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

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
FOSTER WHEELER INC. SALARIED EMPLOYEES PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 04/01/1946

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)
AMEC FOSTER WHEELER, INC.

1105 LAKEWOOD PARKWAY
SUITE 300
ALPHARETTA, GA 30009

2b Employer Identification Number (EIN) 22-3800664

2c Plan Sponsor's telephone number 770-360-0600

2d Business code (see instructions) 541330

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.	10/16/2017	TOM NOHL
	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)

Preparer's telephone number

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

5	Total number of participants at the beginning of the plan year	**5**	4876
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)**	258
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	207
b	Retired or separated participants receiving benefits	**6b**	2802
c	Other retired or separated participants entitled to future benefits	**6c**	1303
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	4312
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	453
f	Total. Add lines **6d** and **6e**.	**6f**	4765
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 1C 3H 1I

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
FOSTER WHEELER INC. SALARIED EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AMEC FOSTER WHEELER, INC.

D Employer Identification Number (EIN)
22-3800664

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
AXA EQUITABLE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	159	4765	01/01/2016	12/31/2016

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	10905676

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

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
FOSTER WHEELER INC. SALARIED EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
AMEC FOSTER WHEELER, INC.

D Employer Identification Number (EIN)
22-3800664

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2016

2 Assets:

a Market value	**2a**	270590134
b Actuarial value	**2b**	290144774

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	3201	215452223	215452223
b For terminated vested participants	1417	45649520	45649520
c For active participants	258	20619348	20619348
d Total	4876	281721091	281721091

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**	5.92 %
6 Target normal cost	**6**	2463000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

08/22/2017
Date

VANESSA M. VAAG, FSA
Type or print name of actuary

17-06349
Most recent enrollment number

MILLIMAN
Firm name

973-278-8860
Telephone number (including area code)

150 CLOVE ROAD, 10TH FLOOR
LITTLE FALLS, NJ 07424
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	7438577	27106880
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	1526000	0
9	Amount remaining (line 7 minus line 8)	5912577	27106880
10	Interest on line 9 using prior year's actual return of -2.22%	-131259	-601773
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.17 %		0
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		0
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	5781318	1431237
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	25073870

Part III Funding Percentages

14	Funding target attainment percentage	14	94.08%
15	Adjusted funding target attainment percentage	15	102.99%
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	100.98%
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
			Totals ► 18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.43%	5.91%	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** 2463000

b Excess assets, if applicable, but not greater than line 31a **31b** 0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	16650187	2751001
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** 5214001

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	5214001	5214001

36 Additional cash requirement (line 34 minus line 35) **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 0

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

a Total (excess, if any, of line 37 over line 36) **38a** 0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0

40 Unpaid minimum required contributions for all years **40** 0

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

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

a Schedule elected ..... ☐ 2 plus 7 years ☐ 15 years

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

42 Amount of acceleration adjustment **42**

43 Excess installment acceleration amount to be carried over to future plan years **43**

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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 FOSTER WHEELER INC. SALARIED EMPLOYEES PENSION PLAN	**B** Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 AMEC FOSTER WHEELER, INC.	**D** Employer Identification Number (EIN) 22-3800664

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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)

STRATEGIC INVESTMENT GROUP

04-2654524

(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	NONE	916038	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MILLIMAN, INC.

91-0675641

(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 17 50	NONE	775019	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STATE STREET

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 27 50	NONE	194222	Yes [X] No [ ]	Yes [X] 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)

J.H. ELLWOOD & ASSOCIATES, INC.

36-3121777

(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	54017	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AXA EQUITABLE LIFE INSURANCE CO.

13-5570651

(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 51	NONE	32896	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WELLINGTON TRUST CO.

04-2755549

(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	16970	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

FRANKLIN TEMPLETON

13-2670991

(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	8198	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
FOSTER WHEELER INC. SALARIED EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AMEC FOSTER WHEELER, INC.

D Employer Identification Number (EIN)
22-3800664

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: EQUITABLE SA 159

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE CO.

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)
13-5570651-159	P	10905676

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA LONG U.S. CREDIT INDEX NL FUND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-146	C	43209107

a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDENTREE HIGH YIELD VALUE FUND

b Name of sponsor of entity listed in (a): GOLDEN TREET ASSET MANAGEMENT

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)
98-1018819-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CTF GLOBAL BOND OPPS

b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA

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)
46-2110724-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN TEMPLETON GLOBAL BOND PLUS

b Name of sponsor of entity listed in (a): FIDUCIARY TRUST INTERNATIONAL OF THE SOUTH

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)
80-6169765-001	C	0

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

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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
FOSTER WHEELER INC. SALARIED EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AMEC FOSTER WHEELER, INC.

D Employer Identification Number (EIN)
22-3800664

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		4284764
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	19141067	1702875
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	34703857	30251674
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	140283160	181638071
(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)	17404281	1740544
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	59171712	28067068

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**		
	(2) Employer real property	**1d(2)**		
e	Buildings and other property used in plan operation	**1e**		
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	270704077	247684996
	Liabilities			
g	Benefit claims payable	**1g**		
h	Operating payables	**1h**		
i	Acquisition indebtedness	**1i**		
j	Other liabilities	**1j**	113943	625755
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	113943	625755
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	270590134	247059241

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)**		
	(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)**		0
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)**	1135845	
	(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)**		1135845
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**		
	(B) Common stock	**2b(2)(B)**		
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	772523	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		772523
	(3) Rents	**2b(3)**		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**		
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**		
	(B) Other	**2b(5)(B)**	4788364	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		4788364

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		6696732
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	25991091	
(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)		25991091
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)	775019	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	1407681	
(4) Other	2i(4)	2053834	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		4236534
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		30227625
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-23530893
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) [X] 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 [X] No

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

(1) Name: EISNERAMPER LLP **(2)** EIN: 13-1639826

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		10000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
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 4000315. (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.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
FOSTER WHEELER INC. SALARIED EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AMEC FOSTER WHEELER, INC.

D Employer Identification Number (EIN)
22-3800664

Part I Distributions

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

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

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

EIN(s): 04-1867445

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** 19

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 35.0 % Investment-Grade Debt: 38.0 % High-Yield Debt: _____ % Real Estate: _____ % Other: 27.0 %

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

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

Part VII IRS Compliance Questions

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 ____/____/____.

Foster Wheeler Inc.
Salaried Employees
Pension Plan

Financial Statements and Supplemental Schedules
December 31, 2016 and 2015

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator, Participants and Beneficiaries
of the Foster Wheeler Inc. Salaried Employees Pension Plan

Report on the Financial Statements

We have audited the accompanying financial statements of the Foster Wheeler Inc. Salaried Employees Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the year ended December 31, 2016, 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 our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

EISNERAMPER
ACCOUNTANTS & ADVISORS

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the Plan as of December 31, 2016 and 2015, and the changes in its financial status for the year ended December 31, 2016, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2016 and the supplemental schedule of reportable transactions for the year ended December 31, 2016, are presented for the purpose of additional analysis and are not a required part of the financial statements, but are supplemental information required by the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

EisnerAmper LLP

EISNERAMPER LLP

Iselin, New Jersey
October 16, 2017

Foster Wheeler Inc.
Salaried Employees Pension Plan
Statements of Net Assets Available for Benefits
As of December 31, 2016 and 2015

	2016	2015
Assets		
Investments, at fair value:		
U.S. Treasury Bonds/Notes	$ 30,251,674	$ 34,703,857
Mutual funds	1,740,544	17,404,281
Commingled funds	181,638,071	140,283,160
Hedge funds	28,067,068	59,031,883
Futures contracts		139,829
Total investments	241,697,357	251,563,010
Cash at Broker	4,284,764	
Receivables:		
Receivable for securities sold	1,455,237	18,980,079
Accrued interest	247,638	160,988
Total receivables	1,702,875	19,141,067
Total assets	247,684,996	270,704,077
Liabilities		
Margin account for futures contracts	625,755	113,943
Total liabilities	625,755	113,943
Net assets available for benefits	$ 247,059,241	$ 270,590,134

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

Foster Wheeler Inc.
Salaried Employees Pension Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2016

Additions to/(deductions from) net assets attributable to:

Investment income:	
Net realized/unrealized appreciation in fair value of investments	$ 4,788,364
Dividends	772,523
Interest	1,135,845
Total investment income	6,696,732
Benefits paid	(25,991,091)
Administrative expenses	(4,236,534)
Total deductions	(30,227,625)
Net decrease	(23,530,893)
Net assets available for benefits	
Beginning of year	270,590,134
End of year	$ 247,059,241

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

Foster Wheeler Inc.
Salaried Employees Pension Plan
Statements of Accumulated Plan Benefits
As of December 31, 2016 and 2015

