

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____	
B	This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>JBT CORPORATION EMPLOYEES' RETIREMENT PROGRAM</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>06/30/2008</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>JOHN BEAN TECHNOLOGIES CORPORATION</u> <u>70 WEST MADISON STREET, SUITE 4400</u> <u>CHICAGO, IL 60602</u>	2b	Employer Identification Number (EIN) <u>91-1650317</u>
		2c	Plan Sponsor's telephone number <u>312-861-5900</u>
		2d	Business code (see instructions) <u>339900</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2017	JASON CLAYTON
	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) <u>GRANT THORNTON LLP</u> <u>171 N. CLARK ST., SUITE 200</u> <u>CHICAGO, IL 60601</u>			Preparer's telephone number <u>312-856-0200</u>

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

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 3679
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 1170 6a(2) 1072 6b 1426 6c 682 6d 3180 6e 282 6f 3462 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

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

A Name of plan <u>JBT CORPORATION EMPLOYEES' RETIREMENT PROGRAM</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>JOHN BEAN TECHNOLOGIES CORPORATION</u>	D Employer Identification Number (EIN) <u>91-1650317</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>	
2 Assets:	
a Market value	2a <u>226628998</u>
b Actuarial value	2b <u>249291897</u>
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.....	<u>1633</u> <u>114025512</u> <u>114025512</u>
b For terminated vested participants.....	<u>876</u> <u>39376690</u> <u>39376690</u>
c For active participants.....	<u>1170</u> <u>65680312</u> <u>67361307</u>
d Total.....	<u>3679</u> <u>219082514</u> <u>220763509</u>
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 <u>6.10 %</u>
6 Target normal cost.....	6 <u>1484249</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>09/27/2017</u>
	Signature of actuary	Date
<u>JULIE L. SOLUM</u>	Type or print name of actuary	<u>17-06838</u>
<u>AON CONSULTING, INC</u>	Firm name	Most recent enrollment number
<u>4 OVERLOOK POINT</u> <u>LINCOLNSHIRE, IL 60069</u>	Address of the firm	<u>847-295-5000</u>
		Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2016
v. 160205

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	39713355
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	39713355
10	Interest on line 9 using prior year's actual return of <u>-6.52</u> %	0	-2589311
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		8242011
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 <u>6.31</u> %		520071
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		8762082
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	5000000
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	32124044

Part III Funding Percentages			
14	Funding target attainment percentage	14	98.37%
15	Adjusted funding target attainment percentage	15	112.92%
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	100.69%
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
07/25/2017	4000000	0			
09/13/2017	2500000	0			
Totals ►			18(b)	6500000	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 5908086
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost					
21	Discount rate:					
a	Segment rates:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1st segment: 4.43%</td> <td style="width: 33%;">2nd segment: 5.91%</td> <td style="width: 33%;">3rd segment: 6.65%</td> </tr> </table>	1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%	☐ N/A, full yield curve used
1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%				
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	1484249			
b	Excess assets, if applicable, but not greater than line 31a	31b	0			
32	Amortization installments:	Outstanding Balance	Installment			
a	Net shortfall amortization installment	3595656	594087			
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			
			2078336			
	Carryover balance	Prefunding balance	Total balance			
35	Balances elected for use to offset funding requirement	0	0			
36	Additional cash requirement (line 34 minus line 35)		36			
			2078336			
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37			
			5908086			
38	Present value of excess contributions for current year (see instructions)					
a	Total (excess, if any, of line 37 over line 36)	38a	3829750			
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection.
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
A Name of plan 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)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
THE NORTHERN TRUST COMPANY
36-1561860

(b) Enter name and EIN or address of person who provided you disclosures 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	796302	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	278715	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	155566	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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	72869	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	51738	Yes ☐ No ☒	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	44713	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2016</div> This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>JBT CORPORATION EMPLOYEES' RETIREMENT PROGRAM</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>JOHN BEAN TECHNOLOGIES CORPORATION</u>	D Employer Identification Number (EIN) <u>91-1650317</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TIPS INDEX (CMTP) FD</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-103</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8779153</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 1000 INDX NL FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-160</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>43967670</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLTV SHORT TERM INVT FUND</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>		
c EIN-PN <u>45-6138589-084</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8697979</u>
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) Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
A Name of plan 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
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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)	9000000	6500000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	685043	145503
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	9547996	9899814
(5) Partnership/joint venture interests	1c(5)	4771039	1
(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)	55446505	61444802
(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)	148582183	153046437
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(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	228032766	231036557

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	1165849	507431
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1165849	507431

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	226866917	230529126
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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)	6500000	
(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)		6500000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	377588	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4531810	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4909398
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	10816052	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	8318362	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		2497690
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-52392	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-52392

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		5207025
(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)		8693997
c Other income.....	2c		4558
d Total income. Add all income amounts in column (b) and enter total.....	2d		27760276

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	21231029	
(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)		21231029
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)	51737	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	396297	
(4) Other	2i(4)	2419004	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2867038
j Total expenses. Add all expense amounts in column (b) and enter total	2j		24098067

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3662209
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: 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:

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

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	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			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4007156. (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>JBT CORPORATION EMPLOYEES' RETIREMENT PROGRAM</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>JOHN BEAN TECHNOLOGIES CORPORATION</u>	D Employer Identification Number (EIN) <u>91-1650317</u>

Part I	Distributions
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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	<u>0</u>
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): <u>36-3046063</u>		
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	<u>181</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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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
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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
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2016
v. 160205

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
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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: <u>63.0</u> % Investment-Grade Debt: <u>23.0</u> % High-Yield Debt: <u>8.0</u> % Real Estate: <u>0.0</u> % Other: <u>6.0</u> % b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	



Financial Statements and Report of Independent
Certified Public Accountants

JBT Corporation
Employees' Retirement Program

December 31, 2016 and 2015

Contents

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Employee 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, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's responsibility for the financial statements

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

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, 2016 and 2015, 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, 2016, and of reportable transactions for the year ended December 31, 2016, 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.



Chicago, Illinois
October 13, 2017

JBT Corporation
Employees' Retirement Program
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2016 and 2015

	2016	2015
Assets		
Investments, at fair value	\$224,391,054	\$218,347,723
Employer contributions receivable	6,500,000	9,000,000
Interest and dividends receivable	<u>145,503</u>	<u>685,043</u>
Total assets	231,036,557	228,032,766
Liabilities		
Accrued expenses	377,617	244,570
Due to broker	<u>129,814</u>	<u>921,279</u>
Total liabilities	<u>507,431</u>	<u>1,165,849</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$230,529,126</u>	<u>\$226,866,917</u>

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, 2016 and 2015

	2016	2015
Additions		
Investment income (loss)		
Interest and dividends	\$ 4,952,496	\$ 5,306,679
Net appreciation (depreciation) in fair value of investments	<u>16,307,780</u>	<u>(20,788,757)</u>
Net investment income (loss)	21,260,276	(15,482,078)
Employer contributions	<u>6,500,000</u>	<u>9,000,000</u>
Net additions	27,760,276	(6,482,078)
Deductions		
Benefits paid directly to participants	21,231,029	23,586,001
Administrative expenses	<u>2,867,038</u>	<u>2,242,582</u>
Total deductions	<u>24,098,067</u>	<u>25,828,583</u>
NET INCREASE (DECREASE)	3,662,209	(32,310,661)
Net assets available for benefits		
Beginning of year	<u>226,866,917</u>	<u>259,177,578</u>
End of year	<u>\$230,529,126</u>	<u>\$226,866,917</u>

The accompanying notes are an integral part of these statements.

JBT Corporation
Employees' Retirement Program
NOTES TO FINANCIAL STATEMENTS
December 31, 2016 and 2015

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

The Plan is a defined benefit pension plan sponsored by John Bean Technologies Corporation (the Company) and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan covers certain employees of the Company, its retirees and terminated vested employees. The Plan also provides benefits to eligible retirees of certain predecessor companies, including former employees of the FoodTech and AeroTech businesses of FMC Corporation and FMC Technologies, Inc.

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.

Eligibility

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

The Plan was amended effective January 1, 2010, to freeze benefits accruals and future participation for non-union employees, and amended again effective January 1, 2015, to freeze benefits accruals and future participation for 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)] multiplied by (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
- Multiplied by
- Years of credited service projected to age 65 (maximum of 35 years)

JBT Corporation
Employees' Retirement Program
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2016 and 2015

- (2) 1.5% of final average annual earnings multiplied by 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 multiplied by 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).

Reclassifications

Certain amounts in the 2015 financial statements have been reclassified to the 2016 presentation.

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, but the Plan administrator does not believe such differences will materially affect the Plan's financial position or results of operations.

JBT Corporation
Employees' Retirement Program
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2016 and 2015

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 H 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.

In 2016 and 2015 the Plan was amended to provide for voluntary lump sum payment opportunities to certain qualifying terminated vested participants. The Plan paid a total of approximately \$9.6 million and \$12.7 million in lump sum payments resulting from the offerings in 2016 and 2015, respectively.

