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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                          |                                                                                                                                                                                                                                             |  |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                          |                                                                                                                                                                                                                                             |  |
| For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u> |                                                                                                          |                                                                                                                                                                                                                                             |  |
| <b>A</b>                                                                                                 | This return/report is for:                                                                               | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)               |  |
|                                                                                                          | <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |                                                                                                                                                                                                                                             |  |
| <b>B</b>                                                                                                 | This return/report is:                                                                                   | <input type="checkbox"/> the first return/report<br><input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report<br><input type="checkbox"/> a short plan year return/report (less than 12 months) |  |
| <b>C</b>                                                                                                 | If the plan is a collectively-bargained plan, check here. . . . . <input type="checkbox"/>               |                                                                                                                                                                                                                                             |  |
| <b>D</b>                                                                                                 | Check box if filing under:                                                                               | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program                                                                                                        |  |
|                                                                                                          | <input type="checkbox"/> special extension (enter description)                                           |                                                                                                                                                                                                                                             |  |

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

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/09/2019 | JASON T. CLAYTON                                             |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2018)  
v. 171027

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>EMPLOYEE BENEFITS PLAN COMMITTEE<br>JBT CORPORATION<br>70 WEST MADISON STREET, SUITE 4400<br>CHICAGO, IL 60602                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>3b</b> Administrator's EIN<br>91-1650317<br><br><b>3c</b> Administrator's telephone number<br>312-861-5900                                            |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                        |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 3404                                                                                                                                            |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 960<br><b>6a(2)</b> 860<br><b>6b</b> 1512<br><b>6c</b> 656<br><b>6d</b> 3028<br><b>6e</b> 332<br><b>6f</b> 3360<br><b>6g</b><br><b>6h</b> 1 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7</b>                                                                                                                                                 |

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

1A 3H

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

|                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                              |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan<br/>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>                                  |                                                                                                                                                         |
| ▶ <b>Round off amounts to nearest dollar.</b>                                                                                             |                                                                                                                                                         |
| ▶ <b>Caution:</b> A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.            |                                                                                                                                                         |
| <b>A</b> Name of plan<br><u>JBT CORPORATION EMPLOYEES' RETIREMENT PROGRAM</u>                                                             | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>JOHN BEAN TECHNOLOGIES CORPORATION</u>                     | <b>D</b> Employer Identification Number (EIN)<br><u>91-1650317</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>                                                      |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2018</u>                                                                                                                               |                                                                               |
| <b>2</b> Assets:                                                                                                                                                                                                |                                                                               |
| <b>a</b> Market value.....                                                                                                                                                                                      | <b>2a</b> <u>265468288</u>                                                    |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> <u>251292388</u>                                                    |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             |                                                                               |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | (1) Number of participants (2) Vested Funding Target (3) Total Funding Target |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | <u>1698</u> <u>124810948</u> <u>124810948</u>                                 |
| <b>c</b> For active participants .....                                                                                                                                                                          | <u>746</u> <u>37154887</u> <u>37154887</u>                                    |
| <b>d</b> Total .....                                                                                                                                                                                            | <u>960</u> <u>61369003</u> <u>62706028</u>                                    |
|                                                                                                                                                                                                                 | <u>3404</u> <u>223334838</u> <u>224671863</u>                                 |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                                                                               |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                                                                     |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                                                                     |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b> <u>5.68 %</u>                                                        |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b> <u>2300000</u>                                                       |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>Statement by Enrolled Actuary</b><br>To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. |                                        |
| <b>SIGN HERE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |
| <u>JULIE L. SOLUM</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>09/30/2019</u>                      |
| Signature of actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Date                                   |
| <u>AON CONSULTING, INC</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>17-06838</u>                        |
| Type or print name of actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Most recent enrollment number          |
| <u>4 OVERLOOK POINT<br/>LINCOLNSHIRE, IL 60069</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>847-295-5000</u>                    |
| Firm name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Telephone number (including area code) |
| <u></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        |
| Address of the firm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                        |

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

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 19310749               |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 2008421                |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 17302328               |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>14.59</u> % .....                                                                                | 0                     | 2524410                |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 15484781               |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.89</u> % ..... |                       | 793758                 |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 293029                 |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 16571568               |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 14000000               |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 33826738               |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 96.79%  |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 111.84% |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 98.33%  |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                        | <b>17</b> | %       |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 05/31/2019               | 2000000                           | 0                               |                          |                                   |                                 |
| 09/13/2019               | 4000000                           | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 6000000                           | <b>18(c)</b> 0                  |

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

|                                                                                                                         |            |         |
|-------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 5491731 |

**20** Quarterly contributions and liquidity shortfalls:

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

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

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21** Discount rate:**a** Segment rates:

1st segment:

3.92%

2nd segment:

5.52%

3rd segment:

6.29%

☐ 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)

Prior regulation:

☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Current regulation:

☐

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**

2300000

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

0

**32** Amortization installments:

Outstanding Balance

Installment

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

7206213

1330129

**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**

3630129

Carryover balance

Prefunding balance

Total balance

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

0

2568177

2568177

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

1061952

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

5491731

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

4429779

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

2568177

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

0

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

0

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ..... ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ..... ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2018</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                                     |                                                             |     |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018          |                                                             |     |
| <b>A</b> Name of plan<br>JBT CORPORATION EMPLOYEES' RETIREMENT PROGRAM                              | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                                     |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>JOHN BEAN TECHNOLOGIES CORPORATION | <b>D</b> Employer Identification Number (EIN)<br>91-1650317 |     |

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

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| STATE STREET GLOBAL ADVISORS                                                                                      |
| 04-1867445                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

AON HEWITT ASSOCIATES

36-2235791

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 15 50               | NONE                                                                                              | 356121                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

DIMEO SCHNEIDER AND ASSOCIATES, LLC

36-4001764

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 50                  | NONE                                                                                              | 200508                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

THE NORTHERN TRUST COMPANY

36-1561860

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 50                  | NONE                                                                                              | 178869                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

VAUGHAN NELSON INVESTMENT MGMT LP

04-3304963

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51               | NONE                                                                                              | 75554                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

STATE STREET RESEARCH AND MGMT CO.

13-3142135

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51               | NONE                                                                                              | 52967                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

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

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2018</div><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

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

|                                                                                              |                               |                                                                                                                                                        |
|----------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>TIPS INDEX (CMTP) FD</u>                   |                               |                                                                                                                                                        |
| <b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u> |                               |                                                                                                                                                        |
| <b>c</b> EIN-PN <u>90-0337987-103</u>                                                        | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>8908825</u></span>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 1000 INDX NL FUND</u>              |                               |                                                                                                                                                        |
| <b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u> |                               |                                                                                                                                                        |
| <b>c</b> EIN-PN <u>90-0337987-160</u>                                                        | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>50899796</u></span> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLTV SHORT TERM INVT FUND</u>             |                               |                                                                                                                                                        |
| <b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>   |                               |                                                                                                                                                        |
| <b>c</b> EIN-PN <u>45-6138589-084</u>                                                        | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>3925105</u></span>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                               |                               |                                                                                                                                                        |
| <b>b</b> Name of sponsor of entity listed in (a):                                            |                               |                                                                                                                                                        |
| <b>c</b> EIN-PN                                                                              | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                                    |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                               |                               |                                                                                                                                                        |
| <b>b</b> Name of sponsor of entity listed in (a):                                            |                               |                                                                                                                                                        |
| <b>c</b> EIN-PN                                                                              | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                                    |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                               |                               |                                                                                                                                                        |
| <b>b</b> Name of sponsor of entity listed in (a):                                            |                               |                                                                                                                                                        |
| <b>c</b> EIN-PN                                                                              | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                                    |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                               |                               |                                                                                                                                                        |
| <b>b</b> Name of sponsor of entity listed in (a):                                            |                               |                                                                                                                                                        |
| <b>c</b> EIN-PN                                                                              | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                                    |

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

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

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

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

|                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                              |                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                              | <b>2018</b>                                   |
|                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                            |                                                                    |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| For calendar plan year 2018 or fiscal plan year beginning <b>01/01/2018</b> and ending <b>12/31/2018</b>   |                                                                    |
| <b>A</b> Name of plan<br><b>JBT CORPORATION EMPLOYEES' RETIREMENT PROGRAM</b>                              | <b>B</b> Three-digit plan number (PN) <b>►</b> <b>001</b>          |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>JOHN BEAN TECHNOLOGIES CORPORATION</b> | <b>D</b> Employer Identification Number (EIN)<br><b>91-1650317</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                            | <b>1b(1)</b>    | 15500000              | 6000000         |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    | 119930                | 161146          |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                            | <b>1c(4)(B)</b> | 11037013              | 9198964         |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                 | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    | 65365757              | 63733727        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 174093577             | 160131030       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 266116277             | 239224867       |

**Liabilities**

|                                                                           |           |        |        |
|---------------------------------------------------------------------------|-----------|--------|--------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |        |        |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 227274 | 303656 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |        |        |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |        |        |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 227274 | 303656 |

**Net Assets**

|                                                           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 265889003 | 238921211 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**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 Contributions:**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 6000000    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 6000000   |

**b Earnings on investments:****(1) Interest:**

|                                                                                                      |                 |  |   |
|------------------------------------------------------------------------------------------------------|-----------------|--|---|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> |  |   |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |  |   |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |  |   |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |  |   |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> |  |   |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> |  |   |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |  | 0 |

|                                                                                           |                 |         |         |
|-------------------------------------------------------------------------------------------|-----------------|---------|---------|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> |         |         |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> | 472149  |         |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> | 4862886 |         |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |         | 5335035 |

|                                                                                                    |                 |          |          |
|----------------------------------------------------------------------------------------------------|-----------------|----------|----------|
| (3) Rents .....                                                                                    | <b>2b(3)</b>    |          |          |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                         | <b>2b(4)(A)</b> | 4719622  |          |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                      | <b>2b(4)(B)</b> | 4854428  |          |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....          | <b>2b(4)(C)</b> |          | -134806  |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                 | <b>2b(5)(A)</b> |          |          |
| <b>(B)</b> Other .....                                                                             | <b>2b(5)(B)</b> | -2110248 |          |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> ..... | <b>2b(5)(C)</b> |          | -2110248 |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            | -2581070  |
| (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) |            | -18671455 |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....              | 2d     |            | -12162544 |