	2016	2015
Actuarial present value of accumulated plan benefits		
Vested benefits:		
Retired participants and beneficiaries receiving benefits	$ 221,529,512	$ 215,088,967
Other participants	62,571,694	62,927,624
	284,101,206	278,016,591
Nonvested benefits	65,043	758,092
Total actuarial present value of accumulated plan benefits	$ 284,166,249	$ 278,774,683

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

Foster Wheeler Inc.
Salaried Employees Pension Plan
Statement of Changes in Accumulated Plan Benefits
For the Year Ended December 31, 2016

Actuarial present value of accumulated plan benefits at January 1, 2016	$ 278,774,683
Increase/(decrease) during the year attributable to	
Benefits accumulated, including experience gains and losses	1,358,774
Change in average discount period	17,734,602
Benefits paid	(25,991,091)
Change in actuarial assumptions	12,289,281
Net increase	5,391,566
Actuarial present value of accumulated plan benefits at December 31, 2016	$ 284,166,249

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

1. Description of the Plan

The Foster Wheeler Inc. (the "Company") Salaried Employees Pension Plan (the "Plan") is a noncontributory defined benefit pension plan. The Company was a wholly-owned subsidiary of Foster Wheeler AG until Amec plc's acquisition of Foster Wheeler AG in November 2014. The combined company was renamed Amec Foster Wheeler plc ("Amec Foster Wheeler"). Amec Foster Wheeler completed the acquisition of Foster Wheeler AG in January 2015 by effecting a squeeze-out merger under Swiss law. On October 9, 2017, John Wood Group PLC acquired Amec Foster Wheeler. The Company is now a wholly-owned subsidiary of John Wood Group PLC.

The following brief description of the Plan is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

Eligible employees of the Plan consist of substantially all salaried employees of many domestic subsidiaries of the Company hired prior to June 2003. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

The plan administrator is the Amec Foster Wheeler Fiduciary Committee ("AFWFC"), which determines the appropriateness of the investments including the allocation of Plan funds among various investment institutions and securities. Those investment institutions are responsible for determining the underlying investments, in accordance with guidelines set forth by the plan administrator.

The Plan provides benefits under a final pay feature ("FPF"). The FPF benefit is calculated as 1.2% of final average monthly earnings multiplied by service earned subsequent to April 1, 1976 and through May 31, 2003. Final average monthly earnings represent the average of the monthly earnings during the highest 60 consecutive months during the last 120 months prior to retirement or termination of employment.

Effective May 31, 2003, the Plan was frozen and Plan participants do not earn any future benefits under the terms of the Plan after that date. However, service will continue to be credited for purposes of determining eligibility for early retirement and vesting.

Effective January 1, 1999, the Company amended the Plan to provide for a cash balance formula for all employees who became eligible to participate in the Plan by virtue of a hire date after December 31, 1998. Furthermore, all active participants as of January 1, 1999 had a one-time irrevocable election to either participate under the existing FPF benefit formula or be covered under the new cash balance formula for benefit accruals after December 31, 1998. For those employees who elected the cash balance formula, the accrued benefit that they have earned through December 31, 1998, under the Plan, if any, will be preserved and paid from the Plan in accordance with the applicable Plan provisions. The balances of those participants who did not elect the cash balance formula were maintained under the existing FPF benefit formula.

The cash balance formula provides a notional cash account which is increased each year by a contribution credit and an interest credit. For participants covered by the cash balance option, the contribution credit was equal to a percentage of the participant's earnings, as defined in the amended Plan, in accordance with stratified schedules based on the participant's age. Participants under the cash balance formula were not credited with contribution credits after May 31, 2003. The interest credit for the Plan year is equal to the 12 month average of the 30 Year Treasury Bond rate as declared by the Federal Reserve Board for the preceding calendar year, but in no event will the interest be credited at a rate less than 4.5%. The cash balance credit rate was 5.0% as of the most recent and prior year's actuarial valuations.

Eligibility and Vesting Service

Employees, who were hired prior to December 31, 1998, became participants in the Plan on the first day of the plan year following their date of employment. Employees, who were hired subsequent to December 31, 1998, became participants in the Plan on the 1st day of the month following their date of hire. Effective May 31, 2003, the Plan was frozen and closed to new entrants. Participants in the Plan without cash balance accounts are vested after completing five years of vesting service. Effective January 1, 2008, participants with cash balance accounts became vested after three years of vesting service. A year of vesting service is defined as a plan year during which at least 1,000 hours of service is credited. Participants who terminated before becoming fully vested forfeited the right to receive their accumulated benefits.

Pension, Disability and Death Benefits

The Plan permits early retirement at ages 55 to 64 with ten years of credited service. The early retirement benefit may begin at the date of early retirement, reduced by 3% for each of the first five years and 5% for each additional year by which the early retirement date precedes the normal retirement date. All participants may elect to receive their pension benefits in the form of a joint and survivor annuity or a life annuity payable monthly from the date of retirement. If any vested participant dies prior to the date their pension payments commence, the surviving spouse of that deceased vested participant receives benefits at least equal to the amount which would have been payable to the spouse under a 50% joint and survivor annuity. Under the life annuity, there are no continuing payments after the death of the retiree.

Vested participants, who have completed ten or more years of credited service and whose employment has terminated due to a permanent disability shall be entitled to an immediate retirement benefit commencing as of the first day of the following month in an amount equal to 50% of the normal retirement benefits they have accumulated under the Plan as of the time they became disabled. If these participants are terminated before rendering five years of service, they forfeit the right to receive their accumulated benefits. Disability benefits are paid until normal retirement age, at which time disabled participants begin receiving normal retirement benefits under the Plan.

2. Summary of Significant Accounting Policies

Basis of Presentation

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

Investment Valuation and Income Recognition
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 measurement date. The AFWFC determines the Plan's valuation policies utilizing information provided by its custodians, investment advisors and investment managers. See Note 5 for a discussion of fair value measurement.

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

Administrative Expenses
The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from the Plan's financial statements. Certain expenses incurred in connection with the general administration of the Plan such as actuarial, investment management and Pension Benefit Guaranty Corp. ("PBGC") fees are paid by the Plan and are recorded as deductions in the accompanying Statement of Changes in Net Assets Available for Benefits. In addition, certain investment related expenses are included in net depreciation of fair value of investments presented in the accompanying Statement of Changes in Net Assets Available for Benefits.

Benefit Payments
Benefits payments are recorded when paid.

Use of Estimates
The preparation of financial statements in conformity with generally accepted accounting principles requires management to make significant actuarial estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and when applicable, disclosures of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Actual results could differ from those estimates.

Subsequent Events
The Company evaluated subsequent events through October 16, 2017, which is the date the financial statements were available to be issued.

3. Risk and Uncertainties

Investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of uncertainty related to certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are prepared 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 estimates

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.

Volatility in the financial markets may significantly impact the subsequent valuation of the Plan's investments. Accordingly, the valuation of investments at December 31, 2016 may not necessarily be indicative of amounts that could be realized in a current market exchange.

4. Contributions and Benefits

Funding Policy

The Company's funding policy is to comply with the minimum funding requirements defined by ERISA. The Company has met the minimum funding requirement defined by ERISA for the plan year ended December 31, 2016.

A carryover amount totaling $5,214,001 was applied to the minimum required contribution for the plan year ended December 31, 2016.

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 which participants have rendered to date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits payable under all circumstances – retirement, death, disability or termination of employment – are included to the extent they are deemed attributable to participant service rendered to the valuation date. The actuarial present value of accumulated plan benefits is determined by the Plan's credentialed independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected dates of payment.

For participants who elected the cash balance formula, the accumulated plan benefit for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date.

The significant actuarial assumptions used in the valuations for the plan years ending December31, 2016 and 2015 were as follows

Mortality Basis	Adjusted Generational RP-2014 Separate Annuitant and Non-Annuitant Mortality Tables, projected with Scale MMP-2016 for the plan year ended December 31, 2016
	Adjusted Generational RP-2014 Separate Annuitant and Non-Annuitant Mortality Tables, projected with Scale MP-2015 for the plan year ended December 31, 2015
Discount Rate	5.7% and 6.7% for the years ended December 31, 2016 and 2015, respectively.
Retirement	Stratified between the ages of 55 and 70
Investment Return	6.7% and 6.9% for the years ended December 31, 2016 and 2015, respectively.

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

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2017 and 2016. Had the valuations been performed as of December 31, 2016 and 2015, respectively, there would be no material differences.

5. Fair Value Measurements

FASB ASC 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for investment assets measured at fair value. There have been no changes in the methodologies used at December 31, 2016 and 2015.

U.S. Treasury Notes/Bonds. The Plan invests in publicly traded U.S. government treasury notes and bonds. The value of the U.S. treasury notes and bonds incorporates observable market data and considers the coupon rate and time to maturity.