Administrative Expenses

Administrative expenses are primarily paid by the Plan.

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 2016 and 2015 was based on actuarial valuations as of January 1 of each year and in accordance with Internal Revenue Service (IRS) regulations. The Company has met the minimum funding requirements as set forth by ERISA for the 2016 and 2015 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.

JBT Corporation
Employees' Retirement Program
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2016 and 2015

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, 2015 and 2014 (the most recent valuation dates), were:

- (1) Life expectancy of participants - the aggregate 2006 base rates from the RP 2014 Combined Mortality Table with improvements projected generationally using Scale MP-2016 was used for year December 31, 2015, and the aggregate 2006 base rates from the RP 2014 Combined Mortality Table with improvements projected generationally using Scale MP-2015 Mortality Table was used for the year ended December 31, 2014.
- (2) Retirement age assumptions - the assumed average retirement age varies between 55 and 70 for active participants and 62 for terminated vested participants for the years ended December 31, 2015 and December 31, 2014.

JBT Corporation
Employees' Retirement Program
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2016 and 2015

(3) An assumed rate of return on assets of 7.00% and 7.25% for the years ended December 31, 2015 and 2014.

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, 2015:

Vested benefits	
Participants currently receiving payments	\$108,515,789
Other participants	<u>96,390,531</u>
Total vested benefits	204,906,320
Non-vested participants	<u>1,553,689</u>
Total actuarial present value of accumulated Plan benefits	<u>\$206,460,009</u>

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, 2014	\$207,432,123
Increase (decrease) during the period attributable to	
Benefits accumulated and other experience items	5,183,071
Interest accumulation	14,198,796
Benefits paid	(23,586,001)
Change in actuarial assumptions	<u>3,232,020</u>
Net decrease	<u>(972,114)</u>
Total actuarial present value of accumulated Plan benefits on December 31, 2015	<u>\$206,460,009</u>

NOTE F - TAX STATUS

On August 8, 2016, the Company received a favorable determination letter from the IRS. The determination letter applies to the Plan adopted on June 8, 2008, and amendments dated: September 15, 2009, December 23, 2009, October 25, 2011, and May 22, 2012.

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, 2016 and 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial

JBT Corporation
Employees' Retirement Program
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2016 and 2015

statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

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, interest and dividends receivable, and due to broker, as shown in the statements of net assets available for benefits as of December 31, 2016 and 2015.
- Investment income (loss), as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2016 and 2015.
- Schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2016.
- Schedule H, line 4j - schedule of reportable transactions for the year ended December 31, 2016.

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 - 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.

JBT Corporation
Employees' Retirement Program
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2016 and 2015

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 held by the Plan at year-end as practical expedient fair value. 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. 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.

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 held by the Plan at year-end as practical expedient fair value. 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, 2016 and 2015, respectively:

	2016			
	Level 1	Level 2	Level 3	Total
Common stock	\$ 9,899,814	\$ -	\$ -	\$ 9,899,814
Registered investment companies	<u>126,698,854</u>	<u>26,347,583</u>	<u>-</u>	<u>153,046,437</u>
Total investments in fair value hierarchy	<u>\$136,598,668</u>	<u>\$26,347,583</u>	<u>\$ -</u>	162,946,251
Total investments measured at NAV (1)				<u>61,444,803</u>
Total investments measured at fair value				<u>\$224,391,054</u>

JBT Corporation
Employees' Retirement Program
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2016 and 2015

	2015			
	Level 1	Level 2	Level 3	Total
Common stock	\$ 9,547,996	\$ -	\$ -	\$ 9,547,996
Registered investment companies	<u>119,735,574</u>	<u>28,846,608</u>	<u>-</u>	<u>148,582,182</u>
Total investments in fair value hierarchy	<u>\$129,283,570</u>	<u>\$28,846,608</u>	<u>\$ -</u>	158,130,178
Total investments measured at NAV (1)(2)				<u>60,217,545</u>
Total investments measured at fair value				<u>\$218,347,723</u>

- (1) The Plan is required to provide a redemption notice to withdraw its shares in the collective fund 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 the partnership 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 I - 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. Northern Trust is the trustee of the Plan; therefore, these transactions qualify as party-in-interest transactions.

NOTE J - 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.

JBT Corporation
Employees' Retirement Program
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2016 and 2015

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 K - SUBSEQUENT EVENTS

The Plan evaluated its December 31, 2016, financial statements for subsequent events through October 13, 2017, the date the financial statements were available to be issued. Plan management is not aware of any subsequent events that require recognition or disclosure in the financial statements.

SUPPLEMENTAL SCHEDULES

◆ Assets held for Investment Purposes

Page 1 of 1

Message: No information found for request.

User Selection:

Account number = JBTALL
As of date = 05/29/2017
Reporting type = Periodic Reporting

Although this report has been prepared using information believed to be reliable, it may contain information provided by third parties or derived from third party information, and/or information that may have been obtained from, categorized or otherwise reported based upon client direction. The Northern Trust Company does not guarantee the accuracy, timeliness or completeness of any such information. The information included in this report is intended to assist clients with their financial reporting needs, but you must consult with your accountants, auditors and/or legal counsel to ensure your accounting and financial reporting complies with applicable laws, regulations and accounting guidance. The Northern Trust Company and its affiliates shall have no responsibility for the consequences of investment decisions made in reliance on information contained in this report.

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31 DEC 16

Account number JBTALL

JBT CORPORATION PENSION TRUST

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◆ Current Value of Assets and Liabilities

Security Description / Asset ID	Shares/Par Value	Market Price	Market Value	ERISA Cost	Unrealized Gain/Loss on Security Movements	Unrealized Gain/Loss
<i>Receivable Income - USD</i>						
Income	0.000	0.00	145,315.20	145,315.20	0.00	0.00
Total - all currencies			145,315.20	145,315.20	0.00	0.00
Total Receivable Income - USD			145,315.20	145,315.20	0.00	0.00
<i>Receivables - Other - USD</i>						
Pending trade sales: United States dollar	0.000	0.00	6,995,040.08	6,995,040.08	0.00	0.00
Total - all currencies			6,995,040.08	6,995,040.08	0.00	0.00
Other Receivables: United States dollar	0.000	0.00	187.63	187.63	0.00	0.00
Total - all currencies			187.63	187.63	0.00	0.00
Total Receivables - Other - USD			6,995,227.71	6,995,227.71	0.00	0.00
<i>Corporate Stock - Common</i>						
United States - USD						
ADVANSIX INC COM CUSIP : 00773T101	1,375.000	22.14	30,442.50	21,863.48	0.00	8,579.02
ALBANY MOLECULAR RESH INC COM CUSIP : 012423109	3,475.000	18.76	65,191.00	65,168.64	0.00	22.36
AMERN WOODMARK CORP COM CUSIP : 030506109	1,000.000	75.25	75,250.00	72,607.98	0.00	2,642.02
AMN HEALTHCARE SVCS INC COM CUSIP : 001744101	1,450.000	38.45	55,752.50	55,976.18	0.00	-223.68
ASPEN INSURANCE HLDGS COM CUSIP : G05384105	2,475.000	55.00	136,125.00	119,125.11	0.00	16,999.89
ATKORE INTL GROUP INC COM CUSIP : 047649108	4,175.000	23.91	99,824.25	86,830.24	0.00	12,994.01

*Generated by Northern Trust from periodic data on 30 May 17

DOL 5500 Reporting

31 DEC 16

Account number JBTALL

JBT CORPORATION PENSION TRUST

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◆ Current Value of Assets and Liabilities