**Expenses**

|                                                                                      |       |          |          |
|--------------------------------------------------------------------------------------|-------|----------|----------|
| e Benefit payment and payments to provide benefits:                                  |       |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 13188293 |          |
| (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) |          | 13188293 |
| f Corrective distributions (see instructions) .....                                  | 2f    |          |          |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |          |          |
| h Interest expense .....                                                             | 2h    |          |          |
| i Administrative expenses: (1) Professional fees.....                                | 2i(1) |          |          |
| (2) Contract administrator fees.....                                                 | 2i(2) |          |          |
| (3) Investment advisory and management fees.....                                     | 2i(3) | 329029   |          |
| (4) Other .....                                                                      | 2i(4) | 1287926  |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                  | 2i(5) |          | 1616955  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |          | 14805248 |

**Net Income and Reconciliation**

|                                                          |       |  |           |
|----------------------------------------------------------|-------|--|-----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | -26967792 |
| l Transfers of assets:                                   |       |  |           |
| (1) To this plan.....                                    | 2l(1) |  |           |
| (2) From this plan.....                                  | 2l(2) |  |           |

**Part III Accountant's Opinion**

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

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

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

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

☒ Yes ☐ No

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

(1) Name: GRANT THORNTON LLP

(2) EIN: 36-6055558

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

|                                                                                                                                                                                                                               |           | Yes | No | Amount  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|---------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          | <b>4c</b> |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                               | <b>4d</b> |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | <b>4e</b> | X   |    | 7500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       | <b>4f</b> |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                    | <b>4g</b> |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                          | <b>4h</b> |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | <b>4i</b> | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... | <b>4j</b> | X   |    |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           | <b>4k</b> |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            | <b>4l</b> |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | <b>4m</b> |     |    |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      | <b>4n</b> |     |    |         |

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

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

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

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☒ Yes ☐ No ☐ Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4165485. (See instructions.)

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....                                                                                                                             | <b>1</b> | <u>0</u> |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>36-3046063</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                   | <b>3</b> | <u>2</u> |

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

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                                         |
| <b>5</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | <b>6a</b>                    |                             |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                             |                                         |
| <b>c</b> 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) .....                                                                                                                                                                                                            | <b>6c</b>                    |                             |                                         |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2018  
v. 171027

**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 .....

**b** The plan year immediately preceding the current plan year .....

**c** The second preceding plan year .....

**14a****14b****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 .....

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

**15a****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 .....

**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 .....

**16a****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: 68.0% Investment-Grade Debt: 20.0% High-Yield Debt: 8.0% Real Estate: 0.0% Other: 4.0%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Financial Statements and Report of  
Independent Certified Public  
Accountants

**JBT Corporation Employees'  
Retirement Program**

December 31, 2018 and 2017

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**REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS**

Employee Benefits Plan Committee  
John Bean Technologies Corporation

**Report on the financial statements**

We were engaged to audit the financial statements of the JBT Corporation Employees' Retirement Program (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

**Management's responsibility for the financial statements**

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

**Auditor's responsibility**

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

**Basis for disclaimer of opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified information described in Note G, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the certifying entity meets the requirements of 29 CFR 2520.103-8. The Plan administrator obtained a certification from this entity as of and for the years ended December 31, 2018 and 2017, stating that the certified information provided to the Plan administrator is complete and accurate.

**Disclaimer of opinion**

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

**Supplementary information**

The supplemental schedules of assets (held at end of year) as of December 31, 2018, and schedule of reportable transactions for the year ended December 31, 2018, are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

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



Chicago, IL  
October 7, 2019

**JBT Corporation**  
**Employees' Retirement Program**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**December 31, 2018 and 2017**

|                                          | 2018                  | 2017                  |
|------------------------------------------|-----------------------|-----------------------|
| Assets                                   |                       |                       |
| Investments, at fair value               | \$ 233,063,721        | \$ 250,496,347        |
| Employer contributions receivable        | 6,000,000             | 15,500,000            |
| Interest and dividends receivable        | 161,146               | 119,930               |
| Total assets                             | 239,224,867           | 266,116,277           |
| Liabilities                              |                       |                       |
| Accrued expenses                         | 170,148               | 110,040               |
| Due to broker                            | 133,508               | 117,234               |
| Total liabilities                        | 303,656               | 227,274               |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <b>\$ 238,921,211</b> | <b>\$ 265,889,003</b> |

The accompanying notes are an integral part of these statements.

**JBT Corporation**  
**Employees' Retirement Program**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**Years ended December 31, 2018 and 2017**

|                                                              | 2018                  | 2017                  |
|--------------------------------------------------------------|-----------------------|-----------------------|
| Additions                                                    |                       |                       |
| Investment income                                            |                       |                       |
| Interest and dividends                                       | \$ 5,412,870          | \$ 5,113,760          |
| Net appreciation (depreciation) in fair value of investments | (23,575,414)          | 26,773,466            |
| Total investment income (loss)                               | (18,162,544)          | 31,887,226            |
| Employer contributions                                       | 6,000,000             | 17,500,000            |
| Net additions                                                | (12,162,544)          | 49,387,226            |
| Deductions                                                   |                       |                       |
| Benefits paid directly to participants                       | 13,188,293            | 11,922,685            |
| Administrative expenses                                      | 1,616,955             | 2,104,664             |
| Net deductions                                               | 14,805,248            | 14,027,349            |
| <b>NET INCREASE (DECREASE)</b>                               | (26,967,792)          | 35,359,877            |
| Net assets available for benefits                            |                       |                       |
| Beginning of year                                            | 265,889,003           | 230,529,126           |
| End of year                                                  | <u>\$ 238,921,211</u> | <u>\$ 265,889,003</u> |

The accompanying notes are an integral part of these statements.

**NOTE A - DESCRIPTION OF THE PLAN AND TRUST**

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

***General***

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

The Plan's assets are held in a trust with The Northern Trust Company (Northern Trust or the Trustee). All of the assets of the Plan are available to pay benefits to participants of the Plan.

***Eligibility***

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

The Plan was amended effective January 1, 2010, to freeze benefits accruals and future participation for non-union employees, and amended again effective January 1, 2015, to freeze benefits accruals and future participation for union employees.

***Pension Benefits***

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

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

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

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

- (1) 1% of final average annual earnings up to allowable Social Security covered compensation  
Plus  
1.5% of final average annual earnings in excess of allowable Social Security covered compensation  
Multiplied by  
Years of credited service projected to age 65 (maximum of 35 years)
- (2) 1.5% of final average annual earnings multiplied by years of credited service projected to age 65 in excess of 35 years
- (3) Ratio of years of credited service as of termination to years of credited service projected to age 65

**JBT Corporation**  
**Employees' Retirement Program**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**December 31, 2018 and 2017**

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

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

- The normal retirement age ranges between 62 and 65. A participant who terminates employment prior to completing vesting service of five years is not eligible to receive a pension under the Plan. The normal monthly benefit amount ranges between \$21.50 and \$33.00 multiplied by the years of service.
- Participants are entitled to early retirement following attainment of a specified age and a specified number of years of vesting service. For early retirement, the benefit is the monthly-accrued benefit, reduced by early retirement reduction factors outlined in the Plan.

***Death and Disability Benefits***

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

**NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

***Basis of Presentation***

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

***Use of Estimates***

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated Plan benefits at the date of the financial statements. Actual results could differ from those estimates, but the Plan administrator does not believe such differences will materially affect the Plan's financial position or results of operations.

***Investment Valuation and Income Recognition***

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

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

***Payment of Benefits***

Benefits paid to participants and beneficiaries are recorded when paid.

***Administrative Expenses***

Administrative expenses are primarily paid by the Plan.

**NOTE C - FUNDING POLICY**

The Company's funding policy is to contribute at least the minimum required by law, and to make additional discretionary contributions where advantageous to provide for favorable tax treatment, reduce long-term costs and/or improve short-term results. The determination of required contributions to be made by the Company during 2018 and 2017 was based on actuarial valuations as of January 1 of each year and in accordance with Internal Revenue Service (IRS) regulations. The Company has met the minimum funding requirements as set forth by ERISA for the 2018 and 2017 Plan years.

**NOTE D - PLAN TERMINATION**

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

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

- 1 The net assets of the Plan would be allocated to the benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The amount is limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- 2 The net assets of the Plan would be allocated to other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).
- 3 The net assets of the Plan would be allocated to all other benefits (that is, vested and non-vested benefits not insured by the PBGC).

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

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

**NOTE E - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS**

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan

**JBT Corporation**  
**Employees' Retirement Program**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**December 31, 2018 and 2017**

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

The actuarial present value of accumulated Plan benefits is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of December 31, 2017 and 2016 (the most recent valuation dates), were:

- (1) Life expectancy of participants - the aggregate 2006 base rates from the RP 2014 Combined Mortality Table with improvements projected generationally using Scale MP-2018 was used for the year ended December 31, 2017, and the aggregate 2006 base rates from the RP 2014 Combined Mortality Table with improvements projected generationally using Scale MP-2017 was used for the year ended December 31, 2016.
- (2) Retirement age assumptions - the assumed average retirement age varies between 55 and 70 for active participants and 62 for terminated vested participants for the years ended December 31, 2017 and 2016.
- (3) An assumed rate of return on assets of 6.5% and 6.75% for the years ended December 31, 2017 and 2016, respectively.