Mutual Funds. The Plan invested in two mutual funds that represented assets in below investment grade fixed-income securities, collateralized mortgage obligations, and other mortgage related securities. The Loomis Sayles Institutional High Income mutual fund was valued at Net Asset Value ("NAV") as determined at the close of each day. The Fidelity Real Estate High Income mutual fund was also valued at NAV; however, this fund was thinly traded and attempted to obtain pricing data from one or more third party pricing vendors or brokers to value its investments. As a result of this investment not being actively traded, it was reflected as a Level 2 investment at December 31, 2015. As of December 31, 2016, the Plan no longer held investments in the Loomis Sayles Institutional High Income mutual fund or the Fidelity Real Estate High Income mutual fund.

The Plan also invests in two mutual funds that invest in equity securities. The iShares MSCI Emerging ETF Markets and iShares MSCI EAFE ETF Markets mutual funds are valued at NAV as determined at the close of each day.

Commingled Funds. The Plan invests in various commingled investment funds, representing assets in trusts and limited partnerships which are exempt from federal income taxation under the Internal Revenue Code, and are primarily designed for pension, profit sharing and other employee benefit plans. Shares or units in these funds are valued at their NAV. The NAV as provided by the investment manager or sponsor of the fund is used as a practical expedient to estimate the fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV. Participant transactions (such as purchases and sales) may occur daily.

Hedge Funds. The Plan invests in hedge funds of derivative contracts and multi-strategy "fund-of-funds" formed to invest predominantly in limited partnerships and similar pooled investment vehicles. Shares or units in these funds are valued at their NAV. The NAV as provided by the investment manager or sponsor of the fund is used as a practical expedient to estimate the fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV. Participant transactions (such as purchases and sales) may occur quarterly. As of December 31, 2016, the Plan no longer held an investment in the hedge fund involving derivative contracts.

Futures Contracts. In 2012, a Risk Management Overlay Strategy ("Strategy") was adopted with the investment objective to reduce the volatility of investment asset returns and cushion losses with respect to the investment assets in severe market downturns without creating a substantial investment earnings drag in stable, rising markets. The Strategy was executed using exchange-traded futures contracts held by the Plan.

Futures contracts are valued at the quoted daily settlement price at the end of each day on the board of trade or when traded. Upon entering into a futures contract, the Plan is required to deposit in cash an amount equal to the initial margin requirements of the exchange. At December 31, 2016 $3,683,800 was pledged to meet margin requirements. Pursuant to the futures contracts, the Plan receives from or pays to the broker an amount of cash equal to the daily fluctuation in the value of the futures contract. Such receipts or payments are settled daily and the Plan recognizes a realized gain or loss when a contract is closed or expires.

Futures contracts involve, to varying degrees, credit and market risks. The Plan enters into futures contracts only on exchanges or boards of trade where the exchange or board of trade acts as the counterparty to the transaction. Thus, credit risk on such transactions is limited to the failure of the exchange or board of trade. Losses in value may arise from changes in the value of the underlying instruments or if there is an illiquid secondary market for the contracts. In addition, there is the risk that there may not be an exact correlation between a futures contract and the underlying index or security.

As of December 31, 2016, the notional value of open futures contracts totaled $83,062,910, with a fair value totaling $82,437,155, and the Plan had an unrealized loss on these open stock index risk futures totaling $625,755. The unrealized loss is included in the liability margin account for futures contracts. The futures contracts gain for the year 2016 was $1,212,210. As of December 31, 2015, the notional value of open futures contracts totaled $19,543,935, with a fair value totaling $19,683,764, and the Plan had an unrealized gain from open stock index risk futures totaling $141,283 and an unrealized loss from open interest rate risk futures totaling $1,454.

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.

The following tables set forth by level, within the fair value hierarchy, the Plan's investment assets and liabilities at fair value as of December 31, 2016 and 2015, respectively:

	Investment Assets at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
U.S. Treasury Notes/Bonds	$ 30,251,674	$ -	$ -	$ 30,251,674
Mutual funds	1,740,544	-	-	1,740,544
Commingled funds measured at NAV[(1)]				181,638,071
Hedge funds measured at NAV[(1)]				28,067,068
Total investment assets at fair value	$ 31,992,218	$ -	$ -	$ 241,697,357

	Investment Liabilities at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Unrealized loss on Futures Contracts	$ 625,755			$ 625,755
Total Investment Liabilities at fair value	$ 625,755	$ -	$ -	$ 625,755

	Investment Assets at Fair Value as of December 31, 2015			
	Level 1	Level 2	Level 3	Total
U.S. Treasury Notes/Bonds	$ 34,703,857	$ -	$ -	$ 34,703,857
Mutual funds	12,918,162	4,486,119	-	17,404,281
Futures contracts	139,829	-	-	139,829
Commingled funds measured at NAV[(1)]				140,283,160
Hedge funds measured at NAV[(1)]				59,031,883
Total investment assets at fair value	$ 47,761,848	$ 4,486,119	$ -	$ 251,563,010

(1) These investments are measured at fair value using the net asset value per share as a practical expedient and have not been categorized in the fair value hierarchy in accordance with the Plan's adoption of ASU 2015-07. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in the economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

There were no transfers into or out of levels 1, 2 or 3.

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2016:

	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Mutual funds:				
Equity [1]	$ 1,740,544	N/A	Daily	N/A
Commingled funds:				
Bonds/fixed income [2]	$ 45,886,420	$ 1,271,081	Daily - 48 Month Lock-up	1 - 90 Days
Short-term investments [3]	$135,751,651	N/A	Daily	N/A
Hedge funds:				
Multi-strategy fund of funds [4]	$ 28,067,068	N/A	Quarterly	65 - 90 Days

(1) The funds invest primarily in foreign equities participating in the emerging, international equity and small cap markets.

(2) The funds invest in mortgage related securities, public and private high-yield non-investment grade and non-rated debt securities and collective investment funds. Additionally, an investment in distressed Asia Pacific debt and equity securities totaling $1,400,000 as of December 31, 2016 is redeemable after the expiration of a 48-month lock-up period. Finally, an investment in senior secured loans to middle market companies or other issuers totaling $1,061,419 as of December 31, 2016 has a further capital call totaling $1,271,081 and this investment is redeemable after the expiration of a 36-month lock-up period.

(3) The fund invests in obligations, issued or guaranteed by the U.S. government or its agencies or instrumentalities, in repurchase agreements collateralized by U.S. government securities and in money market mutual funds and other investment pools.

(4) The fund invests in private investments (i.e., fund of funds invested in equities and fixed income markets) that employ a variety of investment techniques and strategies.

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2015:

	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Mutual funds:				
Mortgage [1]	$ 4,486,119	N/A	Daily	1 Day
Bonds and notes [2]	$ 11,037,141	N/A	Daily	N/A
Equity [3]	$ 1,881,021	N/A	Daily	N/A
Commingled funds:				
Equity [4]	$ 63,101,635	N/A	Monthly	30 Days
Bonds/fixed income [5]	$ 57,872,190	$ 1,938,000	Daily - 48 Month Lock-up	1 - 90 Days
Short-term investments [6]	$ 19,309,335	N/A	Daily	N/A
Hedge funds:				
Multi-strategy fund of funds [7]	$ 59,031,883	N/A	Quarterly	65 - 90 Days

(1) The fund invests primarily in commercial and residential mortgage-backed securities, debt securities of real estate entities, and equity securities of entities whose primary assets are mortgage loans or commercial or residential mortgage-backed securities.
(2) The fund invests primarily in below investment grade fixed-income securities.
(3) The funds invest primarily in foreign equities participating in the emerging, international equity and small cap markets.
(4) The funds invest in U.S. and foreign equities, exchange traded funds, mutual funds, and investments in other investment companies participating in the emerging, international equity and small cap markets.
(5) The funds invest in mortgage related securities, public and private high-yield non-investment grade and non-rated debt securities and collective investment funds. Additionally, an investment in distressed Asia Pacific debt and equity securities totaling $1,204,000 as of December 31, 2015 has a further capital call totaling $196,000, and this investment is redeemable after the expiration of a 48-month lock-up period. Finally, an investment in senior secured loans to middle market companies or other issuers totaling $848,830 as of December 31, 2015 has a further capital call totaling $1,742,000, and this investment is redeemable after the expiration of a 36-month lock-up period.
(6) The fund invests in obligations, issued or guaranteed by the U.S. government or its agencies or instrumentalities, in repurchase agreements collateralized by U.S. government securities and in money market mutual funds and other investment pools.
(7) The fund invests in private investments (i.e., fund of funds invested in equities and fixed income markets) that employ a variety of investment techniques and strategies.

6. Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated February 4, 2016 that the Plan is qualified under the Internal Revenue Code ("IRC") and therefore the related trust is exempt from taxation.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by a government authority. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine examinations by taxing jurisdictions; however, there are currently no examinations for any tax periods in progress.

