CL A SHS BEN INT CUSIP: 427825104	14,825.00	79,905.61	104,219.75
Total United States - USD		**79,905.61**	**104,219.75**
Total Other		**79,905.61**	**104,219.75**
Other Liabilities			
Pending trade purchases: United States dollar	0.00	-56,096.73	-56,096.73
Total - all currencies		**-56,096.73**	**-56,096.73**
Total Other Liabilities		**-56,096.73**	**-56,096.73**
Total		**213,917,794.79**	**249,152,732.35**

** All or a portion of this security participates in Securities Lending.

Schedule SB Attachment (Form 5500)—2014 Plan Year
JBT Corporation Employees' Retirement Program
EIN: 91-1650317 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the retirement age assumption for active participants from an average age of 62 to an average age of 64
- A change in the withdrawal rates to better reflect anticipated future experience as the result of an assumption study
- A change in retirement age assumption for terminated vested participants from age 65 to age 62

These changes were made to better reflect the anticipated plan experience. The assumption changes did not reduce the shortfall more than the thresholds stated in Internal Revenue Code 430(h)(5), so approval of the Commissioner is not required.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. ▶ [ ]

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
JBT CORPORATION EMPLOYEES' RETIREMENT PROGRAM

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/30/2008

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
JOHN BEAN TECHNOLOGIES CORPORATION

70 WEST MADISON STREET, SUITE 4400

CHICAGO IL 60602

2b Employer Identification Number (EIN)
91-1650317

2c Plan Sponsor's telephone number
312-861-5900

2d Business code (see instructions)
339900

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

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

SIGN HERE	Mark Montague	10/12/15	MARK MONTAGUE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)
GRANT THORNTON LLP

175 W. JACKSON BLVD., 20TH FLOOR

CHICAGO IL 60604

Preparer's telephone number (optional)
312-856-0200

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	4249
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	1401
a(2) Total number of active participants at the end of the plan year	**6a(2)**	1298
b Retired or separated participants receiving benefits	**6b**	1353
c Other retired or separated participants entitled to future benefits	**6c**	1311
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3962
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	254
f Total. Add lines **6d** and **6e**.	**6f**	4216
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	13
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 3H

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 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_____