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

The total actuarial present value of accumulated Plan benefits consisted of the following as of December 31, 2017:

|                                                            |                       |
|------------------------------------------------------------|-----------------------|
| Vested benefits                                            |                       |
| Participants currently receiving payments                  | \$ 119,081,985        |
| Other participants                                         | <u>92,088,399</u>     |
| Total vested benefits                                      | 211,170,384           |
| Non-vested participants                                    | <u>718,785</u>        |
| Total actuarial present value of accumulated Plan benefits | <u>\$ 211,889,169</u> |

**JBT Corporation**  
**Employees' Retirement Program**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**December 31, 2018 and 2017**

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

|                                                                                 |                       |
|---------------------------------------------------------------------------------|-----------------------|
| Total actuarial present value of accumulated Plan benefits on December 31, 2016 | \$ 207,308,621        |
| Increase (decrease) during the period attributable to                           |                       |
| Benefits accumulated and other experience items                                 | (2,027,945)           |
| Interest accumulation                                                           | 13,597,512            |
| Benefits paid                                                                   | (11,922,685)          |
| Change in actuarial assumptions                                                 | 4,933,666             |
| Net increase                                                                    | 4,580,548             |
| Total actuarial present value of accumulated Plan benefits on December 31, 2017 | <u>\$ 211,889,169</u> |

**NOTE F - TAX STATUS**

On August 8, 2016, the Company received a favorable determination letter from the IRS as to the qualified status of the Plan under Section 401(a) of the Internal Revenue Code. The determination letter applies to the Plan adopted on June 8, 2008, and amendments dated: September 15, 2009, December 23, 2009, October 25, 2011 and May 22, 2012.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or other applicable taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2018 and 2017, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**NOTE G - INFORMATION CERTIFIED BY THE TRUSTEE**

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

- Investments, interest and dividends receivable, and due to broker, as shown in the statements of net assets available for benefits as of December 31, 2018 and 2017.
- Investment income (loss), as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2018 and 2017.
- Schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2018.
- Schedule H, line 4j - schedule of reportable transactions for the year ended December 31, 2018.

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

## **NOTE H - FAIR VALUE MEASUREMENTS**

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

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

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

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

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

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

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

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

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

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Investments measured at fair value on a recurring basis consisted of the following instruments as of December 31, 2018 and 2017, respectively:

|                                           | 2018                  |                      |             |                       |
|-------------------------------------------|-----------------------|----------------------|-------------|-----------------------|
|                                           | Level 1               | Level 2              | Level 3     | Total                 |
| Common stock                              | \$ 9,198,964          | \$ -                 | \$ -        | \$ 9,198,964          |
| Registered investment companies           | 133,076,304           | 27,054,726           | -           | 160,131,030           |
| Total investments in fair value hierarchy | <u>\$ 142,275,268</u> | <u>\$ 27,054,726</u> | <u>\$ -</u> | 169,329,994           |
| Total investments measured at NAV (1)     |                       |                      |             | <u>63,733,727</u>     |
| Total investments measured at fair value  |                       |                      |             | <u>\$ 233,063,721</u> |

**JBT Corporation**  
**Employees' Retirement Program**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**December 31, 2018 and 2017**

|                                           | 2017                 |                      |             | Total                 |
|-------------------------------------------|----------------------|----------------------|-------------|-----------------------|
|                                           | Level 1              | Level 2              | Level 3     |                       |
| Common stock                              | \$ 11,037,013        | \$ -                 | \$ -        | \$ 11,037,013         |
| Registered investment companies           | 145,681,934          | 28,411,643           | -           | 174,093,577           |
| Total investments in fair value hierarchy | <u>\$156,718,947</u> | <u>\$ 28,411,643</u> | <u>\$ -</u> | 185,130,590           |
| Total investments measured at NAV (1)     |                      |                      |             | <u>65,365,757</u>     |
| Total investments measured at fair value  |                      |                      |             | <u>\$ 250,496,347</u> |

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

**NOTE I - PARTY-IN-INTEREST TRANSACTIONS**

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

**NOTE J - RISKS AND UNCERTAINTIES**

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

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

**NOTE K - SUBSEQUENT EVENTS**

The Plan evaluated its December 31, 2018, financial statements for subsequent events through October 7, 2019, the date the financial statements were available to be issued. Plan management is not aware of any subsequent events that require recognition or disclosure in the financial statements.

## SUPPLEMENTAL SCHEDULES

## ◆ Schedule of Assets Held for Investment Purposes

| Security Description / Asset ID                                                             | Shares/Par Value | Historical Cost  | Current Value     |
|---------------------------------------------------------------------------------------------|------------------|------------------|-------------------|
| <i>Non-Interest Bearing Cash - USD</i>                                                      |                  |                  |                   |
| USD - United States dollar                                                                  | 0.000            | 0.00             | 0.00              |
| <b>Total - all currencies</b>                                                               |                  | <b>0.00</b>      | <b>0.00</b>       |
| <b>Total Non-Interest Bearing Cash - USD</b>                                                |                  | <b>0.00</b>      | <b>0.00</b>       |
| <i>Receivables - Other - USD</i>                                                            |                  |                  |                   |
| Pending trade sales: United States dollar                                                   | 0.000            | 11,542.65        | 11,542.65         |
| <b>Total - all currencies</b>                                                               |                  | <b>11,542.65</b> | <b>11,542.65</b>  |
| <b>Total Receivables - Other - USD</b>                                                      |                  | <b>11,542.65</b> | <b>11,542.65</b>  |
| <i>Corporate Stock - Common</i>                                                             |                  |                  |                   |
| <b>Israel - USD</b>                                                                         |                  |                  |                   |
| CYBER-ARK SOFTWARE LTD COM ILS0.01<br>CUSIP: M2682V108                                      | 1,550.000        | 71,107.08        | 114,917.00        |
| <b>Total Israel - USD</b>                                                                   |                  | <b>71,107.08</b> | <b>114,917.00</b> |
| <b>United States - USD</b>                                                                  |                  |                  |                   |
| #REORG/PLATFORM NAME CHANGE AND CUSIP CHANGE ELEMENT<br>2U1DAU2 02-01-2019 CUSIP: 72766Q105 | 8,625.000        | 105,034.38       | 89,096.25         |
| AAR CORP COM<br>CUSIP: 000361105                                                            | 2,600.000        | 108,730.11       | 97,084.00         |
| AARON'S INC CLASS A<br>CUSIP: 002535300                                                     | 1,950.000        | 89,350.36        | 81,997.50         |
| ADTALEM GLOBAL ED INC COM<br>CUSIP: 00737L103                                               | 2,150.000        | 107,836.98       | 101,738.00        |
| ALBANY INTL CORP NEW CL A<br>CUSIP: 012348108                                               | 950.000          | 49,716.80        | 59,308.50         |
| AMERN WOODMARK CORP COM<br>CUSIP: 030506109                                                 | 1,075.000        | 90,672.83        | 59,856.00         |

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

## ◆ Schedule of Assets Held for Investment Purposes

| Security Description / Asset ID                                            | Shares/Par Value | Historical Cost | Current Value |
|----------------------------------------------------------------------------|------------------|-----------------|---------------|
| <i>Corporate Stock - Common</i>                                            |                  |                 |               |
| <b>United States - USD</b>                                                 |                  |                 |               |
| AMN HEALTHCARE SVCS INC COM<br>CUSIP: 001744101                            | 1,075.000        | 50,204.88       | 60,909.50     |
| BLACKROCK TCP CAP CORP COM<br>CUSIP: 09259E108                             | 2,300.000        | 37,417.53       | 29,992.00     |
| BLUCORA INC COM<br>CUSIP: 095229100                                        | 3,100.000        | 102,744.06      | 82,584.00     |
| BOOZ ALLEN HAMILTON HLDG CORP CL A COM STK<br>CUSIP: 099502106             | 2,825.000        | 88,864.09       | 127,322.75    |
| BRADY CORP CL A<br>CUSIP: 104674106                                        | 2,650.000        | 112,225.34      | 115,169.00    |
| BRINKS CO COM<br>CUSIP: 109696104                                          | 2,375.000        | 162,079.89      | 153,543.75    |
| BROWN & BROWN INC COM<br>CUSIP: 115236101                                  | 5,050.000        | 104,804.68      | 139,178.00    |
| CACI INTL INC CL A CL A<br>CUSIP: 127190304                                | 800.000          | 90,038.48       | 115,224.00    |
| CALLON PETE CO DEL COM<br>CUSIP: 13123X102                                 | 4,125.000        | 53,394.84       | 26,771.25     |
| CARTER INC FORMERLY CARTER HLDGS INC TO 09/13/2003 COM<br>CUSIP: 146229109 | 1,225.000        | 127,540.58      | 99,984.50     |
| CASELLA WASTE SYS INC CL A COM STK<br>CUSIP: 147448104                     | 1,450.000        | 34,818.73       | 41,310.50     |
| CHEMICAL FINL CORP COM<br>CUSIP: 163731102                                 | 3,000.000        | 144,248.72      | 109,830.00    |
| CISION LTD COM USD0.0001<br>CUSIP: G1992S109                               | 4,750.000        | 63,247.42       | 55,575.00     |
| DIODES INC COM<br>CUSIP: 254543101                                         | 1,875.000        | 69,343.20       | 60,487.50     |
| DUNKIN BRANDS GROUP INC COM<br>CUSIP: 265504100                            | 1,075.000        | 57,570.61       | 68,929.00     |
| ENTERPRISE FINL SVCS CORP COM STK<br>CUSIP: 293712105                      | 2,100.000        | 111,540.19      | 79,023.00     |
| FABRINET COM USD0.01<br>CUSIP: G3323L100                                   | 1,775.000        | 60,790.18       | 91,075.25     |
| FIRST BANCORP N C COM<br>CUSIP: 318910106                                  | 2,250.000        | 90,022.53       | 73,485.00     |