Several of the Plan's investments are incorporated as either a Cayman Island exempted limited company or a Cayman Island exempted limited partnership. Plan management ensures compliance with the foreign tax filing requirements related to these investments.

7. Related Party and Party In Interest Transactions

For the year ended December 31, 2016, fees were paid by the Plan to (i) State Street Bank, the Plan's trustee, of $194,222, (ii) Strategic Investment Group, the Plan's investment manager (until August 2016), of $916,038, (iii) Ellwood, the Plan's investment manager (commencing in August 2016), of $54,017, (iv) AXA Equitable Life Insurance Co., sub-investment manager, of $32,896 and (v) Milliman, Inc., a credentialed actuary and recordkeeper, for the administration of the Risk Management Overlay Strategy program, actuarial, and consulting services, of $775,019. The AFWFC engaged Mercer, a credentialed actuary to prepare the January 1, 2017 actuarial valuation report for the Plan.

8. Termination Priorities

Although it has not expressed any intent to do so, in the event of termination, the Plan provides that the net assets be allocated among the participants and beneficiaries of the Plan in the order provided for in ERISA and its related regulations and, to the extent unfunded vested benefits exist, ERISA provides that such benefits are payable by the Pension Benefit Guaranty Corporation to participants, up to specified limitations, as described 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:

a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit

that would be payable under plan provisions in effect at any time during the five years preceding Plan termination.

b. Other vested benefits insured by the Pension Benefit Guaranty Corporation.
c. All other vested benefits (that is, vested benefits not insured by the PBGC).
d. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. The maximum guarantee is set by law and it is updated each calendar year. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. A statutory ceiling exists, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2016, that ceiling is $5,011 per month. 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 old at the time of retirement or plan termination (whichever comes later). The amount is higher for those who retire later and lower for those that retire earlier or elect survivor benefits. Further limitations apply for plans created or amended to increase benefits within five years before the Plan's termination date. The PBGC guarantees the largest of 20% of the benefit increase or $20 per month for each full year the benefit increase was in effect.

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 accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

9. Adjusted Funding Target Attainment Percentage ("AFTAP")

The Pension Protection Act (the "Act") of 2006 includes many provisions and numerous revisions to rules surrounding defined benefit plans that govern pension plan funding. The Act established new minimum funding standards for defined benefit plans and limits benefit increases and accruals for underfunded plans. Pursuant to the Act, each year actuaries are required to certify to a plan's funded percentage. The Plan received such certification for the 2016 Plan year for the AFTAP, which is one way of measuring the funded status of a plan using actuarial assumptions mandated by the IRS, and the actuary determined that the 2016 AFTAP for the Plan is 102.99%. The Plan also received the certification of the 2017 AFTAP which is 88.68%.

10. Mutual Fund Fees

Investments in mutual funds are subject to sales charges in the form of front-end loads, back-end loads or 12b-1 fees. 12b-1 fees, which are ongoing fees allowable under Section 12b-1 of the Investment Company Act of 1940, are annual fees deducted to pay for marketing and distribution cots of the funds. These fees are deducted prior to the allocation of the Plan's investment earnings activity, and thus not separately identifiable as an expense.

Foster Wheeler Inc.
Salaried Employees Pension Plan
Employer Identification No. 22-3800664, Plan No. 002
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
As of December 31, 2016

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment type	(d) Cost	(e) Current value
	ARCM Feeder Fund II Ltd.	Commingled Fund	$ 1,400,000	$ 1,461,994
	SSgA Long U.S. Credit Index Non-Lending Fund	Commingled Fund	39,056,326	43,209,107
	TCW Direct Lending LLC	Commingled Fund	1,061,419	1,215,319
	GSTIF 25 BPS	Commingled Fund	135,751,651	135,751,651
	iShares MSCI Emerging Markets ETF	Mutual Fund	634,527	639,633
	iShares MSCI EAFE ETF	Mutual Fund	1,115,555	1,100,911
	The Weatherlow Offshore Fund II Ltd.	Hedge Fund	24,750,066	28,067,068
	US Treasury N/B 2.625 04/30/18	U.S. Treasuries	1,689,505	1,633,936
	US Treasury N/B 2.625 11/15/20	U.S. Treasuries	1,134,293	1,136,949
	US Treasury N/B 3.625 02/15/20	U.S. Treasuries	2,772,266	2,660,250
	US Treasury N/B 1.625 08/15/22	U.S. Treasuries	4,000,781	3,900,920
	US Treasury N/B 1.625 11/15/22	U.S. Treasuries	1,190,724	1,265,160
	US Treasury N/B 2.750 11/15/23	U.S. Treasuries	587,159	619,782
	US Treasury N/B 3.125 11/15/41	U.S. Treasuries	3,178,748	3,450,592
	US Treasury N/B 2.750 11/15/42	U.S. Treasuries	815,707	944,490
	US Treasury N/B 2.750 11/15/42	U.S. Treasuries	14,764,355	14,639,595
			$ 233,903,082	$ 241,697,357

Foster Wheeler Inc.
Salaried Employees Pension Plan
Employer Identification No. 22-3800664, Plan No. 002
Schedule H, Line 4j – Schedule of Reportable Transactions
For the Year Ended December 31, 2016

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
State Street	U.S. Government Short Term Investment Strategy	$ 205,863,243	$ 225,172,579	$ 225,172,579	$ 431,035,822	$ -
State Street	GSTIF 25 BPS	155,437,497	19,685,846	19,685,846	175,123,343	-
State Street	Stragetic (Restrict) SPCLP	-	30,604,748	27,993,549	30,604,748	2,611,199
State Street	Stragetic International Equity	1,000,000	31,934,325	31,900,000	32,934,325	34,325
State Street	Stategic U.S. Equity Trust	-	32,719,939	12,550,000	32,719,939	20,169,939
State Street	SGA Long Credit Index Fund	17,500,000	-	-	17,500,000	-
		$ 379,800,740	$ 340,117,437	$ 317,301,974	$ 719,918,177	$ 22,815,463

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
State Street	U.S. Government Short Term Investment Strategy	$ 25,298,787	$ -	$ -	$ 25,298,787	$ -
State Street	U.S. Government Short Term Investment Strategy	87,788,652			87,788,651	-
State Street	U.S. Government Short Term Investment Strategy		113,103,737	113,103,737	113,103,737	-
State Street	GSTIF 25 BPS	113,103,737	-	-	113,103,737	-
State Street	Stragetic (Restrict) SPCLP	-	29,104,748	26,466,425	29,104,748	2,638,323
State Street	Stragetic International Equity	-	30,584,325	30,550,000	30,584,325	34,325
State Street	Stategic U.S. Equity Trust	-	32,719,938	12,550,000	32,719,938	20,169,938
State Street	SGA Long Credit Index Fund	17,500,000	-	-	17,500,000	-
		$ 243,691,176	$ 205,512,748	$ 182,670,162	$ 449,203,923	$ 22,842,586

Attachment to Schedule SB – 2016 Form 5500
Foster Wheeler Inc. Salaried Employees Pension Plan
EIN/PN: 22-3800664/002
Schedule SB, line 26 – Schedule of Active Participant Data

Number of Participants by Age and Service Groups

	Years of Credited Service										
Age	**<1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40&Up**	**Total**
0-24	-	-	-	-	-	-	-	-	-	-	-
25-29	-	-	-	-	-	-	-	-	-	-	-
30-34	-	-	-	-	-	-	-	-	-	-	-
35-39	-	2	2	-	-	-	-	-	-	-	4
40-44	1	5	5	-	-	-	-	-	-	-	11
45-49	-	7	16	17	-	-	-	-	-	-	40
50-54	-	5	13	12	6	-	-	-	-	-	36
55-59	-	7	18	20	4	14	3	-	-	-	66
60-64	2	5	22	11	6	13	16	-	-	-	75
65-69	-	2	5	1	4	3	7	-	-	-	22
70&Up	-	-	-	3	-	1	-	-	-	-	4
Total	3	33	81	64	20	31	26	-	-	-	258

Attachment to Schedule SB – 2016 Form 5500
Foster Wheeler Inc. Salaried Employees Pension Plan
EIN/PN: 22-3800664/002
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Actuarial Methods

Attribution Method: Unit Credit

The valuation of retirement benefits is determined under the "Unit Credit Actuarial Cost Method", as prescribed by the Pension Protection Act of 2006 (PPA). In this method, the regular plan cost arises from two sources: a Target Normal Cost and an Amortization Payment for the Funding Target Shortfall.

The Funding Target is determined as the actuarial present value of benefits as of the valuation date. The Shortfall is equal to the Funding Target Liability less the Actuarial Value of Assets adjusted by any existing credit balances.

The Target Normal Cost is the Actuarial Present Value of benefits expected to accrue during the valuation year plus anticipated administration expenses, if any.

Actuarial Asset Valuation Method: 2 year (3-point) Average Value of Assets as permitted under IRS Notice 2010-22 (averaging 2014, 2015, and 2016 values).