Security Description / Asset ID	Shares/Par Value	Market Price	Market Value	ERISA Cost	Unrealized Gain/Loss on Security Movements	Unrealized Gain/Loss
<i>Corporate Stock - Common</i>						
United States - USD						
BOOZ ALLEN HAMILTON HLDG CORP CL A COM STK CUSIP : 099502106	3,650.000	36.07	131,655.50	111,816.25	0.00	19,839.25
BROADSOFT INC COM CUSIP : 11133B409	1,300.000	41.25	53,625.00	47,613.06	0.00	6,011.94
BROWN & BROWN INC COM CUSIP : 115236101	3,625.000	44.86	162,617.50	118,564.73	0.00	44,052.77
CACI INTL INC CL A CL A CUSIP : 127190304	1,050.000	124.30	130,515.00	97,591.38	0.00	32,923.62
CALLON PETE CO DEL COM CUSIP : 13123X102	4,575.000	15.37	70,317.75	69,020.19	0.00	1,297.56
COMMERCEHUB INC COM SER A COM SER A CUSIP : 20084V108	1,725.000	15.01	25,892.25	26,034.05	0.00	-141.80
COMMUNITY TR BANCORP INC COM CUSIP : 204149108	625.000	49.60	31,000.00	28,965.18	0.00	2,034.82
CONTINENTAL BLDG PRODS INC COM CUSIP : 211171103	2,475.000	23.10	57,172.50	50,369.68	0.00	6,802.82
COTIVITI HLDGS INC COM CUSIP : 22164K101	1,900.000	34.40	65,360.00	40,551.59	0.00	24,808.41
DUN & BRADSTREET CORP DEL NEW COM CUSIP : 26483E100	900.000	121.32	109,188.00	95,094.93	0.00	14,093.07
EL PASO ELEC CO COM NEW CUSIP : 283677854	375.000	46.50	17,437.50	15,827.15	0.00	1,610.35
ENGILITY HLDGS INC NEW COM CUSIP : 29286C107	2,425.000	33.70	81,722.50	74,825.27	0.00	6,897.23
ENVISION HEALTHCARE CORP COM CUSIP : 29414D100	2,325.000	63.29	147,149.25	167,018.58	0.00	-19,869.33
FIRST AMERN FINL CORP COM STK CUSIP : 31847R102	4,050.000	36.63	148,351.50	146,574.35	0.00	1,777.15
FIRST FINL BANCORP OHIO COM CUSIP : 320209109	5,225.000	28.45	148,651.25	97,657.18	0.00	50,994.07
FIRST MERCHANTS CORP COM CUSIP : 320817109	3,825.000	37.65	144,011.25	98,051.97	0.00	45,959.28
FIRSTCASH INC COM CUSIP : 33767D105	2,675.000	47.00	125,725.00	105,210.84	0.00	20,514.16
FLCT LOANS ASSET (REST) CUSIP : 301990719	16,380.000	0.00	0.00	0.00	0.00	0.00

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◆ Current Value of Assets and Liabilities

Security Description / Asset ID	Shares/Par Value	Market Price	Market Value	ERISA Cost	Unrealized Gain/Loss on Security Movements	Unrealized Gain/Loss
<i>Corporate Stock - Common</i>						
United States - USD						
FORUM ENERGY TECH COM USD0.01 CUSIP : 34984V100	3,325.000	22.00	73,150.00	54,396.04	0.00	18,753.96
FRANKLIN ELEC INC COM CUSIP : 353514102	1,775.000	38.90	69,047.50	49,249.49	0.00	19,798.01
FS INVT CORP COM CUSIP : 302635107	9,725.000	10.30	100,167.50	89,799.18	0.00	10,368.32
GENESEE & WYO INC CL A CL A CUSIP : 371559105	1,150.000	69.41	79,821.50	76,036.18	0.00	3,785.32
GLOBAL BRASS & COPPER HLDGS INC COM CUSIP : 37953G103	575.000	34.30	19,722.50	17,300.25	0.00	2,422.25
GRAPHIC PACKAGING HLDG CO COM STK CUSIP : 388689101	10,125.000	12.48	126,360.00	130,958.33	0.00	-4,598.33
GROUP 1 AUTOMOTIVE INC COM CUSIP : 398905109	1,125.000	77.94	87,682.50	74,049.95	0.00	13,632.55
HILLENBRAND INC COM STK CUSIP : 431571108	4,075.000	38.35	156,276.25	122,008.03	0.00	34,268.22
HOPE BANCORP INC COM CUSIP : 43940T109	3,800.000	21.89	83,182.00	62,545.08	0.00	20,636.92
HOSTESS BRANDS INC CL A CL A CUSIP : 44109J106	4,100.000	13.00	53,300.00	53,099.16	0.00	200.84
ICF INTL INC COM STK CUSIP : 44925C103	2,275.000	55.20	125,580.00	81,864.68	0.00	43,715.32
INC RESH HLDGS INC CL A CL A CUSIP : 45329R109	825.000	52.60	43,395.00	42,517.87	0.00	877.13
INTEGRA LIFESCIENCES HLDG CORP COM DESP CUSIP : 457985208	525.000	85.79	45,039.75	36,080.31	0.00	8,959.44
INTEGRATED DEVICE TECHNOLOGY INC COM CUSIP : 458118106	2,150.000	23.56	50,654.00	54,098.79	0.00	-3,444.79
KAR AUCTION SVCS INC COM STK CUSIP : 48238T109	3,275.000	42.62	139,580.50	122,196.89	0.00	17,383.61
KAYNE ANDERSON MLP INVT CO COM CUSIP : 486606106	181,075.000	19.58	3,545,448.50	3,011,592.38	0.00	533,856.12
KIRBY CORP COM CUSIP : 497266106	725.000	66.50	48,212.50	38,712.95	0.00	9,499.55
LA Z BOY INC COM CUSIP : 505336107	2,925.000	31.05	90,821.25	76,579.52	0.00	14,241.73

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◆ Current Value of Assets and Liabilities

Security Description / Asset ID	Shares/Par Value	Market Price	Market Value	ERISA Cost	Unrealized Gain/Loss on Security Movements	Unrealized Gain/Loss
<i>Corporate Stock - Common</i>						
United States - USD						
LAKELAND FINL CORP COM STK CUSIP : 511656100	1,375.000	47.36	65,120.00	43,033.06	0.00	22,086.94
LAREDO PETROLEUM INC CUSIP : 516806106	7,750.000	14.14	109,585.00	75,453.54	0.00	34,131.46
LINCOLN ELEC HLDGS INC COM CUSIP : 533900106	650.000	76.67	49,835.50	36,412.19	0.00	13,423.31
LITTELFUSE INC COM CUSIP : 537008104	375.000	151.77	56,913.75	43,663.21	0.00	13,250.54
MADDEN STEVEN LTD COM CUSIP : 556269108	2,075.000	35.75	74,181.25	73,468.97	0.00	712.28
MULTI PACKAGING SOLUTIONS INTL MULTI PACKAGING SOLUTIONS INTL COM USD1 CUSIP : G6331W109	5,800.000	14.26	82,708.00	94,308.77	0.00	-11,600.77
MULTI-COLOR CORP COM CUSIP : 625383104	1,175.000	77.60	91,180.00	66,390.18	0.00	24,789.82
NORTHWESTERN CORP COM NEW COM NEW CUSIP : 668074305	1,900.000	56.87	108,053.00	103,657.97	0.00	4,395.03
OASIS PETE INC NEW COM STK CUSIP : 674215108	6,375.000	15.14	96,517.50	59,944.90	0.00	36,572.60
OLD NATL BANCORP IND COM CUSIP : 680033107	4,250.000	18.15	77,137.50	56,240.22	0.00	20,897.28
PAC PREMIER BANCORP COM CUSIP : 69478X105	2,400.000	35.35	84,840.00	60,981.69	0.00	23,858.31
PRA HEALTH SCIENCES INC COM CUSIP : 69354M108	1,125.000	55.12	62,010.00	52,307.06	0.00	9,702.94
PROSPERITY BANCSHARES INC COM CUSIP : 743606105	3,175.000	71.78	227,901.50	151,107.66	0.00	76,793.84
RELiance STL & ALUM CO COM CUSIP : 759509102	1,600.000	79.54	127,264.00	100,211.37	0.00	27,052.63
RENAISSANCE RE HLDGS LTD COM CUSIP : G7496G103	1,144.000	136.22	155,835.68	130,547.22	0.00	25,288.46
SILGAN HLDGS INC COM CUSIP : 827048109	1,275.000	51.18	65,254.50	68,413.19	0.00	-3,158.69
SILICON LABORATORIES INC COM CUSIP : 826919102	2,100.000	65.00	136,500.00	101,604.59	0.00	34,895.41
SPIRE INC COM CUSIP : 84857L101	875.000	64.55	56,481.25	53,275.58	0.00	3,205.67

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◆ Current Value of Assets and Liabilities

Security Description / Asset ID	Shares/Par Value	Market Price	Market Value	ERISA Cost	Unrealized Gain/Loss on Security Movements	Unrealized Gain/Loss
<i>Corporate Stock - Common</i>						
United States - USD						
SURGERY PARTNERS INC COM CUSIP : 86881A100	1,475.000	15.85	23,378.75	28,030.17	0.00	-4,651.42
TCP CAP CORP COM CUSIP : 87238Q103	5,025.000	16.90	84,922.50	70,768.25	0.00	14,154.25
TEAM INC COM STK CUSIP : 878155100	1,150.000	39.25	45,137.50	35,993.01	0.00	9,144.49
THERMON GROUP HLDGS INC CUSIP : 88362T103	1,450.000	19.09	27,680.50	25,111.10	0.00	2,569.40
UNION BANKSHARES CORP NEW COM CUSIP : 90539J109	3,950.000	35.74	141,173.00	101,590.55	0.00	39,582.45
VECTREN CORP COM CUSIP : 92240G101	1,875.000	52.15	97,781.25	81,026.15	0.00	16,755.10
VERINT SYS INC COM CUSIP : 92343X100	1,825.000	35.25	64,331.25	72,744.84	0.00	-8,413.59
VIRTUSA CORP COM CUSIP : 92827P102	2,050.000	25.12	51,496.00	50,832.48	0.00	663.52
VISTA OUTDOOR INC COM CUSIP : 928377100	2,500.000	36.90	92,250.00	112,529.11	0.00	-20,279.11
VWR CORP COM CUSIP : 91843L103	5,375.000	25.03	134,536.25	151,228.82	0.00	-16,692.57
WEBSTER FNCL CORP WATERBURY CONN COM CUSIP : 947890109	450.000	54.28	24,426.00	16,641.93	0.00	7,784.07
WESCO INTL INC COM CUSIP : 95082P105	1,600.000	66.55	106,480.00	88,338.18	0.00	18,141.82
ZEBRA TECHNOLOGIES CORP CL A CUSIP : 989207105	1,125.000	85.76	96,480.00	63,923.73	0.00	32,556.27
Total United States - USD			9,767,809.68	8,275,222.78	0.00	1,492,586.90
Total Corporate Stock - Common			9,767,809.68	8,275,222.78	0.00	1,492,586.90
<i>Partnership/Joint Venture Interests</i>						
United States - USD						
THE TAP FUND LLC - CLASS C CUSIP : 9912VS994	3,186,818.170	1.00	1.00	1,815,395.17	0.00	-1,815,394.17
Total United States - USD			1.00	1,815,395.17	0.00	-1,815,394.17