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

## ◆ Schedule of Assets Held for Investment Purposes

| Security Description / Asset ID                                | Shares/Par Value | Historical Cost | Current Value |
|----------------------------------------------------------------|------------------|-----------------|---------------|
| <i>Corporate Stock - Common</i>                                |                  |                 |               |
| <b>United States - USD</b>                                     |                  |                 |               |
| FIRST FINL BANCORP OHIO COM<br>CUSIP: 320209109                | 5,150.000        | 99,934.51       | 122,158.00    |
| FIRST MERCHANTS CORP COM<br>CUSIP: 320817109                   | 3,125.000        | 87,451.68       | 107,093.75    |
| FIRSTCASH INC COM<br>CUSIP: 33767D105                          | 775.000          | 40,711.89       | 56,071.25     |
| FLCT LOANS ASSET (REST)<br>CUSIP: 301990719                    | 16,380.000       | 0.00            | 0.00          |
| FRANKLIN ELEC INC COM<br>CUSIP: 353514102                      | 1,475.000        | 47,878.09       | 63,248.00     |
| GRAFTECH INTL LTD COM<br>CUSIP: 384313508                      | 6,625.000        | 123,413.63      | 75,790.00     |
| GRAPHIC PACKAGING HLDG CO COM STK<br>CUSIP: 388689101          | 8,400.000        | 94,182.07       | 89,376.00     |
| GREEN DOT CORP COM STK<br>CUSIP: 39304D102                     | 650.000          | 51,669.65       | 51,688.00     |
| HILLENBRAND INC COM STK<br>CUSIP: 431571108                    | 1,475.000        | 41,375.00       | 55,946.75     |
| INTEGRA LIFESCIENCES HLDG CORP COM DESP<br>CUSIP: 457985208    | 1,900.000        | 84,264.57       | 85,690.00     |
| INTEGRATED DEVICE TECHNOLOGY INC COM<br>CUSIP: 458118106       | 3,350.000        | 85,316.83       | 162,240.50    |
| KAR AUCTION SVCS INC COM STK<br>CUSIP: 48238T109               | 1,900.000        | 54,592.39       | 90,668.00     |
| KAYNE ANDERSON MLP / MIDSTREAM INVT CO COM<br>CUSIP: 486606106 | 223,009.000      | 5,640,543.10    | 3,068,603.84  |
| KOSMOS ENERGY LTD COM USD0.01<br>CUSIP: 500688106              | 10,200.000       | 75,161.32       | 41,514.00     |
| LAKELAND FINL CORP COM STK<br>CUSIP: 511656100                 | 1,725.000        | 57,162.86       | 69,276.00     |
| LANDSTAR SYS INC COM<br>CUSIP: 515098101                       | 1,000.000        | 115,418.43      | 95,670.00     |
| LANTHEUS HLDGS INC COM<br>CUSIP: 516544103                     | 3,150.000        | 52,821.38       | 49,297.50     |
| LATTICE SEMICONDUCTOR CORP COM<br>CUSIP: 518415104             | 4,250.000        | 27,947.64       | 29,410.00     |

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

## ◆ Schedule of Assets Held for Investment Purposes

| Security Description / Asset ID                                                    | Shares/Par Value | Historical Cost | Current Value |
|------------------------------------------------------------------------------------|------------------|-----------------|---------------|
| <i>Corporate Stock - Common</i>                                                    |                  |                 |               |
| <b>United States - USD</b>                                                         |                  |                 |               |
| LITTELFUSE INC COM<br>CUSIP: 537008104                                             | 625.000          | 112,670.50      | 107,175.00    |
| LIVANOVA PLC ORD GBP1.00 (DI)<br>CUSIP: G5509L101                                  | 850.000          | 65,005.38       | 77,749.50     |
| LOGMEIN INC COM<br>CUSIP: 54142L109                                                | 850.000          | 97,519.77       | 69,334.50     |
| LPL FINL HLDGS INC COM<br>CUSIP: 50212V100                                         | 2,325.000        | 138,326.68      | 142,011.00    |
| LUXOFT HOLDING INC COM NPV<br>CUSIP: G57279104                                     | 1,925.000        | 82,263.05       | 58,558.50     |
| MAXLINEAR INC COMMON STOCK<br>CUSIP: 57776J100                                     | 5,725.000        | 130,517.20      | 100,760.00    |
| MERIDIAN BIOSCIENCE INC COM<br>CUSIP: 589584101                                    | 1,600.000        | 24,701.97       | 27,776.00     |
| MGIC INVT CORP WIS COM<br>CUSIP: 552848103                                         | 9,725.000        | 110,214.10      | 101,723.50    |
| MOOG INC CL A<br>CUSIP: 615394202                                                  | 375.000          | 32,200.41       | 29,055.00     |
| MULTI-COLOR CORP COM<br>CUSIP: 625383104                                           | 975.000          | 60,623.69       | 34,212.75     |
| NATIONAL STORAGE AFFILIATES TR COM SHS BEN INT COM SHS BEN<br>INT CUSIP: 637870106 | 2,675.000        | 64,584.87       | 70,780.50     |
| NATUS MED INC DEL COM<br>CUSIP: 639050103                                          | 2,125.000        | 70,707.39       | 72,313.75     |
| NEWPARK RES INC COM PAR \$0.01 NEW COM PAR \$0.01 NEW<br>CUSIP: 651718504          | 6,550.000        | 69,046.45       | 44,998.50     |
| NEXSTAR MEDIA GROUP INC CL A CL A<br>CUSIP: 65336K103                              | 1,625.000        | 107,222.86      | 127,790.00    |
| NUVASIVE INC COM<br>CUSIP: 670704105                                               | 700.000          | 33,239.43       | 34,692.00     |
| OIL STS INTL INC COM ISIN US6780261052<br>CUSIP: 678026105                         | 1,225.000        | 40,107.13       | 17,493.00     |
| PAC PREMIER BANCORP COM<br>CUSIP: 69478X105                                        | 3,700.000        | 114,439.07      | 94,424.00     |
| PERFORMANCE FOOD GROUP CO COM<br>CUSIP: 71377A103                                  | 2,975.000        | 99,097.13       | 96,003.25     |

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

## ◆ Schedule of Assets Held for Investment Purposes

| Security Description / Asset ID                          | Shares/Par Value | Historical Cost | Current Value |
|----------------------------------------------------------|------------------|-----------------|---------------|
| <i>Corporate Stock - Common</i>                          |                  |                 |               |
| <b>United States - USD</b>                               |                  |                 |               |
| PERSPECTA INC COM<br>CUSIP: 715347100                    | 5,075.000        | 119,577.89      | 87,391.50     |
| POWER INTEGRATIONS INC COM<br>CUSIP: 739276103           | 350.000          | 21,446.89       | 21,343.00     |
| PRA HEALTH SCIENCES INC COM<br>CUSIP: 69354M108          | 625.000          | 30,303.43       | 57,475.00     |
| PRESIDIO INC COM<br>CUSIP: 74102M103                     | 4,700.000        | 74,043.05       | 61,335.00     |
| PROPETRO HLDG CORP COM<br>CUSIP: 74347M108               | 1,725.000        | 36,004.08       | 21,252.00     |
| REV GROUP INC COM<br>CUSIP: 749527107                    | 2,125.000        | 52,025.82       | 15,958.75     |
| SELECTIVE INS GROUP INC COM<br>CUSIP: 816300107          | 1,850.000        | 114,193.14      | 112,739.00    |
| SILICON LABORATORIES INC COM<br>CUSIP: 826919102         | 1,050.000        | 67,469.59       | 82,750.50     |
| SOUTHWEST GAS HLDGS INC COM<br>CUSIP: 844895102          | 2,025.000        | 153,288.40      | 154,912.50    |
| SPIRE INC COM<br>CUSIP: 84857L101                        | 1,825.000        | 118,978.53      | 135,196.00    |
| TEGNA INC COM<br>CUSIP: 87901J105                        | 8,650.000        | 113,634.84      | 94,025.50     |
| U S XPRESS ENTERPRISES INC CL A CL A<br>CUSIP: 90338N202 | 2,375.000        | 32,909.35       | 13,323.75     |
| UNION BANKSHARES CORP NEW COM<br>CUSIP: 90539J109        | 3,700.000        | 96,648.51       | 104,451.00    |
| UNIT CORP COM<br>CUSIP: 909218109                        | 1,575.000        | 35,202.26       | 22,491.00     |
| UNITED CMNTY BK BLAIRSVILLE GA COM<br>CUSIP: 90984P303   | 5,150.000        | 150,079.21      | 110,519.00    |
| VENATOR MATERIALS COM USD0.001<br>CUSIP: G9329Z100       | 3,350.000        | 56,300.01       | 14,036.50     |
| VIRTU FINL INC CL A CL A<br>CUSIP: 928254101             | 2,300.000        | 56,119.83       | 59,248.00     |