Economic Assumptions

Interest Rates:

Assumption: PPA Funding – 2016 Segment Rates with four month lookback subject to the HATFA corridor (previously, 2015 Segment Rates with four month lookback subject to the HATFA corridor).

Maximum Deductible Contribution – 2016 Pre-Segment Rate Stabilization Rates with four month lookback (previously, 2015 Pre-Segment Rate Stabilization Rates with four month lookback).

Segment	HATFA Rates	Pre-HATFA Rates
Under 5 Years	4.43%	1.34%
5 to 20 Years	5.91%	4.03%
20 years or more	6.65%	5.06%
Effective Rate	5.92%	4.06%

Rationale: Plan sponsors have the option to elect the use of a full yield curve, or to use segmented interest rates (with a lookback period, if desired) subject to HATFA

constraints. Amec Foster Wheeler is currently using segmented interest rates with a four month lookback, based on prior elections.

Assumption: FASB ASC Topic 960 – Expected Return on Assets of 6.70%, compounded annually. This is the assumed rate of return for the Plan's entire portfolio of assets, net of investment expenses and including inflation of 2.30%. This assumption represents an estimate of future experience and is based in part on observations of estimates inherent in market data. This assumption considers rebalancing of the cash position of the portfolio and includes a 10-15 basis point adjustment reflecting expected increase in returns due to active management of the portfolio.

Rationale: In developing an investment return assumption, we utilize capital market assumptions consisting of expected returns, standard deviations, and correlations for a broad range of traditional and alternative asset classes typically seen in institutional investment portfolios. We determine expected returns for each asset class based on forward looking data including forecasts of inflation, GDP growth, and current yields to maturity of fixed income securities. Historical data and academic research is used to estimate volatility (standard deviations) and correlations of asset classes. We then incorporate the plan portfolio's target and current asset allocations (considering likely reallocation of any substantial cash position) and develop the one year expected nominal arithmetic rate of return. Finally, we consider investment manager expectations of future performance, reviewing their capital market assumptions where available, and additionally we consider the impact of potential investment performance in excess of expected passive index returns from any active management pursued by the plan, net of any professional investment fees. We do not alter the return expectation for the Milliman Managed Risk Strategy implemented in 2012 since the premium for this overlay strategy is expected to be offset by the volatility management process.

Following the process described above, we have determined the investment return assumption to be a reasonable assumption. It reflects professional judgment, relevant economic data as of the measurement date, and estimates of future experience. In our opinion, it is appropriate for the intended purpose, and contains no significant bias.

Change in assumption: As of January 1, 2016, the expected return on assets decreased to 6.70% compared to 6.90% as of January 1, 2015 to better reflect expected return of the portfolio's target allocation.

Attachment to Schedule SB – 2016 Form 5500
Foster Wheeler Inc. Salaried Employees Pension Plan
EIN/PN: 22-3800664/002
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

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Cash Balance:

Crediting Rate:

Assumption: Crediting rate of 5.00%, compounded annually. This assumption represents an estimate of future experience.

Rationale: This assumption is based on the 12 month average of 30-Year Treasury Rates, with a minimum annual rate of 4.50%. The "Blue Chip Financial Forecast" for June of 2015 shows rates comparable to those used and justifies the current assumption as a reasonable estimate of future experience.

Change in assumption: As of January 1, 2016, the cash balance crediting rate decreased to 5.00% compared to 5.25% as of January 1, 2015. The crediting rate decreased due to observations in the future movement of the 30-Year Treasury Bond Yield from the "Blue Chip Financial Forecast" for June of 2015.

Distribution Timing:

Assumption: Active Participants – At decrement

Terminated Vested Participants – At age 65

Rationale: We believe the assumption selected is reasonable for the contingency it is measuring, and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Administrative Expense

Assumption: Prior year's actual administrative expense rounded up to the next $1,000.

Rationale: This assumption is our best estimate of future administrative expenses payable from the plan's assets.

Attachment to Schedule SB – 2016 Form 5500
Foster Wheeler Inc. Salaried Employees Pension Plan
EIN/PN: 22-3800664/002
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Demographic Assumptions

PPA Funding Mortality:

Assumption: Generational RP-2000 Separate Annuitant and Non-Annuitant Mortality Tables, projected with Scale AA, for males and females.

Rationale: This mortality table is among those mandated for use under PPA for ERISA funding valuations, and is appropriate for the given purpose.

FASB ASC Topic 960 Mortality

Assumption: Generational RP-2014 Separate Annuitant and Non- Annuitant Mortality Tables, adjusted backwards to 2006 with Scale MP-2014 and projected forward with Scale MP-2015, for males and females.

Rationale: The projection reflects the Society of Actuaries' Retirement Plans Experience Committee's (RPEC) report detailing a new mortality table (RP-2014 Mortality Tables) and a new mortality improvement scale (MP-2015) to reflect longer projected life expectancies. The plan sponsor has elected the mortality assumption described above.

Change in Assumption: As of January 1, 2016, the mortality tables changed to Generational RP-2014 Separate Annuitant and Non- Annuitant Mortality Tables, adjusted backwards to 2006 with Scale MP-2014 and projected forward with Scale MP-2015, for males and females from Generational RP-2014 Separate Annuitant and Non-Annuitant Mortality Tables, projected with Scale MP-2015, for males and females as of January 1, 2015.

Attachment to Schedule SB – 2016 Form 5500
Foster Wheeler Inc. Salaried Employees Pension Plan
EIN/PN: 22-3800664/002
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Rates of Retirement:

Probabilities of retirement, when eligible, based on attained age, as follows:

Age	Probability	Age	Probability	Age	Probability
55	.02	61	.10	67	.25
56	.02	62	.15	68	.25
57	.02	63	.10	69	.25
58	.02	64	.10	70	1.00
59	.02	65	.25		
60	.05	66	.25		

Multiplying each age by the overall probability of retiring at that age, and summing the products, results in a weighted average retirement age of 64.

Terminated vested participants are assumed to retire at age 65.

Rationale: Based on historical experience and future expectations, we believe the retirement assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Attachment to Schedule SB – 2016 Form 5500
Foster Wheeler Inc. Salaried Employees Pension Plan
EIN/PN: 22-3800664/002
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Withdrawal Age (vested and non-vested):

Probabilities of withdrawal, depending on gender, as follows:

Age	Male	Female
20	.2250	.2700
25	.1688	.2025
30	.1125	.1350
35	.0900	.1125
40	.0675	.0900
45	.0450	.0675
50	.0225	.0450
55 and over	.0000	.0000

Rationale: We believe the assumption selected is reasonable for the contingency it is measuring, and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Marriage Assumption

Assumption: 80% of participants are assumed to be married for pre-retirement death benefit purposes. Wives are assumed to be 3 years younger than their husbands.

Rationale: This assumption reflects the fact that most participants are married at retirement. We believe the assumption selected is reasonable for the contingency it is measuring, and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Foster Wheeler Inc.
Salaried Employees Pension Plan
Employer Identification No. 22-3800664, Plan No. 002
Schedule H, Line 4j – Schedule of Reportable Transactions
For the Year Ended December 31, 2016

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
State Street	U.S. Government Short Term Investment Strategy	$ 205,863,243	$ 225,172,579	$ 225,172,579	$ 431,035,822	$ -
State Street	GSTIF 25 BPS	155,437,497	19,685,846	19,685,846	175,123,343	-
State Street	Stragetic (Restrict) SPCLP	-	30,604,748	27,993,549	30,604,748	2,611,199
State Street	Stragetic International Equity	1,000,000	31,934,325	31,900,000	32,934,325	34,325
State Street	Stategic U.S. Equity Trust	-	32,719,939	12,550,000	32,719,939	20,169,939
State Street	SGA Long Credit Index Fund	17,500,000	-	-	17,500,000	-
		$ 379,800,740	$ 340,117,437	$ 317,301,974	$ 719,918,177	$ 22,815,463

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
State Street	U.S. Government Short Term Investment Strategy	$ 25,298,787	$ -	$ -	$ 25,298,787	$ -
State Street	U.S. Government Short Term Investment Strategy	87,788,652			87,788,651	-
State Street	U.S. Government Short Term Investment Strategy		113,103,737	113,103,737	113,103,737	-
State Street	GSTIF 25 BPS	113,103,737	-	-	113,103,737	-
State Street	Stragetic (Restrict) SPCLP	-	29,104,748	26,466,425	29,104,748	2,638,323
State Street	Stragetic International Equity	-	30,584,325	30,550,000	30,584,325	34,325
State Street	Stategic U.S. Equity Trust	-	32,719,938	12,550,000	32,719,938	20,169,938
State Street	SGA Long Credit Index Fund	17,500,000	-	-	17,500,000	-
		$ 243,691,176	$ 205,512,748	$ 182,670,162	$ 449,203,923	$ 22,842,586