*Generated by Northern Trust from periodic data on 30 May 17

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◆ Current Value of Assets and Liabilities

Security Description / Asset ID	Shares/Par Value	Market Price	Market Value	ERISA Cost	Unrealized Gain/Loss on Security Movements	Unrealized Gain/Loss
Total Partnership/Joint Venture Interests			1.00	1,815,395.17	0.00	-1,815,394.17
<i>Value of Interest in Common/Collective Trusts</i>						
United States - USD						
CF SSGA RUSSELL 1000 INDEX NON-LENDING (CMCQ) FUND. CUSIP : 410997415	1,427,939.000	30.791	43,967,669.75	39,226,912.29	0.00	4,740,757.46
CF SSGA TIPS INDEX (CMTP) FD CUSIP : 885999524	355,575.280	24.69	8,779,153.66	8,388,376.46	0.00	390,777.20
COLTV SHORT TERM INVT FD CUSIP : 195998AC3	8,697,979.710	1.00	8,697,979.71	8,697,979.71	0.00	0.00
Total United States - USD			61,444,803.12	56,313,268.46	0.00	5,131,534.66
Total Value of Interest in Common/Collective Trusts			61,444,803.12	56,313,268.46	0.00	5,131,534.66
<i>Value of Interest in Registered Investment Companies</i>						
Emerging Markets Region - USD						
MFO ABERDEEN FDS EMERGING MKTS FD INSTL CL CUSIP : 003021714	1,788,740.540	12.56	22,466,581.18	20,340,403.63	0.00	2,126,177.55
MFO PIMCO FDS EMERGING LOCAL BD FD INSTLCL USD CUSIP : 72201F516	355,390.560	6.95	2,469,964.39	2,369,618.50	0.00	100,345.89
Total Emerging Markets Region - USD			24,936,545.57	22,710,022.13	0.00	2,226,523.44
International Region - USD						
MFO GMO TR FOR FUTURE ISSUE SEE 362013 FOREIGN SMALL COS FD CL III CUSIP : 362008617	560,371.570	13.89	7,783,561.11	7,965,108.41	0.00	-181,547.30
MFO SCOUT INTERNATIONAL FD CUSIP : 81063U503	1,149,356.910	20.83	23,941,104.44	26,219,133.91	0.00	-2,278,029.47
Total International Region - USD			31,724,665.55	34,184,242.32	0.00	-2,459,576.77
United States - USD						
MFC ISHARES TR RUSSELL 2000 VALUE ETF CUSIP : 464287630	3,025.000	118.94	359,793.50	312,895.97	0.00	46,897.53
MFO DODGE & COX INC FD CUSIP : 256210105	978,628.930	13.59	13,299,567.16	13,015,513.03	0.00	284,054.13
MFO HOTCHKIS & WILEY FDS HI YIELD FD CL CUSIP : 44134R735	1,500,158.590	12.01	18,016,904.67	17,139,068.35	0.00	877,836.32

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◆ Current Value of Assets and Liabilities

Security Description / Asset ID	Shares/Par Value	Market Price	Market Value	ERISA Cost	Unrealized Gain/Loss on Security Movements	Unrealized Gain/Loss
<i>Value of Interest in Registered Investment Companies</i>						
United States - USD						
MFO LEGG MASON PARTNERS EQUITY TR CLEARBRIDGE SMALL CAP GROWTH FD CL IS CUSIP : 52470H666	229,816.210	29.05	6,676,160.90	6,466,819.20	0.00	209,341.70
MFO NUVEEN INVT FDS INC REAL ESTATE SECSFD CL I CUSIP : 670678507	684,591.840	22.07	15,108,941.91	15,692,399.85	0.00	-583,457.94
MFO PIMCO FDS FGN FD INSTL CUSIP : 693390882	1,184,778.830	10.46	12,392,786.56	11,748,451.69	0.00	644,334.87
MFO PIMCO FDS PAC INVT MGMT SER COMMODITY REALRETURN STRATEGY FD INSTL CUSIP : 722005667	772,730.570	7.16	5,532,750.88	4,880,488.00	0.00	652,262.88
MFO STEELPATH MLP FDS TR SELECT 40 FD CL CUSIP : 858268204	1,411,249.140	9.75	13,759,679.12	12,941,111.35	0.00	818,567.77
MFO WELLS FARGO FDS INTL BD FD INSTL CL MFO WELLS FARGO FUNDS INTL BONDINSTL CUSIP : 94985D582	1,193,061.600	9.42	11,238,640.27	11,298,293.37	0.00	-59,653.10
Total United States - USD			96,385,224.97	93,495,040.81	0.00	2,890,184.16
Total Value of Interest in Registered Investment Companies			153,046,436.09	150,389,305.26	0.00	2,657,130.83
<i>Other</i>						
United States - USD						
HERSHA HOSPITALITY TR PRIORITY SHS BEN INT CL A NEW PRTY SHS BEN INT CL A NEW CUSIP : 427825500	3,325.000	21.50	71,487.50	71,632.34	0.00	-144.84
RAMCO-GERSHENSON PPTYS TR COM SH BEN INTCOM SH BEN INT CUSIP : 751452202	3,650.000	16.58	60,517.00	69,956.82	0.00	-9,439.82
Total United States - USD			132,004.50	141,589.16	0.00	-9,584.66
Total Other			132,004.50	141,589.16	0.00	-9,584.66
<i>Other Liabilities</i>						
Pending trade purchases: United States dollar	0.000	0.00	-1,936,397.62	-1,936,397.62	0.00	0.00
Total - all currencies			-1,936,397.62	-1,936,397.62	0.00	0.00

*Generated by Northern Trust from periodic data on 30 May 17

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◆ Current Value of Assets and Liabilities

Security Description / Asset ID	Shares/Par Value	Market Price	Market Value	ERISA Cost	Unrealized Gain/Loss on Security Movements	Unrealized Gain/Loss
<i>Other Liabilities</i>						
Other Payables: United States dollar	0.000	0.00	-5,188,456.83	-5,188,456.83	0.00	0.00
Total - all currencies			-5,188,456.83	-5,188,456.83	0.00	0.00
Total Other Liabilities			-7,124,854.45	-7,124,854.45	0.00	0.00
Total			224,406,742.85	216,950,469.29	0.00	7,456,273.56

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◆ 5% Report - Part A

Single Transactions in Excess of 5%

Security description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
United States - USD									
MFO FRANKLIN HIGH INCOME TR HIGH INCOME FD CL R6	-10,790,502.810	28 Apr 16		1.7200		0.00	21,113,754.43	18,559,664.86	-2,554,089.57
MFO HOTCHKIS & WILEY FDS HI YIELD FD CL	1,455,441.180	28 Apr 16	11.4100			0.00	16,606,583.83	16,606,583.83	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 12-31-15 VALUE (INCLUDING ACCRUALS) OF 218,111,486.96

*Generated by Northern Trust from periodic data on 30 May 17 C0699

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◆ 5% Report - Part A

Single Transactions in Excess of 5%

Security description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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NOTE: TRANSACTIONS ARE BASED ON THE 12-31-15 VALUE (INCLUDING ACCRUALS) OF 218,111,486.96

*Generated by Northern Trust from periodic data on 30 May 17 C0699

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◆ 5% Report - Part B

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

Security Description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2015-12-31 VALUE (INCLUDING ACCRUALS) OF 218,111,486.96

*Generated by Northern Trust from periodic data on 30 May 17 C0700

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Account Name JBT CORPORATION PENSION TRUST