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

## ◆ Schedule of Assets Held for Investment Purposes

| Security Description / Asset ID                                                        | Shares/Par Value | Historical Cost      | Current Value        |
|----------------------------------------------------------------------------------------|------------------|----------------------|----------------------|
| <i>Corporate Stock - Common</i>                                                        |                  |                      |                      |
| <b>United States - USD</b>                                                             |                  |                      |                      |
| WOLVERINE WORLD WIDE INC COM<br>CUSIP: 978097103                                       | 1,975.000        | 71,604.69            | 62,982.75            |
| <b>Total United States - USD</b>                                                       |                  | <b>11,744,399.05</b> | <b>8,871,497.34</b>  |
| <b>Total Corporate Stock - Common</b>                                                  |                  | <b>11,815,506.13</b> | <b>8,986,414.34</b>  |
| <i>Value of Interest in Common/Collective Trusts</i>                                   |                  |                      |                      |
| <b>United States - USD</b>                                                             |                  |                      |                      |
| CF SSGA RUSSELL 1000 INDEX NON-LENDING (CMCQ) FUND.<br>CUSIP: 410997415                | 1,426,004.250    | 18,900,701.44        | 50,899,795.70        |
| CF SSGA TIPS INDEX (CMTP) FD<br>CUSIP: 885999524                                       | 354,777.800      | 7,994,094.02         | 8,908,825.34         |
| COLTV SHORT TERM INVT FD<br>CUSIP: 195998AC3                                           | 3,925,105.000    | 3,925,105.00         | 3,925,105.00         |
| <b>Total United States - USD</b>                                                       |                  | <b>30,819,900.46</b> | <b>63,733,726.04</b> |
| <b>Total Value of Interest in Common/Collective Trusts</b>                             |                  | <b>30,819,900.46</b> | <b>63,733,726.04</b> |
| <i>Value of Interest in Registered Investment Companies</i>                            |                  |                      |                      |
| <b>Emerging Markets Region - USD</b>                                                   |                  |                      |                      |
| MFO ABERDEEN FDS EMERGING MKTS FD INSTL CL<br>CUSIP: 003021714                         | 1,841,771.850    | 22,569,231.52        | 24,974,426.29        |
| MFO PIMCO FDS EMERGING MARKETS LOCAL CURRENCY AND BOND<br>INSTL CLASS CUSIP: 72201F516 | 401,805.210      | 3,718,392.27         | 2,635,842.18         |
| <b>Total Emerging Markets Region - USD</b>                                             |                  | <b>26,287,623.79</b> | <b>27,610,268.47</b> |
| <b>International Region - USD</b>                                                      |                  |                      |                      |
| MFO AMERICAN EUROPACIFIC GRTH-R6<br>CUSIP: 298706821                                   | 755,044.730      | 39,611,046.74        | 33,969,462.40        |
| MFO PIMCO INTERNATIONAL BOND FUND (U.S. DOLLAR-HEDGED) INST<br>CUSIP: 693390882        | 1,237,432.600    | 12,986,389.07        | 13,166,282.86        |
| <b>Total International Region - USD</b>                                                |                  | <b>52,597,435.81</b> | <b>47,135,745.26</b> |

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

## ◆ Schedule of Assets Held for Investment Purposes

| Security Description / Asset ID                                                                  | Shares/Par Value | Historical Cost       | Current Value         |
|--------------------------------------------------------------------------------------------------|------------------|-----------------------|-----------------------|
| <i>Value of Interest in Registered Investment Companies</i>                                      |                  |                       |                       |
| <b>United States - USD</b>                                                                       |                  |                       |                       |
| MFO DODGE & COX INC FD<br>CUSIP: 256210105                                                       | 1,043,515.200    | 14,284,575.09         | 13,837,011.55         |
| MFO HOTCHKIS & WILEY FDS HI YIELD FD CL<br>CUSIP: 44134R735                                      | 1,687,769.410    | 19,401,735.09         | 18,835,506.62         |
| MFO LEGG MASON PARTNERS EQUITY TR CLEARBRIDGE SMALL<br>CAP GROWTH FD CL IS CUSIP: 52470H666      | 270,135.040      | 7,857,603.42          | 8,760,479.35          |
| MFO NUVEEN INVT FDS INC REAL ESTATE SECSFD CL I<br>CUSIP: 670678507                              | 822,497.980      | 15,650,818.61         | 15,076,387.97         |
| MFO PIMCO FDS PAC INVT MGMT SER COMMODITY<br>REALRETURN STRATEGY FD INSTL CUSIP: 722005667       | 884,356.350      | 10,691,052.49         | 4,899,334.18          |
| MFO STEELPATH MLP FDS TR SELECT 40 FD CL<br>CUSIP: 858268204                                     | 1,659,468.940    | 17,892,901.48         | 11,997,960.44         |
| MFO WELLS FARGO FDS INTL BD FD INSTL CL MFO WELLS FARGO<br>FUNDS INTL BONDINSTL CUSIP: 94985D582 | 1,193,061.600    | 12,684,222.13         | 11,978,338.46         |
| <b>Total United States - USD</b>                                                                 |                  | <b>98,462,908.31</b>  | <b>85,385,018.57</b>  |
| <b>Total Value of Interest in Registered Investment Com</b>                                      |                  | <b>177,347,967.91</b> | <b>160,131,032.30</b> |
| <i>Other</i>                                                                                     |                  |                       |                       |
| <b>United States - USD</b>                                                                       |                  |                       |                       |
| BRANDYWINE RLTY TR SH BEN INT NEW REIT<br>CUSIP: 105368203                                       | 2,125.000        | 36,212.79             | 27,348.75             |
| CORECIVIC INC COM<br>CUSIP: 21871N101                                                            | 4,950.000        | 117,216.20            | 88,258.50             |
| TWO HARBORS INVESMENT CORP<br>CUSIP: 90187B408                                                   | 7,550.000        | 112,313.92            | 96,942.00             |
| <b>Total United States - USD</b>                                                                 |                  | <b>265,742.91</b>     | <b>212,549.25</b>     |
| <b>Total Other</b>                                                                               |                  | <b>265,742.91</b>     | <b>212,549.25</b>     |

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

## ◆ Schedule of Assets Held for Investment Purposes

| Security Description / Asset ID               | Shares/Par Value | Historical Cost       | Current Value         |
|-----------------------------------------------|------------------|-----------------------|-----------------------|
| <i>Other Liabilities</i>                      |                  |                       |                       |
| Pending trade purchases: United States dollar | 0.000            | -145,051.13           | -145,051.13           |
| <b>Total - all currencies</b>                 |                  | <b>-145,051.13</b>    | <b>-145,051.13</b>    |
| <b>Total Other Liabilities</b>                |                  | <b>-145,051.13</b>    | <b>-145,051.13</b>    |
| <b>Total</b>                                  |                  | <b>220,115,608.93</b> | <b>232,930,213.45</b> |

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

# 5500 Supplemental Schedules

1 JAN 18 - 31 DEC 18

Account number JBTALL  
Account Name JBT CORPORATION PENSION TRUST

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## ◆ 5% Report - Part A

### *Single Transaction in Excess of 5%*

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

THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2017-12-31 VALUE (INCLUDING ACCRUALS) OF 250,499,043.00

# 5500 Supplemental Schedules

1 JAN 18 - 31 DEC 18

Account number JBTALL  
Account Name JBT CORPORATION PENSION TRUST

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## ◆ 5% Report - Part B

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

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

THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2017-12-31 VALUE (INCLUDING ACCRUALS) OF 250,499,043.00

# 5500 Supplemental Schedules

1 JAN 18 - 31 DEC 18

Account number JBTALL  
Account Name JBT CORPORATION PENSION TRUST

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## ◆ 5% Report - Part C Summary

### *Series of Transactions by Issue in Excess of 5%*

| Security Description / Asset ID           |                    | Number of Transactions | Transaction Aggregate |                   | Lease Rental | Expenses Incurred | Cost of Asset | Current Value of Asset on Transaction |
|-------------------------------------------|--------------------|------------------------|-----------------------|-------------------|--------------|-------------------|---------------|---------------------------------------|
|                                           |                    |                        | Acquisition Price     | Disposition Price |              |                   |               |                                       |
| COLTV SHORT TERM INVT FD CUSIP: 195998AC3 | Total acquisitions | 378                    | 18,094,879.46         |                   |              | 0.00              | 18,094,879.46 | 18,094.879.46                         |
|                                           | Total dispositions | 164                    |                       | 17,012,537.14     |              | 0.00              | 17,012,537.14 | 17,012.537.14                         |

NOTE: TRANSACTIONS ARE BASED ON THE 2017-12-31 VALUE (INCLUDING ACCRUALS) OF 250,499,043.00

# 5500 Supplemental Schedules

1 JAN 18 - 31 DEC 18

Account number JBTALL  
Account Name JBT CORPORATION PENSION TRUST

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## ◆ 5% Report - Part D

### *Series of Transactions with Same Party in Excess of 5%*

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

THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2017-12-31 VALUE (INCLUDING ACCRUALS) OF 250,499,043.00

Schedule SB Attachment (Form 5500)—2018 Plan Year  
JBT Corporation Employees' Retirement Program  
EIN: 91-1650317 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2018

| Attained Age | Number of Participants and Average Annual Accrued Benefit |               |               |                |                |                |                |       |       |     |
|--------------|-----------------------------------------------------------|---------------|---------------|----------------|----------------|----------------|----------------|-------|-------|-----|
|              | Years of Credited Service                                 |               |               |                |                |                |                |       |       |     |
|              | <1                                                        | 1-4           | 5-9           | 10-14          | 15-19          | 20-24          | 25-29          | 30-34 | 35-39 | 40+ |
| <25          |                                                           |               |               |                |                |                |                |       |       |     |
| 25-29        | 3                                                         | 1             | 1             |                |                |                |                |       |       |     |
| 30-34        | 8                                                         | 32<br>\$1,086 | 7             |                |                |                |                |       |       |     |
| 35-39        | 4                                                         | 40<br>\$1,359 | 36<br>\$4,053 | 2              |                |                |                |       |       |     |
| 40-44        | 10                                                        | 33<br>\$1,523 | 27<br>\$4,092 | 15             | 3              |                |                |       |       |     |
| 45-49        | 7                                                         | 30<br>\$1,909 | 41<br>\$5,399 | 24<br>\$10,181 | 17             | 4              | 1              |       |       |     |
| 50-54        | 3                                                         | 30<br>\$1,924 | 31<br>\$6,232 | 26<br>\$9,890  | 27<br>\$15,778 | 26<br>\$16,902 | 8              | 5     |       |     |
| 55-59        | 10                                                        | 34<br>\$1,406 | 39<br>\$5,321 | 30<br>\$9,434  | 32<br>\$14,763 | 33<br>\$25,008 | 29<br>\$16,538 | 9     | 8     | 1   |
| 60-64        | 7                                                         | 21<br>\$1,513 | 27<br>\$5,547 | 23<br>\$13,787 | 16             | 25<br>\$16,680 | 29<br>\$24,243 | 14    | 8     | 6   |
| 65-69        | 2                                                         | 11            | 13            | 3              | 2              | 4              | 4              | 2     | 1     | 1   |
| 70+          | 1                                                         | 5             | 2             | 2              |                |                | 1              |       | 2     | 1   |

N-960

Schedule SB Attachment (Form 5500)—2018 Plan Year  
JBT Corporation Employees' Retirement Program  
EIN: 91-1650317 PN: 001