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	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

▶ **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	B Three-digit plan number (PN) ▶	
Foster Wheeler Inc. Salaried Employees Pension Plan		002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	**D** Employer Identification Number (EIN)	
Amec Foster Wheeler	22-3800664	

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

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

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2016

2 Assets:

a Market value	2a	270,590,134
b Actuarial value	2b	290,144,774

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	3,201	215,452,223	215,452,223
b For terminated vested participants	1,417	45,649,520	45,649,520
c For active participants	258	20,619,348	20,619,348
d Total	4,876	281,721,091	281,721,091

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	5.92 %
6 Target normal cost	6	2,463,000

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 Vanessa M. Vaag — Signature of actuary — 8/22/17 — Date

Vanessa M. Vaag, FSA — Type or print name of actuary — 17-06349 — Most recent enrollment number

Milliman — Firm name — (973)278-8860 — Telephone number (including area code)

150 Clove Road, 10th Floor

Little Falls NJ 07424 — Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	7,438,577	27,106,880
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	1,526,000	0
9	Amount remaining (line 7 minus line 8)	5,912,577	27,106,880
10	Interest on line 9 using prior year's actual return of -2.22%	-131259	-601773
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.17%		0
	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		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	5,781,318	1431237
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	25073870

Part III Funding Percentages

14	Funding target attainment percentage	14	94.08%
15	Adjusted funding target attainment percentage	15	102.99%
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	100.98%
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
			Totals ► 18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.43 %	5.91 %	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**	2,463,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	16,650,187	2,751,001
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**	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	5,214,001

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	5,214,001	5,214,001

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

Foster Wheeler Inc. Salaried Employees Pension Plan
EIN/PN: 22-3800664/002
Attachment to 2016 Form 5500
Schedule SB, Line 19 - Discounted Employer Contributions

Line 19a. - Contribution Allocated Toward Unpaid Minimum Required Contribution from Prior Plan Years

None

Line 19b. - Contributions Made To Avoid Benefit Restrictions

Date	Plan Year to Apply Contribution	Effective Interest Rate	Contribution Amount	Discounted Value as of 1/1/2016
None				
Total			$ -	$ -

Line 19c. - Contributions Allocated Toward Minimum Required Contribution for Current Year

Date	Plan Year to Apply Contribution	Effective Interest Rate	Late Quarterly Interest Rate	Contribution Amount	Discounted Value as of 1/1/2016
	None				
Total				$ -	$ -

Attachment to Schedule SB – 2016 Form 5500
Foster Wheeler Inc. Salaried Employees Pension Plan
EIN/PN: 22-3800664/002
Schedule SB, line 22 - Description of Weighted Average Retirement Age

Rates of Retirement

Age	Rate	Age	Rate
55	.02	63	.10
56	.02	64	.10
57	.02	65	.25
58	.02	66	.25
59	.02	67	.25
60	.05	68	.25
61	.10	69	.25
62	.15	70	1.00

Weighted average retirement age is 64.

Methodology for weighted average retirement age computation

The weighted average retirement age = $\sum_{n=0}^{k-x} {}_{n|}q_x * (x+n)$

x = the earliest retirement age for which a retirement rate is shown.

${}_{n|}q_x$ = the probability that (x) will survive for n years and retire in the (n + 1)th year.

k = the maximum retirement age for which a retirement rate is shown.

Attachment to Schedule SB – 2016 Form 5500
Foster Wheeler Inc. Salaried Employees Pension Plan
EIN/PN: 22-3800664/002
Schedule SB, Part V – Summary of Plan Provisions

Definitions

Plan Name: Foster Wheeler Inc. Salaried Employees Pension Plan

Effective as of December 31, 2003, the Foster Wheeler Environmental Corporation Salaried Employees Pension Plan and the Retirement Plan for Bargaining Unit Employees of Foster Wheeler Energy Corporation were merged into this plan. Frozen benefits were determined under the terms of these plans prior to the merger.

Effective Plan Date: April 1, 1946

Freeze of Plan Benefits: All plan benefits are frozen as of May 31, 2003.

Eligibility: First of the month following date of hire. No new entrants permitted on or after May 31, 2003.

Credited Service: Non-Contributory service as defined in the Plan.

Plan Year: January 1 to December 31.

Plan Compensation: Rate of basic earnings on December 31 including incentive compensation, but excluding overtime pay.

Employee Contributions: Effective April 1, 1989, no employee contributions are required or permitted.

Cash Balance Amendment: Employees as of December 31, 1998 made a one-time election to (a) continue under the existing Final Average Pay Formula or (b) retain their Final Average Pay accrued benefit as of December 31, 1998 and accrue benefits after that date under the new Cash Balance Formula. New employees are covered under the Cash Balance Formula.

Suspension of Benefits Notice to Active Employees: Suspension of Benefits Notices have been issued to active employees who were younger than age 65 as of September 2006. Actives older than age 65 as of September 2006 will receive an actuarially increased benefit from age 65 to their Deferred Retirement Date.

Normal Retirement Benefits

(a) Non-Contributory Final Average Pay Benefit – 1.2% of Final Average Monthly Earnings times Credited Service earned from April 1, 1976.

Final Average Monthly Earnings is the average of the monthly earnings during the highest 60 consecutive months, during the last 120 months prior to retirement or termination of employment.

(b) Non-Contributory Cash Balance Benefit – Benefit = (i) plus (ii)

(i) Accrued benefit as of December 31, 1998
(ii) Actuarial Equivalent of Cash Balance Account at retirement

Cash Balance Account is payable as a lump sum payment in lieu of an annuity upon eligibility for Normal, Early, Vested Pension, or Death Benefits.

Cash balance is based on an annual pay credit equal to:

Age Last Birthday as of End of Play Year	Percentage of Plan Earnings
Under 25	1.5%
25 – 29	2.0%
30 – 34	2.5%
35 – 39	3.0%
40 – 44	4.0%
45 – 49	5.0%
50+	6.0%

and interest credited each year is the 12 month average of the 30 Year Treasury Bond rate for the preceding year, but no less than 4.50% per year.

(c) Contributory Benefits – Frozen Contributory Benefits as of April 1, 1989.

(d) Local 66 Employees – For retirements prior to January 1, 1996: 1.2% of Final Average Monthly Earnings times Bargaining Unit service earned from April 1, 1987 plus $17.25 times Bargaining Unit service earned prior to April 1, 1987 minus the accrued benefit from the Bargaining Plan and the prior Non-Contributory Plan.

For retirements on or after January 1, 1996 and before April 1, 1997: 1.2% of Final Average Monthly Earnings times service after April 1, 1980 plus $12.50 per month times service before April 1, 1980 minus the accrued benefit from the Bargaining Plan and the prior Non-Contributory Plan.

For retirements on or after April 1, 1997: 1.2% of Final Average Monthly Earnings times service after April 1, 1976 plus $8.50 per month times service before April 1, 1976 minus the accrued benefit from the Bargaining Plan and the prior Non-Contributory Plan. Plus any cash balance account, if any.

(e) Local 68 Employees – Eligible members of Local 68 entered the plan January 1, 2003. Pay credits were based on earnings through May 31, 2003 (regardless of hours worked in 2003).

Early Retirement Benefits

Retirement Benefits at Early Retirement Date: Benefit (i) plus (ii)

(i) Benefit may begin at date of early retirement, Final Average Pay Benefit reduced by 3% for each of the first five years and 5% for each additional year by which the Early Retirement Date precedes the Normal Retirement Date.

(ii) Actuarial Equivalent Annuity of Cash Balance Account, if any.

Deferred Retirement Benefits

Retirement Benefits at Deferred Retirement Date: Benefit (i) plus (ii)

(i) Final Average Pay Benefit is increased to recognize service and earnings until actual retirement.

(ii) Actuarial Equivalent Annuity of Cash Balance Account, if any.

The grandfathered group of participants, who were age 65 or older as of September 2006, will receive actuarially increased benefits at actual retirement.

Disability Retirement Benefits

Retirement Benefit at Disability Retirement Date: Benefit (i) plus (ii)

(i) 0.50% of Final Average Monthly Earnings times Credited Service, doubled if not eligible for Social Security Benefits.

(ii) Actuarial Equivalent Annuity of Cash Balance Account, if any.

Retirement Dates

Normal: First of month following 65th birthday.

Early: First of any month after 55th birthday and 10 years of service.

Deferred: After age 65.

Disability: First of month following 10 years of service, if totally and permanently disabled for 6 months.

Death Benefits

Pre-Retirement Spouse's Benefit: If the employee dies after age 55, the spouse receives a monthly benefit, payable immediately, equal to 50% of the benefit payable to the employee if he had retired early with the life annuity form.