◆ 5% Report - Part C Summary

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Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID		Number of Transactions	Transaction Acquisition Price	Aggregate Disposition Price	Lease Rental	Expenses Incurred	Cost of Asset	Value of Asset on Transaction
COLTV SHORT TERM INVT FD CUSIP: 195998AC3	Total acquisitions	375	41,270,427.79			0.00	41,270,427.79	41,270,427.79
	Total dispositions	168		36,675,860.77		0.00	36,675,860.77	36,675,860.77
MFO FRANKLIN HIGH INCOME TR HIGH INCOME FD CL R6 CUSIP: 353538606	Total acquisitions	4	414,582.62			0.00	414,582.62	414,582.62
	Total dispositions	1		18,559,664.86		0.00	21,113,754.43	18,559,664.86
MFO HOTCHKIS & WILEY FDS HI YIELD FD CL CUSIP: 44134R735	Total acquisitions	10	19,366,744.34			0.00	19,366,744.34	19,366,744.34
	Total dispositions	2		2,300,000.00		0.00	2,227,676.00	2,300,000.00

NOTE: TRANSACTIONS ARE BASED ON THE 2015-12-31 VALUE (INCLUDING ACCRUALS) OF 218,111,486.96

*Generated by Northern Trust from periodic data on 30 May 17 C0073

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◆ 5% Report - Part C Summary

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Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Number of Transactions	Transaction Aggregate		Lease Rental	Expenses Incurred	Cost of Asset	Value of Asset on Transaction
		Acquisition Price	Disposition Price				

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NOTE: TRANSACTIONS ARE BASED ON THE 2015-12-31 VALUE (INCLUDING ACCRUALS) OF 218,111,486.96

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◆ 5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

Although this report has been prepared using information believed to be reliable, it may contain information provided by third parties or derived from third party information, and/or information that may have been obtained from, categorized or otherwise reported based upon client direction. The Northern Trust Company does not guarantee the accuracy, timeliness or completeness of any such information. The information included in this report is intended to assist clients with their financial reporting needs, but you must consult with your accountants, auditors and/or legal counsel to ensure your accounting and financial reporting complies with applicable laws, regulations and accounting guidance. The Northern Trust Company and its affiliates shall have no responsibility for the consequences of investment decisions made in reliance on information contained in this report.

NOTE: TRANSACTIONS ARE BASED ON THE 2015-12-31 VALUE (INCLUDING ACCRUALS) OF 218,111,486.96

**Generated by Northern Trust from periodic data on 30 May 17 C0702*

Schedule SB Attachment (Form 5500)—2016 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, 2016

Schedule of Salaried Active Participant Data as of January 1, 2016

Attained Age	Number of Participants and Average Accrued Benefit									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29	4	10			1					
30-34	4	44 \$1,301	7							
35-39	8	43 \$1,339	30 \$4,404	4						
40-44	5	41 \$1,569	38 \$5,033	16	8	1				
45-49	5	33 \$1,890	32 \$5,560	25 \$10,506	18	9				
50-54	7	36 \$1,770	36 \$6,321	31 \$8,928	38 \$16,893	32 \$15,776	7	2		
55-59	11	39 \$1,521	41 \$5,790	36 \$11,364	28 \$15,273	37 \$24,233	31 \$21,793	14	1	
60-64	5	24 \$1,508	24 \$6,642	18	18	22 \$18,615	23 \$22,088	13	9	1
65-69	2	12	4	3	3	5	1	2	4	1
70+	2	2	2	1			2			

N-1016

Schedule SB Attachment (Form 5500)—2016 Plan Year
JBT Corporation Employees' Retirement Program
EIN: 91-1650317 PN: 001

Schedule of Hourly Active Participant Data as of January 1, 2016

Attained Age	Number of Participants									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29	4	1	2							
30-34	2	2	9							
35-39	4	1	9	1						
40-44	2	1	7		5	1				
45-49	2	2	4	3	4		3	1		
50-54	1		6	1	1	2	11	4	5	
55-59		1	3	1	3		9	1	13	
60-64			2	1	2	2	3		1	8
65-69	1								1	
70+			1							

N-64

Schedule SB Attachment (Form 5500)—2016 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 2015), each adjusted as needed to fall within the 25-year average interest rate corridor
1st Segment Rate	4.43%
2nd Segment Rate	5.91%
3rd Segment Rate	6.65%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2015), without regard to interest rate stabilization
1st Segment Rate	1.34%
2nd Segment Rate	4.03%
3rd Segment Rate	5.06%
Optional Payment Form Conversion Interest Rate	6.00% for salaried and non union hourly 8.00% for union hourly
Optional Payment Form Conversion Mortality	RP-2000 Combined Healthy Mortality Table for salaried and nonunion hourly; 1983 Group Annuity Mortality Table for union hourly
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62 (Salaried and nonunion hourly participants who were terminated under 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	2016 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Tables 3–4
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year
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.

Schedule SB Attachment (Form 5500)—2016 Plan Year
JBT Corporation Employees' Retirement Program
EIN: 91-1650317 PN: 001

Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.
Valuation of Plan Assets	<p>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.</p> <p>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).</p>
Expected Return on Assets	
2014 Plan Year	8.00%, limited to 6.99%
2015 Plan Year	7.25%, limited to 6.81%
2016 Plan Year	7.00%, limited to 6.65%
Trust Expenses Included in Target Normal Cost	\$1,400,000
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2016

Schedule SB Attachment (Form 5500)—2016 Plan Year
JBT Corporation Employees' Retirement Program
EIN: 91-1650317 PN: 001

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%

Schedule SB Attachment (Form 5500)—2016 Plan Year
JBT Corporation Employees' Retirement Program
EIN: 91-1650317 PN: 001

Table 2—Page 1 of 2

Withdrawal Rates

Age	Years of Service			
	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%

Schedule SB Attachment (Form 5500)—2016 Plan Year
JBT Corporation Employees' Retirement Program
EIN: 91-1650317 PN: 001

Table 2—Page 2 of 2

Withdrawal Rates

Age	Years of Service			
	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%

Schedule SB Attachment (Form 5500)—2016 Plan Year
JBT Corporation Employees' Retirement Program
EIN: 91-1650317 PN: 001

Table 3

Disability Rates—Salaried and Nonunion Hourly

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

Schedule SB Attachment (Form 5500)—2016 Plan Year
JBT Corporation Employees' Retirement Program
EIN: 91-1650317 PN: 001

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%

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2016</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☒ a single-employer plan	☐ a DFE (specify) _____	
B	This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan 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 (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 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		<u>10/12/2017</u>	JASON CLAYTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>10/13/2017</u>	
	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) GRANT THORNTON LLP 171 N. CLARK ST., SUITE 200 CHICAGO IL 60601			Preparer's telephone number 312-856-0200

3a Plan administrator's name and address ☒ 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: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 3, 679
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) 1, 170
a(2) Total number of active participants at the end of the plan year	6a(2) 1, 072
b Retired or separated participants receiving benefits.....	6b 1, 426
c Other retired or separated participants entitled to future benefits	6c 682
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 3, 180
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 282
f Total. Add lines 6d and 6e	6f 3, 462
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

DOL 5500 Reporting

01 JAN 16 - 31 DEC 16

Account ID JBTALL

Account Name JBT CORPORATION PENSION TRUST

Page 1 of 2

◆ 5% Report - Part A

Single Transactions in Excess of 5%

Security description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
United States - USD									
MFO FRANKLIN HIGH INCOME TR HIGH INCOME FD CL R6	-10,790,502.810	28 Apr 16		1.7200		0.00	21,113,754.43	18,559,664.86	-2,554,089.57
MFO HOTCHKIS & WILEY FDS HI YIELD FD CL	1,455,441.180	28 Apr 16	11.4100			0.00	16,606,583.83	16,606,583.83	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 12-31-15 VALUE (INCLUDING ACCRUALS) OF 218,111,486.96

*Generated by Northern Trust from periodic data on 30 May 17 C0699

DOL 5500 Reporting

01 JAN 16 - 31 DEC 16

Account ID JBTALL

Account Name JBT CORPORATION PENSION TRUST

Page 2 of 2

◆ 5% Report - Part A

Single Transactions in Excess of 5%

Security description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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NOTE: TRANSACTIONS ARE BASED ON THE 12-31-15 VALUE (INCLUDING ACCRUALS) OF 218,111,486.96

*Generated by Northern Trust from periodic data on 30 May 17 C0699

DOL 5500 Reporting

01 JAN 16 - 31 DEC 16

Account ID JBTALL

Account Name JBT CORPORATION PENSION TRUST

◆ 5% Report - Part B

Page 1 of 2

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

Security Description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2015-12-31 VALUE (INCLUDING ACCRUALS) OF 218,111,486.96