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

|                                             |                                                                                                                                                                                                                                                    |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest Rates for Minimum Funding Purposes | Based on segment rates with a four-month lookback (as of September 2017), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor                                                                          |
| 1st Segment Rate                            | 3.92%                                                                                                                                                                                                                                              |
| 2nd Segment Rate                            | 5.52%                                                                                                                                                                                                                                              |
| 3rd Segment Rate                            | 6.29%                                                                                                                                                                                                                                              |
| Interest Rates for Maximum Tax Purposes     | Based on segment rates with a four-month lookback (as of September 2017), without regard to interest rate stabilization                                                                                                                            |
| 1st Segment Rate                            | 1.75%                                                                                                                                                                                                                                              |
| 2nd Segment Rate                            | 3.76%                                                                                                                                                                                                                                              |
| 3rd Segment Rate                            | 4.66%                                                                                                                                                                                                                                              |
| Optional Payment Form                       | 6.00% for salaried and non union hourly                                                                                                                                                                                                            |
| Conversion Interest Rate                    | 8.00% for union hourly                                                                                                                                                                                                                             |
| Optional Payment Form                       | RP-2000 Combined Healthy Mortality Table for salaried and nonunion hourly; 1983 Group Annuity Mortality Table for union hourly                                                                                                                     |
| Conversion Mortality                        |                                                                                                                                                                                                                                                    |
| Retirement Age                              |                                                                                                                                                                                                                                                    |
| Active Participants                         | See Tables 1a and 1b                                                                                                                                                                                                                               |
| Terminated Vested Participants              | Age 62 (Salaried and nonunion hourly participants who were terminated under Reduction in Force and who attained 65 points (age plus service) at termination are assumed to retire at age 60 with the enhanced early retirement benefit reductions) |
| Mortality Rates                             |                                                                                                                                                                                                                                                    |
| Healthy and Disabled                        | 2018 static mortality table for annuitants and non-annuitants (with new basis adoption deferred to 2019) per section 1.430(h)(3)-1(e)                                                                                                              |
| Withdrawal Rates                            | See Table 2                                                                                                                                                                                                                                        |
| Disability Rates                            | See Tables 3–4                                                                                                                                                                                                                                     |
| Decrement Timing                            | Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)                                                                                             |

Schedule SB Attachment (Form 5500)—2018 Plan Year  
JBT Corporation Employees' Retirement Program  
EIN: 91-1650317 PN: 001

|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Surviving Spouse Benefit                      | It is assumed that 75% of males and 75% of females have an eligible spouse, and that males are three years older than their spouses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Benefit Limits                                | Projected benefits are limited by the current IRC section 415 maximum benefit of \$220,000.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Valuation of Plan Assets                      | <p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p> |
| Expected Return on Assets                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 2016 Plan Year                                | 7.00%, limited to 6.65%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 2017 Plan Year                                | 6.75%, limited to 6.48%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 2018 Plan Year                                | 6.50%, limited to 6.29%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Trust Expenses Included in Target Normal Cost | \$2,300,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Actuarial Method                              | Standard unit credit cost method                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Valuation Date                                | January 1, 2018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

Schedule SB Attachment (Form 5500)—2018 Plan Year  
JBT Corporation Employees' Retirement Program  
EIN: 91-1650317 PN: 001

Table 1a

**Retirement Rates—Salaried and Nonunion Hourly**

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

Table 1b

**Retirement Rates—Union Hourly**

| <b>Age</b> | <b>Rate</b> |
|------------|-------------|
| 55         | 10.00%      |
| 56         | 10.00%      |
| 57         | 10.00%      |
| 58         | 10.00%      |
| 59         | 10.00%      |
| 60         | 10.00%      |
| 61         | 10.00%      |
| 62         | 10.00%      |
| 63         | 15.00%      |
| 64         | 15.00%      |
| 65         | 25.00%      |
| 66         | 25.00%      |
| 67         | 50.00%      |
| 68         | 50.00%      |
| 69         | 50.00%      |
| 70+        | 100.00%     |

Schedule SB Attachment (Form 5500)—2018 Plan Year  
JBT Corporation Employees' Retirement Program  
EIN: 91-1650317 PN: 001

Table 2—Page 1 of 2

**Withdrawal Rates**

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

Schedule SB Attachment (Form 5500)—2018 Plan Year  
JBT Corporation Employees' Retirement Program  
EIN: 91-1650317 PN: 001

Table 2— Page 2 of 2

**Withdrawal Rates**

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

Schedule SB Attachment (Form 5500)—2018 Plan Year  
JBT Corporation Employees' Retirement Program  
EIN: 91-1650317 PN: 001

Table 3

**Disability Rates—Salaried and Nonunion Hourly**

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

Schedule SB Attachment (Form 5500)—2018 Plan Year  
JBT Corporation Employees' Retirement Program  
EIN: 91-1650317 PN: 001

Table 4

**Disability Rates—Union Hourly**

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

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="font-size: 24pt; font-weight: bold;">2018</div><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                                                                                                                                                                                              | <b>Annual Report Identification Information</b><br>For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u> |
| <b>A</b> This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> a multiemployer plan         </div> <div> <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)         </div> </div>            |                                                                                                                                                             |
| <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> a single-employer plan         </div> <div> <input type="checkbox"/> a DFE (specify) _____         </div> </div>                                                                                                                                                                    |                                                                                                                                                             |
| <b>B</b> This return/report is: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> the first return/report<br/> <input type="checkbox"/> an amended return/report         </div> <div> <input type="checkbox"/> the final return/report<br/> <input type="checkbox"/> a short plan year return/report (less than 12 months)         </div> </div> |                                                                                                                                                             |
| <b>C</b> If the plan is a collectively-bargained plan, check here. <span style="float: right;"><input type="checkbox"/></span>                                                                                                                                                                                                                                                             |                                                                                                                                                             |
| <b>D</b> Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Form 5558<br/> <input type="checkbox"/> special extension (enter description)         </div> <div> <input type="checkbox"/> automatic extension         </div> <div> <input type="checkbox"/> the DFVC program         </div> </div>            |                                                                                                                                                             |

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

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

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

|              |                                    |         |                                                              |
|--------------|------------------------------------|---------|--------------------------------------------------------------|
| SIGN<br>HERE |                                    | 10/9/19 | JASON T. CLAYTON                                             |
|              | Signature of plan administrator    | Date    | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE |                                    |         |                                                              |
|              | Signature of employer/plan sponsor | Date    | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE |                                    |         |                                                              |
|              | Signature of DFE                   | Date    | Enter name of individual signing as DFE                      |

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

Form 5500 (2018)  
v. 171027

|                                                                                                                                                                                                                                                                                        |                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br>EMPLOYEE BENEFITS PLAN COMMITTEE<br>JBT CORPORATION<br>70 WEST MADISON STREET, SUITE 4400<br><br>CHICAGO IL 60602                                                                     | <b>3b</b> Administrator's EIN<br>91-1650317<br><b>3c</b> Administrator's telephone number<br>312-861-5900 |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                         |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                | <b>5</b> 3,404                                                                                            |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                       |                                                                                                           |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                | <b>6a(1)</b> 960                                                                                          |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                      | <b>6a(2)</b> 860                                                                                          |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                     | <b>6b</b> 1,512                                                                                           |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                     | <b>6c</b> 656                                                                                             |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                            | <b>6d</b> 3,028                                                                                           |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                             | <b>6e</b> 332                                                                                             |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                | <b>6f</b> 3,360                                                                                           |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                        | <b>6g</b>                                                                                                 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                             | <b>6h</b> 1                                                                                               |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                    | <b>7</b>                                                                                                  |

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

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

---

**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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 \_\_\_\_\_

---

◆ 5% Report - Part A

Single Transaction in Excess of 5%

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

THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2017-12-31 VALUE (INCLUDING ACCRUALS) OF 250,499,043.00

◆ 5% Report - Part B

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

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

THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2017-12-31 VALUE (INCLUDING ACCRUALS) OF 250,499,043.00

## ◆ 5% Report - Part C Summary

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*Series of Transactions by Issue in Excess of 5%*

| Security Description / Asset ID           | Number of Transactions | Transaction Aggregate Acquisition Price | Disposition Price | Lease Rental | Expenses Incurred | Cost of Asset | Current Value of Asset on Transaction |
|-------------------------------------------|------------------------|-----------------------------------------|-------------------|--------------|-------------------|---------------|---------------------------------------|
| COLTV SHORT TERM INVT FD CUSIP: 195998AC3 | Total acquisitions     | 378                                     | 18,094,879.46     |              | 0.00              | 18,094,879.46 | 18,094,879.46                         |
|                                           | Total dispositions     | 164                                     | 17,012,537.14     |              | 0.00              | 17,012,537.14 | 17,012,537.14                         |

NOTE: TRANSACTIONS ARE BASED ON THE 2017-12-31 VALUE (INCLUDING ACCRUALS) OF 250,499,043.00

◆ 5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

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

THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2017-12-31 VALUE (INCLUDING ACCRUALS) OF 250,499,043.00

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

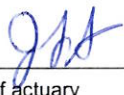
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

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

|                                                                                                                                                                                                                 |                            |                           |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>Part I Basic Information</b>                                                                                                                                                                                 |                            |                           |                          |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2018</u>                                                                                                                               |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                           |                          |
| <b>a</b> Market value.....                                                                                                                                                                                      |                            | <b>2a</b>                 | 265,468,288              |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  |                            | <b>2b</b>                 | 251,292,388              |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | 1,698                      | 124,810,948               | 124,810,948              |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | 746                        | 37,154,887                | 37,154,887               |
| <b>c</b> For active participants .....                                                                                                                                                                          | 960                        | 61,369,003                | 62,706,028               |
| <b>d</b> Total .....                                                                                                                                                                                            | 3,404                      | 223,334,838               | 224,671,863              |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       |                            | <b>4a</b>                 |                          |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... |                            | <b>4b</b>                 |                          |
| <b>5</b> Effective interest rate.....                                                                                                                                                                           | <b>5</b>                   | 5.68%                     |                          |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b>                   | 2,300,000                 |                          |