If any employee dies prior to age 55, the spouse is entitled to a deferred monthly benefit equal to 50% of what the employee would have received if he had:

(i) Terminated on his date of death,

(ii) Retired early at age 55 with single life annuity form, and

(iii) Died immediately thereafter.

If a pre-retirement spouse's benefit is not payable, then the employee contributions, if any, with interest are paid as a death benefit.

Surviving Orphan's Benefit: Payable in lieu of the return of employee contributions to surviving children of an employee who dies while in active service after age 55 and 10 years of service, and after death of eligible spouse, if any, in amount equal to the amount of spouse benefit. Payments to each child cease at age 19 (23 if a student), unless the child is then disabled.

Forms of Benefit

Normal Form of Benefit:

Non-Contributory Benefit – Life Annuity
Contributory Benefit – Modified Cash Refund Life Annuity.

Automatic Form of Benefit: If married for one year, actuarially equivalent 50% Joint & Survivor Life Annuity.

Optional Forms of Benefit: 10 years Certain and Continuous thereafter Life Annuity, Contingent Annuity, and Lump Sum Equivalent of Cash Balance Account.

Vesting

For participants without Cash Balance Accounts: 100% after five years of service.

For participants with Cash Balance Accounts: 100% after three years of service.

Attachment to Schedule SB – 2016 Form 5500
Foster Wheeler Inc. Salaried Employees Pension Plan
EIN/PN: 22-3800664/002
Schedule SB, Part V – Summary of Plan Provisions

Definitions

Plan Merger: Effective as of December 31, 2003, the Foster Wheeler Environmental Corporation Salaried Employees Pension Plan and the Retirement Plan for Bargaining Unit Employees of Foster Wheeler Energy Corporation were merged into Foster Wheeler Inc. Salaried Employees Pension Plan.

Freeze of Plan Benefits: All plan benefits are frozen as of May 31, 2003.

Eligibility: Eligibility occurs at date of hire if 1,000 Hours of Service are completed within the Plan Year in which hired, or the April 1 following.

Credited Service: Employees are credited with 1 year of service if 1,000 or more hours are worked.

Plan Year: January 1 to December 31.

Employee Contributions: None.

Employer Contributions: Entire cost of plan.

Retirement Dates

Normal: First of month next following the later of attainment of age 65 and the fifth anniversary of the employee's commencement of participation in the plan or the date he is credited with five years of Credited Service.

Early: First of any month within 10 years of normal retirement date, if 10 Years of Credited Service are completed.

Deferred: After age 65.

Normal Retirement Benefits

Retirement Benefit at Normal Retirement Date on the Normal Form: $23.00 per month per year of Credited Service prior to July 1, 2001, $11.00 per month per year of Credited Service from July 1, 2001 through May 31, 2002 and $10 per month per year of Credited Service thereafter less the monthly life annuity benefit purchased under the prior plan.

Members of Local 68 received $26.00 per month, per year of Credited Service through December 31, 2002. For this purpose,

> Members received a year of Credited Service for the period April 1, 2002 through December 31, 2002 if 750 or more Hours of Service were worked.

Attachment to Schedule SB – 2016 Form 5500
Foster Wheeler Inc. Salaried Employees Pension Plan
EIN/PN: 22-3800664/002
Schedule SB, Part V – Summary of Plan Provisions

Early Retirement Benefits

Retirement Benefit at Early Retirement Date: An employee who has attained age 55 may elect to receive an Early Benefit equal to his Normal Retirement Benefit accrued to date of early retirement, multiplied by the following factor depending on age:

Age	Factor	Age	Factor
55	.60	60	.87
56	.65	61	.90
57	.70	62	.98
58	.75	63	.985
59	.80	64	.99
		65	1.00

Deferred Retirement Benefits

Retirement Benefit at Deferred Retirement Date: The same as the benefit that would have been paid if the employee had retired at the normal retirement date.

Disability Retirement Benefits

Retirement Benefit at Disability Retirement Date: Double the normal retirement benefit accrued to date of disability until eligible for unreduced Social Security benefits at which time disability benefit is reduced by one-half.

Death Benefits

Pre-Retirement Spouse's Benefit: If the employee dies after age 55, the spouse receives a monthly benefit, payable immediately, equal to 50% of the benefit payable to the employee if he had retired early under a life annuity form.

If an employee dies prior to age 55, the spouse is entitled to a deferred monthly benefit equal to 50% of what the employee would have received if he had

(i) Terminated on his date of death.
(ii) Retired early at age 55 with a life annuity form, and
(iii) Died immediately thereafter.

Attachment to Schedule SB – 2016 Form 5500
Foster Wheeler Inc. Salaried Employees Pension Plan
EIN/PN: 22-3800664/002
Schedule SB, Part V – Summary of Plan Provisions

Forms of Benefit

Normal Form: Life Annuity.

Automatic Form of Married Employees: Actuarially equivalent amount of Joint & 50% Survivor Annuity.

Optional Form: Joint & Survivor Annuity and 10 Years Certain and Life Annuity.

Vesting

100% after five years of service.

Attachment to Schedule SB - 2016 Form 5500
Foster Wheeler Inc. Salaried Employees Pension Plan
EIN/PN: 22-3800664/002
Schedule SB, Part V - Summary of Plan Provisions
(Retirement Plan for Bargaining Unit Employees of Foster Wheeler Energy Corporation and Foster Wheeler USA Corporation)

TABLE #3

The 50% Joint and Survivor Factors

(A Percentage of Income Payable on the Life Annuity Form to the Retiree;
50% of which continues to the Designated Joint Annuitant as Survivor)

Age of Joint Annuitant	Age of Participant at Benefit Commencement Date										
	55	56	57	58	59	60	61	62	63	64	65
45	88.8	88.0	87.1	86.3	85.4	84.0	83.4	82.3	81.3	80.1	78.9
46	89.0	88.2	87.4	86.6	85.6	84.7	83.7	82.6	81.6	80.4	79.3
47	89.3	88.5	87.7	86.8	85.9	85.0	84.0	83.0	81.9	80.8	79.6
48	89.5	88.8	88.0	87.1	86.2	85.3	84.3	83.3	82.2	81.1	79.9
49	89.8	89.1	88.3	87.4	86.5	85.6	84.6	83.6	82.6	81.4	80.3
50	90.1	89.3	88.6	87.7	86.9	85.9	85.0	84.0	82.9	81.8	80.7
51	90.4	89.6	88.9	88.1	87.2	86.3	85.3	84.3	83.3	82.2	81.1
52	90.6	89.9	89.2	88.4	87.5	86.6	85.7	84.7	83.7	82.6	81.5
53	90.9	90.2	89.5	88.7	87.9	87.0	86.1	85.1	84.1	83.0	81.9
54	91.2	90.5	89.8	89.0	88.2	87.3	86.4	85.5	84.5	83.4	82.3
55	91.5	90.9	90.1	89.4	88.6	87.7	86.8	85.9	84.9	83.8	82.7
56	91.8	91.2	90.5	89.7	88.9	88.1	87.2	86.3	85.3	84.2	83.2
57	92.1	91.5	90.8	90.1	89.3	88.5	87.6	86.7	85.7	84.7	83.6
58	92.4	91.8	91.1	90.4	89.7	88.9	88.0	87.1	86.1	85.1	84.1
59	92.7	92.1	91.5	90.8	90.0	89.3	88.4	87.5	86.6	85.6	84.6
60	93.0	92.5	91.8	91.1	90.4	89.6	88.8	88.0	87.0	86.1	85.1
61	93.3	92.8	92.2	91.5	90.8	90.0	89.2	88.4	87.5	86.5	85.6
62	93.6	93.1	92.5	91.9	91.2	90.4	89.7	88.8	88.0	87.0	86.1
63	93.9	93.4	92.8	92.2	91.6	90.8	90.1	89.3	88.4	87.5	86.6
64	94.2	93.7	93.2	92.6	91.9	91.3	90.5	89.7	88.9	88.0	87.1
65	94.5	94.0	93.5	92.9	92.3	91.7	90.9	90.2	89.4	88.5	87.6
66	94.8	94.3	93.8	93.3	92.7	92.0	91.4	90.6	89.8	89.0	88.1
67	95.1	94.7	94.2	93.6	93.1	92.4	91.8	91.1	90.3	89.5	88.6
68	95.4	94.9	94.5	94.0	93.4	92.8	92.2	91.5	90.8	90.0	89.2
69	95.7	95.2	94.8	94.3	93.8	93.2	92.6	91.9	91.2	90.5	89.7
70	95.9	95.5	95.1	94.6	94.1	93.6	93.0	92.4	91.7	91.0	90.2
71	96.2	95.8	95.4	95.0	94.5	94.0	93.4	92.8	92.1	91.4	90.7
72	96.4	96.1	95.7	95.3	94.8	94.3	93.8	93.2	92.6	91.9	91.2
73	96.6	96.3	96.0	95.6	95.1	94.7	94.2	93.6	93.0	92.4	91.7
74	96.9	96.6	96.2	95.9	95.4	95.0	94.5	94.0	93.4	92.8	92.2