*Generated by Northern Trust from periodic data on 30 May 17 C0700

DOL 5500 Reporting

01 JAN 16 - 31 DEC 16

Account ID JBTALL

Account Name JBT CORPORATION PENSION TRUST

◆ 5% Report - Part C Summary

Page 1 of 2

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID		Number of Transactions	Transaction Acquisition Price	Aggregate Disposition Price	Lease Rental	Expenses Incurred	Cost of Asset	Value of Asset on Transaction
COLTV SHORT TERM INVT FD CUSIP: 195998AC3	Total acquisitions	375	41,270,427.79			0.00	41,270,427.79	41,270,427.79
COLTV SHORT TERM INVT FD CUSIP: 195998AC3	Total dispositions	168		36,675,860.77		0.00	36,675,860.77	36,675,860.77
MFO FRANKLIN HIGH INCOME TR HIGH INCOME FD CL R6 CUSIP: 353538606	Total acquisitions	4	414,582.62			0.00	414,582.62	414,582.62
	Total dispositions	1		18,559,664.86		0.00	21,113,754.43	18,559,664.86
MFO HOTCHKIS & WILEY FDS HI YIELD FD CL CUSIP: 44134R735	Total acquisitions	10	19,366,744.34			0.00	19,366,744.34	19,366,744.34
	Total dispositions	2		2,300,000.00		0.00	2,227,676.00	2,300,000.00

NOTE: TRANSACTIONS ARE BASED ON THE 2015-12-31 VALUE (INCLUDING ACCRUALS) OF 218,111,486.96

*Generated by Northern Trust from periodic data on 30 May 17 C0073

DOL 5500 Reporting

01 JAN 16 - 31 DEC 16

Account ID JBTALL

Account Name JBT CORPORATION PENSION TRUST

◆ 5% Report - Part C Summary

Page 2 of 2

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Number of Transactions	Transaction Aggregate		Lease Rental	Expenses Incurred	Cost of Asset	Value of Asset on Transaction
		Acquisition Price	Disposition Price				

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NOTE: TRANSACTIONS ARE BASED ON THE 2015-12-31 VALUE (INCLUDING ACCRUALS) OF 218,111,486.96

**Generated by Northern Trust from periodic data on 30 May 17 C0073*

DOL 5500 Reporting

01 JAN 16 - 31 DEC 16

Account ID JBTALL

Account Name JBT CORPORATION PENSION TRUST

Page 1 of 1

◆ 5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

Although this report has been prepared using information believed to be reliable, it may contain information provided by third parties or derived from third party information, and/or information that may have been obtained from, categorized or otherwise reported based upon client direction. The Northern Trust Company does not guarantee the accuracy, timeliness or completeness of any such information. The information included in this report is intended to assist clients with their financial reporting needs, but you must consult with your accountants, auditors and/or legal counsel to ensure your accounting and financial reporting complies with applicable laws, regulations and accounting guidance. The Northern Trust Company and its affiliates shall have no responsibility for the consequences of investment decisions made in reliance on information contained in this report.

NOTE: TRANSACTIONS ARE BASED ON THE 2015-12-31 VALUE (INCLUDING ACCRUALS) OF 218,111,486.96

**Generated by Northern Trust from periodic data on 30 May 17 C0702*

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

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

A Name of plan 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: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information				
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>				
2 Assets:				
a Market value.....			2a	226,628,998
b Actuarial value			2b	249,291,897
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		1,633	114,025,512	114,025,512
b For terminated vested participants		876	39,376,690	39,376,690
c For active participants		1,170	65,680,312	67,361,307
d Total		3,679	219,082,514	220,763,509
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	6.10%
6 Target normal cost			6	1,484,249

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	09/27/2017 Date 1706838 Most recent enrollment number 847-295-5000 Telephone number (including area code)
JULIE L. SOLUM Type or print name of actuary AON CONSULTING, INC Firm name		
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 ☐

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

Schedule SB (Form 5500) 2016
v. 160205

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	39,713,355
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	39,713,355
10 Interest on line 9 using prior year's actual return of <u>-6.52%</u>	0	-2,589,311
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		8,242,011
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 <u>6.31%</u>		520,071
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.....		8,762,082
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....	0	5,000,000
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	32,124,044

Part III Funding Percentages

14 Funding target attainment percentage	14	98.37%
15 Adjusted funding target attainment percentage.....	15	112.92%
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	100.69%
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
07/25/2017	4,000,000	0			
09/13/2017	2,500,000	0			
Totals ►			18(b)	6,500,000	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	5,908,086

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:			
a Segment rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %
			☐ 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	1,484,249	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	3,595,656	594,087	
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	2,078,336	
	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	2,078,336	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	5,908,086	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	3,829,750	
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)—2016 Plan Year
JBT Corporation Employees' Retirement Program
EIN: 91-1650317 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2016

Date	Amount	Days to Discount to 1/1/2016 at 6.10%	Interest Adjusted Contribution
July 25, 2017	\$ 4,000,000	571	\$ 3,647,046
September 13, 2017	<u>2,500,000</u>	621	<u>2,261,040</u>
Total Contribution	\$ 6,500,000		\$ 5,908,086

Schedule SB Attachment (Form 5500)—2016 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

Schedule SB Attachment (Form 5500)—2016 Plan Year
JBT Corporation Employees' Retirement Program
EIN: 91-1650317 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Salaried and Nonunion Hourly

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	<p>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:</p> <p>(1) 1% of final average earnings up to allowable Social Security covered compensation;</p> <p>Plus</p> <p>1.5% of final average earnings over allowable Social Security covered compensation;</p> <p>Times</p> <p>Years of credited service projected to age 65 (up to 35 years).</p> <p>(2) 1.5% of final average earnings;</p> <p>Times</p> <p>Years of credited service projected to age 65 (in excess of 35).</p> <p>(3) Ratio of years of credited service as of termination to years of credited service projected to age 65.</p> <p>(4) \$1.00 for each \$120 of unwithdrawn employee contributions accumulated with interest.</p>

Schedule SB Attachment (Form 5500)—2016 Plan Year
JBT Corporation Employees' Retirement Program
EIN: 91-1650317 PN: 001

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.

Schedule SB Attachment (Form 5500)—2016 Plan Year
JBT Corporation Employees' Retirement Program
EIN: 91-1650317 PN: 001

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.

Schedule SB Attachment (Form 5500)—2016 Plan Year
JBT Corporation Employees' Retirement Program
EIN: 91-1650317 PN: 001

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

Schedule SB Attachment (Form 5500)—2016 Plan Year
JBT Corporation Employees' Retirement Program
EIN: 91-1650317 PN: 001

Summary of Plan Provisions—Union Hourly

Plan Status	<p>The plan was closed to new union participants as of January 1, 2015.</p> <p>Eligible union employees who were hired prior to September 1, 2014, were given an election to continue to accrue future benefit service through December 31, 2017. Credited service was frozen as of December 31, 2014, for all other participants who did not make this election.</p>
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	<p>The benefit is computed in the same manner as the normal retirement benefit except for the following:</p> <p>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.</p>
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.

Schedule SB Attachment (Form 5500)—2016 Plan Year
JBT Corporation Employees' Retirement Program
EIN: 91-1650317 PN: 001

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.

◆ Assets held for Investment Purposes

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Message: No information found for request.

User Selection:

Account number = JBTALL
As of date = 05/29/2017
Reporting type = Periodic Reporting

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**Generated by Northern Trust at 30 May 17 09:19*

DOL 5500 Reporting

31 DEC 16

Account number JBTALL

JBT CORPORATION PENSION TRUST

Page 1 of 8

◆ Current Value of Assets and Liabilities

Security Description / Asset ID	Shares/Par Value	Market Price	Market Value	ERISA Cost	Unrealized Gain/Loss on Security Movements	Unrealized Gain/Loss
<i>Receivable Income - USD</i>						
Income	0.000	0.00	145,315.20	145,315.20	0.00	0.00
Total - all currencies			145,315.20	145,315.20	0.00	0.00
Total Receivable Income - USD			145,315.20	145,315.20	0.00	0.00
<i>Receivables - Other - USD</i>						
Pending trade sales: United States dollar	0.000	0.00	6,995,040.08	6,995,040.08	0.00	0.00
Total - all currencies			6,995,040.08	6,995,040.08	0.00	0.00
Other Receivables: United States dollar	0.000	0.00	187.63	187.63	0.00	0.00
Total - all currencies			187.63	187.63	0.00	0.00
Total Receivables - Other - USD			6,995,227.71	6,995,227.71	0.00	0.00
<i>Corporate Stock - Common</i>						
United States - USD						
ADVANSIX INC COM CUSIP : 00773T101	1,375.000	22.14	30,442.50	21,863.48	0.00	8,579.02
ALBANY MOLECULAR RESH INC COM CUSIP : 012423109	3,475.000	18.76	65,191.00	65,168.64	0.00	22.36
AMERN WOODMARK CORP COM CUSIP : 030506109	1,000.000	75.25	75,250.00	72,607.98	0.00	2,642.02
AMN HEALTHCARE SVCS INC COM CUSIP : 001744101	1,450.000	38.45	55,752.50	55,976.18	0.00	-223.68
ASPEN INSURANCE HLDGS COM CUSIP : G05384105	2,475.000	55.00	136,125.00	119,125.11	0.00	16,999.89
ATKORE INTL GROUP INC COM CUSIP : 047649108	4,175.000	23.91	99,824.25	86,830.24	0.00	12,994.01