**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.

|                               |                                                                                                    |                                        |
|-------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>              | JULIE L. SOLUM  | 09/30/2019                             |
| Signature of actuary          |                                                                                                    | Date                                   |
| JULIE L. SOLUM                |                                                                                                    | 1706838                                |
| Type or print name of actuary |                                                                                                    | Most recent enrollment number          |
| AON CONSULTING, INC           |                                                                                                    | 847-295-5000                           |
| Firm name                     |                                                                                                    | Telephone number (including area code) |
| 4 OVERLOOK POINT              |                                                                                                    |                                        |
| LINCOLNSHIRE IL 60069         |                                                                                                    |                                        |
| Address of the firm           |                                                                                                    |                                        |

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



**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21** Discount rate:**a** Segment rates:1st segment:  
3.92 %2nd segment:  
5.52 %3rd segment:  
6.29 %☐ 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)

Prior regulation:

☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Current regulation:

☐

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**

2,300,000

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

0

**32** Amortization installments:

Outstanding Balance

Installment

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

7,206,213

1,330,129

**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**

3,630,129

Carryover balance

Prefunding balance

Total balance

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

0

2,568,177

2,568,177

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

1,061,952

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

5,491,731

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

4,429,779

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

2,568,177

**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

Schedule SB Attachment (Form 5500)—2018 Plan Year  
JBT Corporation Employees' Retirement Program  
EIN: 91-1650317 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2018

| <b>Date</b>        | <b>Amount</b>    | <b>Days to<br/>Discount to<br/>1/1/2018 at<br/>5.68%</b> | <b>Interest<br/>Adjusted<br/>Contribution</b> |
|--------------------|------------------|----------------------------------------------------------|-----------------------------------------------|
| May 31, 2019       | \$ 2,000,000     | 515                                                      | \$ 1,850,023                                  |
| September 13, 2019 | <u>4,000,000</u> | 620                                                      | <u>3,641,708</u>                              |
| Total Contribution | \$ 6,000,000     |                                                          | \$ 5,491,731                                  |

Schedule SB Attachment (Form 5500)—2018 Plan Year  
JBT Corporation Employees' Retirement Program  
EIN: 91-1650317 PN: 001

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

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

**Salaried and Nonunion Hourly**

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

Schedule SB Attachment (Form 5500)—2018 Plan Year  
JBT Corporation Employees' Retirement Program  
EIN: 91-1650317 PN: 001

**Union Hourly**

| (a)<br>Age       | (b)<br>Rate | (c)<br>Weight | (d)<br>Product<br>(a) × (b) × (c) |
|------------------|-------------|---------------|-----------------------------------|
| 55.5             | 10.00%      | 1.0000        | 5.55                              |
| 56.5             | 10.00%      | 0.9000        | 5.09                              |
| 57.5             | 10.00%      | 0.8100        | 4.66                              |
| 58.5             | 10.00%      | 0.7290        | 4.26                              |
| 59.5             | 10.00%      | 0.6561        | 3.90                              |
| 60.5             | 10.00%      | 0.5905        | 3.57                              |
| 61.5             | 10.00%      | 0.5314        | 3.27                              |
| 62.5             | 10.00%      | 0.4783        | 2.99                              |
| 63.5             | 15.00%      | 0.4305        | 4.10                              |
| 64.5             | 15.00%      | 0.3659        | 3.54                              |
| 65.5             | 25.00%      | 0.3110        | 5.09                              |
| 66.5             | 25.00%      | 0.2333        | 3.88                              |
| 67.5             | 50.00%      | 0.1749        | 5.90                              |
| 68.5             | 50.00%      | 0.0875        | 3.00                              |
| 69.5             | 50.00%      | 0.0437        | 1.52                              |
| 70               | 100.00%     | 0.0219        | 1.53                              |
| Weighted Average |             |               | 61.85                             |

The Weighted Average Retirement Age is determined as the percentage of active participants classified as Salaried and Nonunion Hourly times the Weighted Average Retirement Age for active participants classified as Salaried and Nonunion Hourly plus the percentage of active participants classified as Union Hourly times the Weighted Average Retirement Age for active participants classified as Union Hourly.

$$(88\% \text{ Salaried and Nonunion Hourly} * 63.79) + (12\% \text{ Union Hourly} * 61.85) = 63.56$$

Schedule SB Attachment (Form 5500)—2018 Plan Year  
JBT Corporation Employees' Retirement Program  
EIN: 91-1650317 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Salaried and Nonunion Hourly

|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date           | June 30, 2008.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Plan Freeze Date         | Accrued benefits were frozen for all salaried and nonunion hourly employees as of December 31, 2009.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Participation            | All salaried and nonunion hourly employees except employees hired or rehired on or after January 1, 2010.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Eligibility for Benefits |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Normal Retirement        | Age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Early Retirement         | Age 55 and 10 years of credited service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Deferred Retirement      | After age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Deferred Vested          | Five years of vesting service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Retirement Benefits      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Normal Retirement        | <p>A monthly amount equal to the sum of [(1) + (2)] times (3), plus (4), but no less than the frozen FMC benefit as of December 31, 1990, where:</p> <p>(1) 1% of final average earnings up to allowable Social Security covered compensation;</p> <p><b>Plus</b></p> <p>1.5% of final average earnings over allowable Social Security covered compensation;</p> <p><b>Times</b></p> <p>Years of credited service projected to age 65 (up to 35 years).</p> <p>(2) 1.5% of final average earnings;</p> <p><b>Times</b></p> <p>Years of credited service projected to age 65 (in excess of 35).</p> |

Schedule SB Attachment (Form 5500)—2018 Plan Year  
JBT Corporation Employees' Retirement Program  
EIN: 91-1650317 PN: 001

- (3) Ratio of years of credited service as of termination to years of credited service projected to age 65.
- (4) \$1.00 for each \$120 of unwithdrawn employee contributions accumulated with interest.

Retirement Benefits  
Early Retirement

The benefit is computed in the same manner as the normal retirement benefit except for the following:

- (1) The amount determined in [(1) + (2)] times (3) above will be reduced by  $\frac{1}{3}$  of 1% for each month in excess of 36 that retirement precedes age 65.
- (2) For each year that retirement precedes age 65, the amount of employee contributions and interest required to provide \$1.00 of benefits under part (4) above is increased by \$3.00.

Deferred Vested

The accrued normal retirement benefit payable for life commencing at age 65. The benefit is payable as early as age 55, with reductions of 0.5% applied for each month between benefit commencement and age 65.

Participants who were terminated under a reduction in force and who attained 65 points (age plus service) at termination will receive the early retirement benefit reductions.

Preretirement Death Benefits  
Survivor's Benefit

For employees eligible for early retirement, a benefit is payable to a beneficiary for life equal to 50% of what the participant would have received had the participant retired on the day of his death with the 50% joint and survivor option in effect.

The employee's past contributions with interest serve as a minimum benefit upon death.

Spouse's Benefit

For employees who are vested but not yet eligible for early retirement, a benefit is payable to a surviving spouse equal to 50% of the amount the participant would have received if the participant terminated on the date of his death, survived until his earliest retirement date and retired with the 50% joint and survivor option in effect.

The employee's past contributions with interest serve as a minimum benefit upon death.

Schedule SB Attachment (Form 5500)—2018 Plan Year  
JBT Corporation Employees' Retirement Program  
EIN: 91-1650317 PN: 001

|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal Form of Annuity                         | Life annuity. Benefits are paid to married participants on a reduced basis as a qualified joint and survivor annuity, unless elected otherwise.                                                                                                                                                                                                                                                                                          |
| Optional Forms of Annuity                      | 50% joint and survivor annuity, 75% joint and survivor annuity, 100% joint and survivor annuity, and level income annuity options.                                                                                                                                                                                                                                                                                                       |
| Employee Contributions                         | None are required or permitted since May 1, 1969. Interest is credited on accumulated amounts up to the date of retirement (or withdrawal, if earlier).                                                                                                                                                                                                                                                                                  |
| Benefit Offset                                 | This plan will offset the November 30, 1985 benefits that are provided by Aetna and Prudential nonparticipating annuities.                                                                                                                                                                                                                                                                                                               |
| Minimum Benefit                                | There is a minimum benefit equal to the accrued benefit as of December 31, 1990, as determined under the FMC plan existing on that date.                                                                                                                                                                                                                                                                                                 |
| Benefit Accruals While On Long-Term Disability | Employees who are on long-term disability prior to January 12, 2006 will continue to earn credited service and vesting service during the period of disability. In addition, pensionable earnings are imputed during the period of disability. For participants who commence receiving long-term disability benefits on or after January 12, 2006, credited service and vesting service are not imputed during the period of disability. |
| Definitions                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Plan Year                                      | January 1 to December 31.                                                                                                                                                                                                                                                                                                                                                                                                                |
| Vesting Service                                | Elapsed time from date of hire to date of termination. A partial month of service is recognized as a full month.                                                                                                                                                                                                                                                                                                                         |
| Credited Service                               | Same as vesting service except no service is credited for certain leaves of absence and no service is credited after December 31, 2009.                                                                                                                                                                                                                                                                                                  |
| Earnings                                       | Regular compensation including overtime, administrative and discretionary bonuses, sales bonuses and sales commissions, and incentive compensation (earned during the plan year but paid after the end of the plan year). Earnings exclude hiring and stay bonuses, awards, deferred compensation, severance pay, accrued vacation and other special payments. Earnings after December 31, 2009 will be excluded.                        |

Schedule SB Attachment (Form 5500)—2018 Plan Year  
JBT Corporation Employees' Retirement Program  
EIN: 91-1650317 PN: 001

Final Average Earnings

The average of the highest consecutive 60 months of earnings out of the last 120 months of employment.

Covered Compensation

Covered compensation is the allowable 35-year average of the maximum earnings subject to Social Security tax. The 35-year period ends in the year the employee reaches Social Security retirement age. Each year as the Social Security wage base changes, the allowable covered compensation amount will also change.