UP84(+1)/UP84(-4)/(7)000-LEVEL

Attachment to Schedule SB - 2016 Form 5500
Foster Wheeler Inc. Salaried Employees Pension Plan
EIN/PN: 22-3800664/002
Schedule SB, Part V - Summary of Plan Provisions
(Retirement Plan for Bargaining Unit Employees of Foster Wheeler Energy Corporation and Foster Wheeler USA Corporation)

TABLE #4
The 100% Joint and Survivor Factors

(A Percentage of Income Payable on the Life Annuity Form to the Retiree;
The Same Amount Continued to the Designated Joint Annuitant as Survivor)

Age of Joint Annuitant	Age of Participant at Benefit Commencement Date										
	55	56	57	58	59	60	61	62	63	64	65
45	79.8	78.5	77.2	75.9	74.5	73.0	71.5	70.0	68.4	66.8	65.2
46	80.2	78.9	77.6	76.3	74.9	73.4	72.0	70.4	68.9	67.3	65.6
47	80.6	79.4	78.1	76.7	75.3	73.9	72.4	70.9	69.3	67.7	66.1
48	81.0	79.8	78.5	77.2	75.8	74.4	72.9	71.4	69.8	68.2	66.6
49	81.5	80.3	79.0	77.7	76.3	74.9	73.4	71.9	70.3	68.7	67.1
50	81.9	80.7	79.5	78.2	76.8	75.4	73.9	72.4	70.8	69.2	67.6
51	82.4	81.2	80.0	78.7	77.7	75.9	74.4	72.9	71.4	69.8	68.1
52	82.9	81.7	80.5	79.2	77.8	76.4	75.0	73.5	71.9	70.3	68.7
53	83.4	82.2	81.0	79.7	78.4	77.0	75.5	74.0	72.5	70.9	69.3
54	83.9	82.7	81.5	80.2	78.9	77.5	76.1	74.6	73.1	71.5	69.9
55	84.4	83.2	82.1	80.8	79.5	78.1	76.7	75.2	73.7	72.1	70.5
56	84.9	83.8	82.6	81.4	80.1	78.7	77.3	75.8	74.3	72.8	71.2
57	85.4	84.3	83.2	81.9	80.7	79.3	77.9	76.5	75.0	73.4	71.9
58	85.9	84.9	83.7	82.5	81.3	80.0	78.6	77.0	75.7	74.1	72.6
59	86.5	85.4	84.3	83.1	81.9	80.6	79.2	77.8	76.3	74.8	73.3
60	87.0	86.0	84.9	83.7	82.5	81.2	79.9	78.5	77.1	75.5	74.0
61	87.5	86.5	85.5	84.3	83.1	81.9	80.6	79.2	77.8	76.3	74.7
62	88.1	87.1	86.0	85.0	83.8	82.6	81.3	79.9	78.5	77.0	75.5
63	88.6	87.6	86.6	85.6	84.4	83.2	82.0	80.6	79.2	77.8	76.3
64	89.1	88.2	87.2	86.2	85.1	83.9	82.7	81.4	80.0	78.6	77.1
65	89.6	88.8	87.8	86.8	85.7	84.6	83.4	82.1	80.8	79.4	77.9
66	90.2	89.3	88.4	87.4	86.4	85.3	84.1	82.8	81.5	80.2	78.8
67	90.7	89.8	89.0	88.0	87.0	85.9	84.8	83.6	82.3	81.0	79.6
68	91.2	90.4	89.5	88.6	87.7	86.6	85.5	84.3	83.1	81.8	80.4
69	91.7	90.9	90.1	89.2	88.3	87.3	86.2	85.1	83.9	82.6	81.3
70	92.1	91.4	90.6	89.8	88.9	87.9	86.9	85.8	84.6	83.4	82.1
71	92.6	91.9	91.2	90.4	89.5	88.6	87.6	86.5	85.4	84.2	83.0
72	93.1	92.4	91.7	90.9	90.1	89.2	88.3	87.3	86.2	85.0	83.8
73	93.5	92.9	92.2	91.5	90.7	89.9	88.9	88.0	86.9	85.8	84.6
74	93.9	93.4	92.7	92.0	91.3	90.5	89.6	88.7	87.7	86.6	85.5

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Attachment to Schedule SB - 2016 Form 5500
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EIN/PN: 22-3800664/002
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(Retirement Plan for Bargaining Unit Employees of Foster Wheeler Energy Corporation and Foster Wheeler USA Corporation)

Table #5

TEN YEAR CERTAIN AND LIFE

(A Percentage of Income Payable on the Life Annuity Form)

EMPLOYEE'S AGE AT RETIREMENT	0/12	1/12	2/12	3/12	4/12	5/12	6/12	7/12	8/12	9/12	10/12	11/12
55	98.40	98.38	98.37	98.35	98.33	98.32	98.30	98.28	98.27	98.25	98.23	98.22
56	98.20	98.18	98.17	98.15	98.13	98.12	98.10	98.08	98.07	98.05	98.03	98.02
57	98.00	97.98	97.97	97.95	97.93	97.92	97.90	97.88	97.87	97.85	97.83	97.82
58	97.80	97.78	97.77	97.75	97.73	97.72	97.70	97.68	97.67	97.65	97.63	97.62
59	97.60	97.58	97.55	97.53	97.50	97.48	97.45	97.43	97.40	97.38	97.35	97.33
60	97.30	97.28	97.27	97.25	97.23	94.22	97.20	97.18	97.17	97.15	97.13	97.12
61	97.10	97.07	97.03	97.00	96.97	96.93	96.90	96.87	96.83	96.80	96.77	96.73
62	96.70	96.68	96.65	96.63	96.60	96.58	96.55	96.53	96.50	96.48	96.45	96.43
63	96.40	96.37	96.33	96.30	96.26	96.23	96.20	96.17	96.13	96.10	96.07	96.03
64	96.00	95.96	95.92	95.88	95.83	95.79	95.75	95.71	95.67	95.63	95.58	95.54
65	95.50	95.46	95.42	95.38	95.33	95.29	95.25	95.21	95.17	95.13	95.08	95.04

Foster Wheeler Inc.
Salaried Employees Pension Plan
Employer Identification No. 22-3800664, Plan No. 002
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
As of December 31, 2016

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment type	(d) Cost	(e) Current value
	ARCM Feeder Fund II Ltd.	Commingled Fund	$ 1,400,000	$ 1,461,994
	SSgA Long U.S. Credit Index Non-Lending Fund	Commingled Fund	39,056,326	43,209,107
	TCW Direct Lending LLC	Commingled Fund	1,061,419	1,215,319
	GSTIF 25 BPS	Commingled Fund	135,751,651	135,751,651
	iShares MSCI Emerging Markets ETF	Mutual Fund	634,527	639,633
	iShares MSCI EAFE ETF	Mutual Fund	1,115,555	1,100,911
	The Weatherlow Offshore Fund II Ltd.	Hedge Fund	24,750,066	28,067,068
	US Treasury N/B 2.625 04/30/18	U.S. Treasuries	1,689,505	1,633,936
	US Treasury N/B 2.625 11/15/20	U.S. Treasuries	1,134,293	1,136,949
	US Treasury N/B 3.625 02/15/20	U.S. Treasuries	2,772,266	2,660,250
	US Treasury N/B 1.625 08/15/22	U.S. Treasuries	4,000,781	3,900,920
	US Treasury N/B 1.625 11/15/22	U.S. Treasuries	1,190,724	1,265,160
	US Treasury N/B 2.750 11/15/23	U.S. Treasuries	587,159	619,782
	US Treasury N/B 3.125 11/15/41	U.S. Treasuries	3,178,748	3,450,592
	US Treasury N/B 2.750 11/15/42	U.S. Treasuries	815,707	944,490
	US Treasury N/B 2.750 11/15/42	U.S. Treasuries	14,764,355	14,639,595
			$ 233,903,082	$ 241,697,357

Attachment to Schedule SB – 2016 Form 5500
Foster Wheeler Inc. Salaried Employees Pension Plan
EIN/PN: 22-3800664/002
Schedule SB, Line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Any Remaining Installments	Valuation Date Established	Years Remaining	Amortization Installment
Shortfall Base	16,650,187	1/1/2016	7 Years	2,751,001
Total Bases =	$16,650,187			$2,751,001

Attachment to Schedule SB – 2016 Form 5500
Foster Wheeler Inc. Salaried Employees Pension Plan
EIN/PN: 22-3800664/002

Schedule SB, line 24 – Actuarial Change in Assumptions.

- The assumed asset return (for asset averaging) is as follows for the three year period below subject to the statutory interest rate limits:

2014	7.00%
2015	6.90%
2016	6.70%