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DOL 5500 Reporting

31 DEC 16

Account number JBTALL

JBT CORPORATION PENSION TRUST

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◆ Current Value of Assets and Liabilities

Security Description / Asset ID	Shares/Par Value	Market Price	Market Value	ERISA Cost	Unrealized Gain/Loss on Security Movements	Unrealized Gain/Loss
<i>Corporate Stock - Common</i>						
United States - USD						
BOOZ ALLEN HAMILTON HLDG CORP CL A COM STK CUSIP : 099502106	3,650.000	36.07	131,655.50	111,816.25	0.00	19,839.25
BROADSOFT INC COM CUSIP : 11133B409	1,300.000	41.25	53,625.00	47,613.06	0.00	6,011.94
BROWN & BROWN INC COM CUSIP : 115236101	3,625.000	44.86	162,617.50	118,564.73	0.00	44,052.77
CACI INTL INC CL A CL A CUSIP : 127190304	1,050.000	124.30	130,515.00	97,591.38	0.00	32,923.62
CALLON PETE CO DEL COM CUSIP : 13123X102	4,575.000	15.37	70,317.75	69,020.19	0.00	1,297.56
COMMERCEHUB INC COM SER A COM SER A CUSIP : 20084V108	1,725.000	15.01	25,892.25	26,034.05	0.00	-141.80
COMMUNITY TR BANCORP INC COM CUSIP : 204149108	625.000	49.60	31,000.00	28,965.18	0.00	2,034.82
CONTINENTAL BLDG PRODS INC COM CUSIP : 211171103	2,475.000	23.10	57,172.50	50,369.68	0.00	6,802.82
COTIVITI HLDGS INC COM CUSIP : 22164K101	1,900.000	34.40	65,360.00	40,551.59	0.00	24,808.41
DUN & BRADSTREET CORP DEL NEW COM CUSIP : 26483E100	900.000	121.32	109,188.00	95,094.93	0.00	14,093.07
EL PASO ELEC CO COM NEW CUSIP : 283677854	375.000	46.50	17,437.50	15,827.15	0.00	1,610.35
ENGILITY HLDGS INC NEW COM CUSIP : 29286C107	2,425.000	33.70	81,722.50	74,825.27	0.00	6,897.23
ENVISION HEALTHCARE CORP COM CUSIP : 29414D100	2,325.000	63.29	147,149.25	167,018.58	0.00	-19,869.33
FIRST AMERN FINL CORP COM STK CUSIP : 31847R102	4,050.000	36.63	148,351.50	146,574.35	0.00	1,777.15
FIRST FINL BANCORP OHIO COM CUSIP : 320209109	5,225.000	28.45	148,651.25	97,657.18	0.00	50,994.07
FIRST MERCHANTS CORP COM CUSIP : 320817109	3,825.000	37.65	144,011.25	98,051.97	0.00	45,959.28
FIRSTCASH INC COM CUSIP : 33767D105	2,675.000	47.00	125,725.00	105,210.84	0.00	20,514.16
FLCT LOANS ASSET (REST) CUSIP : 301990719	16,380.000	0.00	0.00	0.00	0.00	0.00

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DOL 5500 Reporting

31 DEC 16

Account number JBTALL

JBT CORPORATION PENSION TRUST

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◆ Current Value of Assets and Liabilities

Security Description / Asset ID	Shares/Par Value	Market Price	Market Value	ERISA Cost	Unrealized Gain/Loss on Security Movements	Unrealized Gain/Loss
<i>Corporate Stock - Common</i>						
United States - USD						
FORUM ENERGY TECH COM USD0.01 CUSIP : 34984V100	3,325.000	22.00	73,150.00	54,396.04	0.00	18,753.96
FRANKLIN ELEC INC COM CUSIP : 353514102	1,775.000	38.90	69,047.50	49,249.49	0.00	19,798.01
FS INVT CORP COM CUSIP : 302635107	9,725.000	10.30	100,167.50	89,799.18	0.00	10,368.32
GENESEE & WYO INC CL A CL A CUSIP : 371559105	1,150.000	69.41	79,821.50	76,036.18	0.00	3,785.32
GLOBAL BRASS & COPPER HLDGS INC COM CUSIP : 37953G103	575.000	34.30	19,722.50	17,300.25	0.00	2,422.25
GRAPHIC PACKAGING HLDG CO COM STK CUSIP : 388689101	10,125.000	12.48	126,360.00	130,958.33	0.00	-4,598.33
GROUP 1 AUTOMOTIVE INC COM CUSIP : 398905109	1,125.000	77.94	87,682.50	74,049.95	0.00	13,632.55
HILLENBRAND INC COM STK CUSIP : 431571108	4,075.000	38.35	156,276.25	122,008.03	0.00	34,268.22
HOPE BANCORP INC COM CUSIP : 43940T109	3,800.000	21.89	83,182.00	62,545.08	0.00	20,636.92
HOSTESS BRANDS INC CL A CL A CUSIP : 44109J106	4,100.000	13.00	53,300.00	53,099.16	0.00	200.84
ICF INTL INC COM STK CUSIP : 44925C103	2,275.000	55.20	125,580.00	81,864.68	0.00	43,715.32
INC RESH HLDGS INC CL A CL A CUSIP : 45329R109	825.000	52.60	43,395.00	42,517.87	0.00	877.13
INTEGRA LIFESCIENCES HLDG CORP COM DESP CUSIP : 457985208	525.000	85.79	45,039.75	36,080.31	0.00	8,959.44
INTEGRATED DEVICE TECHNOLOGY INC COM CUSIP : 458118106	2,150.000	23.56	50,654.00	54,098.79	0.00	-3,444.79
KAR AUCTION SVCS INC COM STK CUSIP : 48238T109	3,275.000	42.62	139,580.50	122,196.89	0.00	17,383.61
KAYNE ANDERSON MLP INVT CO COM CUSIP : 486606106	181,075.000	19.58	3,545,448.50	3,011,592.38	0.00	533,856.12
KIRBY CORP COM CUSIP : 497266106	725.000	66.50	48,212.50	38,712.95	0.00	9,499.55
LA Z BOY INC COM CUSIP : 505336107	2,925.000	31.05	90,821.25	76,579.52	0.00	14,241.73

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◆ Current Value of Assets and Liabilities

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<i>Corporate Stock - Common</i>						
United States - USD						
LAKELAND FINL CORP COM STK CUSIP : 511656100	1,375.000	47.36	65,120.00	43,033.06	0.00	22,086.94
LAREDO PETROLEUM INC CUSIP : 516806106	7,750.000	14.14	109,585.00	75,453.54	0.00	34,131.46
LINCOLN ELEC HLDGS INC COM CUSIP : 533900106	650.000	76.67	49,835.50	36,412.19	0.00	13,423.31
LITTELFUSE INC COM CUSIP : 537008104	375.000	151.77	56,913.75	43,663.21	0.00	13,250.54
MADDEN STEVEN LTD COM CUSIP : 556269108	2,075.000	35.75	74,181.25	73,468.97	0.00	712.28
MULTI PACKAGING SOLUTIONS INTL MULTI PACKAGING SOLUTIONS INTL COM USD1 CUSIP : G6331W109	5,800.000	14.26	82,708.00	94,308.77	0.00	-11,600.77
MULTI-COLOR CORP COM CUSIP : 625383104	1,175.000	77.60	91,180.00	66,390.18	0.00	24,789.82
NORTHWESTERN CORP COM NEW COM NEW CUSIP : 668074305	1,900.000	56.87	108,053.00	103,657.97	0.00	4,395.03
OASIS PETE INC NEW COM STK CUSIP : 674215108	6,375.000	15.14	96,517.50	59,944.90	0.00	36,572.60
OLD NATL BANCORP IND COM CUSIP : 680033107	4,250.000	18.15	77,137.50	56,240.22	0.00	20,897.28
PAC PREMIER BANCORP COM CUSIP : 69478X105	2,400.000	35.35	84,840.00	60,981.69	0.00	23,858.31
PRA HEALTH SCIENCES INC COM CUSIP : 69354M108	1,125.000	55.12	62,010.00	52,307.06	0.00	9,702.94
PROSPERITY BANCSHARES INC COM CUSIP : 743606105	3,175.000	71.78	227,901.50	151,107.66	0.00	76,793.84
RELIANCE STL & ALUM CO COM CUSIP : 759509102	1,600.000	79.54	127,264.00	100,211.37	0.00	27,052.63
RENAISSANCE RE HLDGS LTD COM CUSIP : G7496G103	1,144.000	136.22	155,835.68	130,547.22	0.00	25,288.46
SILGAN HLDGS INC COM CUSIP : 827048109	1,275.000	51.18	65,254.50	68,413.19	0.00	-3,158.69
SILICON LABORATORIES INC COM CUSIP : 826919102	2,100.000	65.00	136,500.00	101,604.59	0.00	34,895.41
SPIRE INC COM CUSIP : 84857L101	875.000	64.55	56,481.25	53,275.58	0.00	3,205.67

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◆ Current Value of Assets and Liabilities

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<i>Corporate Stock - Common</i>						
United States - USD						
SURGERY PARTNERS INC COM CUSIP : 86881A100	1,475.000	15.85	23,378.75	28,030.17	0.00	-4,651.42
TCP CAP CORP COM CUSIP : 87238Q103	5,025.000	16.90	84,922.50	70,768.25	0.00	14,154.25
TEAM INC COM STK CUSIP : 878155100	1,150.000	39.25	45,137.50	35,993.01	0.00	9,144.49
THERMON GROUP HLDGS INC CUSIP : 88362T103	1,450.000	19.09	27,680.50	25,111.10	0.00	2,569.40
UNION BANKSHARES CORP NEW COM CUSIP : 90539J109	3,950.000	35.74	141,173.00	101,590.55	0.00	39,582.45
VECTREN CORP COM CUSIP : 92240G101	1,875.000	52.15	97,781.25	81,026.15	0.00	16,755.10
VERINT SYS INC COM CUSIP : 92343X100	1,825.000	35.25	64,331.25	72,744.84	0.00	-8,413.59
VIRTUSA CORP COM CUSIP : 92827P102	2,050.000	25.12	51,496.00	50,832.48	0.00	663.52
VISTA OUTDOOR INC COM CUSIP : 928377100	2,500.000	36.90	92,250.00	112,529.11	0.00	-20,279.11
VWR CORP COM CUSIP : 91843L103	5,375.000	25.03	134,536.25	151,228.82	0.00	-16,692.57
WEBSTER FNCL CORP WATERBURY CONN COM CUSIP : 947890109	450.000	54.28	24,426.00	16,641.93	0.00	7,784.07
WESCO INTL INC COM CUSIP : 95082P105	1,600.000	66.55	106,480.00	88,338.18	0.00	18,141.82
ZEBRA TECHNOLOGIES CORP CL A CUSIP : 989207105	1,125.000	85.76	96,480.00	63,923.73	0.00	32,556.27
Total United States - USD			9,767,809.68	8,275,222.78	0.00	1,492,586.90
Total Corporate Stock - Common			9,767,809.68	8,275,222.78	0.00	1,492,586.90
<i>Partnership/Joint Venture Interests</i>						
United States - USD						
THE TAP FUND LLC - CLASS C CUSIP : 9912VS994	3,186,818.170	1.00	1.00	1,815,395.17	0.00	-1,815,394.17
Total United States - USD			1.00	1,815,395.17	0.00	-1,815,394.17

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Total Partnership/Joint Venture Interests			1.00	1,815,395.17	0.00	-1,815,394.17
<i>Value of Interest in Common/Collective Trusts</i>						
United States - USD						
CF SSGA RUSSELL 1000 INDEX NON-LENDING (CMCQ) FUND. CUSIP : 410997415	1,427,939.000	30.791	43,967,669.75	39,226,912.29	0.00	4,740,757.46
CF SSGA TIPS INDEX (CMTP) FD CUSIP : 885999524	355,575.280	24.69	8,779,153.66	8,388,376.46	0.00	390,777.20
COLTV SHORT TERM INVT FD CUSIP : 195998AC3	8,697,979.710	1.00	8,697,979.71	8,697,979.71	0.00	0.00
Total United States - USD			61,444,803.12	56,313,268.46	0.00	5,131,534.66
Total Value of Interest in Common/Collective Trusts			61,444,803.12	56,313,268.46	0.00	5,131,534.66
<i>Value of Interest in Registered Investment Companies</i>						
Emerging Markets Region - USD						
MFO ABERDEEN FDS EMERGING MKTS FD INSTL CL CUSIP : 003021714	1,788,740.540	12.56	22,466,581.18	20,340,403.63	0.00	2,126,177.55
MFO PIMCO FDS EMERGING LOCAL BD FD INSTLCL USD CUSIP : 72201F516	355,390.560	6.95	2,469,964.39	2,369,618.50	0.00	100,345.89
Total Emerging Markets Region - USD			24,936,545.57	22,710,022.13	0.00	2,226,523.44
International Region - USD						
MFO GMO TR FOR FUTURE ISSUE SEE 362013 FOREIGN SMALL COS FD CL III CUSIP : 362008617	560,371.570	13.89	7,783,561.11	7,965,108.41	0.00	-181,547.30
MFO SCOUT INTERNATIONAL FD CUSIP : 81063U503	1,149,356.910	20.83	23,941,104.44	26,219,133.91	0.00	-2,278,029.47
Total International Region - USD			31,724,665.55	34,184,242.32	0.00	-2,459,576.77
United States - USD						
MFC ISHARES TR RUSSELL 2000 VALUE ETF CUSIP : 464287630	3,025.000	118.94	359,793.50	312,895.97	0.00	46,897.53
MFO DODGE & COX INC FD CUSIP : 256210105	978,628.930	13.59	13,299,567.16	13,015,513.03	0.00	284,054.13
MFO HOTCHKIS & WILEY FDS HI YIELD FD CL CUSIP : 44134R735	1,500,158.590	12.01	18,016,904.67	17,139,068.35	0.00	877,836.32

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<i>Value of Interest in Registered Investment Companies</i>						
United States - USD						
MFO LEGG MASON PARTNERS EQUITY TR CLEARBRIDGE SMALL CAP GROWTH FD CL IS CUSIP : 52470H666	229,816.210	29.05	6,676,160.90	6,466,819.20	0.00	209,341.70
MFO NUVEEN INVT FDS INC REAL ESTATE SECSFD CL I CUSIP : 670678507	684,591.840	22.07	15,108,941.91	15,692,399.85	0.00	-583,457.94
MFO PIMCO FDS FGN FD INSTL CUSIP : 693390882	1,184,778.830	10.46	12,392,786.56	11,748,451.69	0.00	644,334.87
MFO PIMCO FDS PAC INVT MGMT SER COMMODITY REALRETURN STRATEGY FD INSTL CUSIP : 722005667	772,730.570	7.16	5,532,750.88	4,880,488.00	0.00	652,262.88
MFO STEELPATH MLP FDS TR SELECT 40 FD CL CUSIP : 858268204	1,411,249.140	9.75	13,759,679.12	12,941,111.35	0.00	818,567.77
MFO WELLS FARGO FDS INTL BD FD INSTL CL MFO WELLS FARGO FUNDS INTL BONDINSTL CUSIP : 94985D582	1,193,061.600	9.42	11,238,640.27	11,298,293.37	0.00	-59,653.10
Total United States - USD			96,385,224.97	93,495,040.81	0.00	2,890,184.16
Total Value of Interest in Registered Investment Companies			153,046,436.09	150,389,305.26	0.00	2,657,130.83
<i>Other</i>						
United States - USD						
HERSHA HOSPITALITY TR PRIORITY SHS BEN INT CL A NEW PRTY SHS BEN INT CL A NEW CUSIP : 427825500	3,325.000	21.50	71,487.50	71,632.34	0.00	-144.84
RAMCO-GERSHENSON PPTYS TR COM SH BEN INTCOM SH BEN INT CUSIP : 751452202	3,650.000	16.58	60,517.00	69,956.82	0.00	-9,439.82
Total United States - USD			132,004.50	141,589.16	0.00	-9,584.66
Total Other			132,004.50	141,589.16	0.00	-9,584.66
<i>Other Liabilities</i>						
Pending trade purchases: United States dollar	0.000	0.00	-1,936,397.62	-1,936,397.62	0.00	0.00
Total - all currencies			-1,936,397.62	-1,936,397.62	0.00	0.00

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◆ Current Value of Assets and Liabilities

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<i>Other Liabilities</i>						
Other Payables: United States dollar	0.000	0.00	-5,188,456.83	-5,188,456.83	0.00	0.00
Total - all currencies			-5,188,456.83	-5,188,456.83	0.00	0.00
Total Other Liabilities			-7,124,854.45	-7,124,854.45	0.00	0.00
Total			224,406,742.85	216,950,469.29	0.00	7,456,273.56

Although this report has been prepared using information believed to be reliable, it may contain information provided by third parties or derived from third party information, and/or information that may have been obtained from, categorized or otherwise reported based upon client direction. The Northern Trust Company does not guarantee the accuracy, timeliness or completeness of any such information. The information included in this report is intended to assist clients with their financial reporting needs, but you must consult with your accountants, auditors and/or legal counsel to ensure your accounting and financial reporting complies with applicable laws, regulations and accounting guidance. The Northern Trust Company and its affiliates shall have no responsibility for the consequences of investment decisions made in reliance on information contained in this report.

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Schedule SB Attachment (Form 5500)—2016 Plan Year
JBT Corporation Employees' Retirement Program
EIN: 91-1650317 PN: 001

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 3,595,656	January 1, 2016	7	\$ 594,087

Schedule SB Attachment (Form 5500)—2016 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 unlimited expected rate of return on plan assets from 7.25% to 7.00%.
- A change in the assumed trust expenses included in Target Normal Cost from \$1,200,000 to \$1,400,000.