Social Security Retirement Age

Based on year of birth as follows:

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

Schedule SB Attachment (Form 5500)—2018 Plan Year  
JBT Corporation Employees' Retirement Program  
EIN: 91-1650317 PN: 001

Union Hourly

|                          |                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Plan Status              | <p>The plan was closed to new union participants as of January 1, 2015.</p> <p>Eligible union employees who were hired prior to September 1, 2014, were given an election to continue to accrue future benefit service through December 31, 2017. Credited service will be frozen as of December 31, 2014, for all other participants who did not make this election.</p> |
| Eligibility for Benefits |                                                                                                                                                                                                                                                                                                                                                                           |
| Normal Retirement        | Age 65.                                                                                                                                                                                                                                                                                                                                                                   |
| Early Retirement         | Age 55 and 10 years of credited service.                                                                                                                                                                                                                                                                                                                                  |
| Deferred Vested          | Five years of vesting service.                                                                                                                                                                                                                                                                                                                                            |
| Preretirement Death      | Five years of vesting service.                                                                                                                                                                                                                                                                                                                                            |
| Disability               | Ten years of vesting service.                                                                                                                                                                                                                                                                                                                                             |
| Retirement Benefits      |                                                                                                                                                                                                                                                                                                                                                                           |
| Normal Retirement        | Monthly pension is \$33.00 times years of service, effective September 1, 2011.                                                                                                                                                                                                                                                                                           |
| Early Retirement         | <p>The benefit is computed in the same manner as the normal retirement benefit except for the following:</p> <p>The benefit for employees will be reduced 4% for each year that retirement precedes age 65 and 5% for each year retirement precedes age 60.</p>                                                                                                           |
| Deferred Vested          | The monthly accrued benefit, reduced actuarially if payments commence after age 55 but before age 65.                                                                                                                                                                                                                                                                     |
| Disability               | The monthly accrued benefit payable immediately after the completion of any waiting period after the date of disability. The disability benefit is subject to a minimum of \$100 per month. An additional \$100 monthly benefit is payable to participants until eligible for Social Security benefits.                                                                   |

Schedule SB Attachment (Form 5500)—2018 Plan Year  
JBT Corporation Employees' Retirement Program  
EIN: 91-1650317 PN: 001

Preretirement Death Benefit

If eligible for early retirement, the benefit payable to the spouse for life is equal to 50% of what the participant would have received had the participant retired on the day of his death with the 50% joint and survivor option in effect. If vested, but not yet eligible for early retirement, the benefit is equal to 50% of the amount the participant would have received if the participant terminated on the date of his death, survived until his earliest retirement date and retired with the 50% joint and survivor option in effect.

Normal Form of Annuity

Unmarried participants receive a single life annuity; married participants receive a 50% joint and survivor annuity.

Optional Forms of Annuity

75% joint and survivor annuity.  
100% joint and survivor annuity.

Plan Changes Since the Prior Year

The funding and plan reporting valuations do not reflect any plan changes since the prior year's valuations.

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

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

## ◆ Schedule of Assets Held for Investment Purposes

| Security Description / Asset ID                                                             | Shares/Par Value | Historical Cost  | Current Value     |
|---------------------------------------------------------------------------------------------|------------------|------------------|-------------------|
| <i>Non-Interest Bearing Cash - USD</i>                                                      |                  |                  |                   |
| USD - United States dollar                                                                  | 0.000            | 0.00             | 0.00              |
| <b>Total - all currencies</b>                                                               |                  | <b>0.00</b>      | <b>0.00</b>       |
| <b>Total Non-Interest Bearing Cash - USD</b>                                                |                  | <b>0.00</b>      | <b>0.00</b>       |
| <i>Receivables - Other - USD</i>                                                            |                  |                  |                   |
| Pending trade sales: United States dollar                                                   | 0.000            | 11,542.65        | 11,542.65         |
| <b>Total - all currencies</b>                                                               |                  | <b>11,542.65</b> | <b>11,542.65</b>  |
| <b>Total Receivables - Other - USD</b>                                                      |                  | <b>11,542.65</b> | <b>11,542.65</b>  |
| <i>Corporate Stock - Common</i>                                                             |                  |                  |                   |
| <b>Israel - USD</b>                                                                         |                  |                  |                   |
| CYBER-ARK SOFTWARE LTD COM ILS0.01<br>CUSIP: M2682V108                                      | 1,550.000        | 71,107.08        | 114,917.00        |
| <b>Total Israel - USD</b>                                                                   |                  | <b>71,107.08</b> | <b>114,917.00</b> |
| <b>United States - USD</b>                                                                  |                  |                  |                   |
| #REORG/PLATFORM NAME CHANGE AND CUSIP CHANGE ELEMENT<br>2U1DAU2 02-01-2019 CUSIP: 72766Q105 | 8,625.000        | 105,034.38       | 89,096.25         |
| AAR CORP COM<br>CUSIP: 000361105                                                            | 2,600.000        | 108,730.11       | 97,084.00         |
| AARON'S INC CLASS A<br>CUSIP: 002535300                                                     | 1,950.000        | 89,350.36        | 81,997.50         |
| ADTALEM GLOBAL ED INC COM<br>CUSIP: 00737L103                                               | 2,150.000        | 107,836.98       | 101,738.00        |
| ALBANY INTL CORP NEW CL A<br>CUSIP: 012348108                                               | 950.000          | 49,716.80        | 59,308.50         |
| AMERN WOODMARK CORP COM<br>CUSIP: 030506109                                                 | 1,075.000        | 90,672.83        | 59,856.00         |

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

## ◆ Schedule of Assets Held for Investment Purposes

| Security Description / Asset ID                                            | Shares/Par Value | Historical Cost | Current Value |
|----------------------------------------------------------------------------|------------------|-----------------|---------------|
| <i>Corporate Stock - Common</i>                                            |                  |                 |               |
| <b>United States - USD</b>                                                 |                  |                 |               |
| AMN HEALTHCARE SVCS INC COM<br>CUSIP: 001744101                            | 1,075,000        | 50,204.88       | 60,909.50     |
| BLACKROCK TCP CAP CORP COM<br>CUSIP: 09259E108                             | 2,300,000        | 37,417.53       | 29,992.00     |
| BLUCORA INC COM<br>CUSIP: 095229100                                        | 3,100,000        | 102,744.06      | 82,584.00     |
| BOOZ ALLEN HAMILTON HLDG CORP CL A COM STK<br>CUSIP: 099502106             | 2,825,000        | 88,864.09       | 127,322.75    |
| BRADY CORP CL A<br>CUSIP: 104674106                                        | 2,650,000        | 112,225.34      | 115,169.00    |
| BRINKS CO COM<br>CUSIP: 109696104                                          | 2,375,000        | 162,079.89      | 153,543.75    |
| BROWN & BROWN INC COM<br>CUSIP: 115236101                                  | 5,050,000        | 104,804.68      | 139,178.00    |
| CACI INTL INC CL A CL A<br>CUSIP: 127190304                                | 800,000          | 90,038.48       | 115,224.00    |
| CALLON PETE CO DEL COM<br>CUSIP: 13123X102                                 | 4,125,000        | 53,394.84       | 26,771.25     |
| CARTER INC FORMERLY CARTER HLDGS INC TO 09/13/2003 COM<br>CUSIP: 146229109 | 1,225,000        | 127,540.58      | 99,984.50     |
| CASELLA WASTE SYS INC CL A COM STK<br>CUSIP: 147448104                     | 1,450,000        | 34,818.73       | 41,310.50     |
| CHEMICAL FINL CORP COM<br>CUSIP: 163731102                                 | 3,000,000        | 144,248.72      | 109,830.00    |
| CISION LTD COM USD0.0001<br>CUSIP: G1992S109                               | 4,750,000        | 63,247.42       | 55,575.00     |
| DIODES INC COM<br>CUSIP: 254543101                                         | 1,875,000        | 69,343.20       | 60,487.50     |
| DUNKIN BRANDS GROUP INC COM<br>CUSIP: 265504100                            | 1,075,000        | 57,570.61       | 68,929.00     |
| ENTERPRISE FINL SVCS CORP COM STK<br>CUSIP: 293712105                      | 2,100,000        | 111,540.19      | 79,023.00     |
| FABRINET COM USD0.01<br>CUSIP: G3323L100                                   | 1,775,000        | 60,790.18       | 91,075.25     |
| FIRST BANCORP N C COM<br>CUSIP: 318910106                                  | 2,250,000        | 90,022.53       | 73,485.00     |

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## ◆ Schedule of Assets Held for Investment Purposes

| Security Description / Asset ID                                | Shares/Par Value | Historical Cost | Current Value |
|----------------------------------------------------------------|------------------|-----------------|---------------|
| <i>Corporate Stock - Common</i>                                |                  |                 |               |
| <b>United States - USD</b>                                     |                  |                 |               |
| FIRST FINL BANCORP OHIO COM<br>CUSIP: 320209109                | 5,150,000        | 99,934.51       | 122,158.00    |
| FIRST MERCHANTS CORP COM<br>CUSIP: 320817109                   | 3,125,000        | 87,451.68       | 107,093.75    |
| FIRSTCASH INC COM<br>CUSIP: 33767D105                          | 775,000          | 40,711.89       | 56,071.25     |
| FLCT LOANS ASSET (REST)<br>CUSIP: 301990719                    | 16,380,000       | 0.00            | 0.00          |
| FRANKLIN ELEC INC COM<br>CUSIP: 353514102                      | 1,475,000        | 47,878.09       | 63,248.00     |
| GRAFTECH INTL LTD COM<br>CUSIP: 384313508                      | 6,625,000        | 123,413.63      | 75,790.00     |
| GRAPHIC PACKAGING HLDG CO COM STK<br>CUSIP: 388689101          | 8,400,000        | 94,182.07       | 89,376.00     |
| GREEN DOT CORP COM STK<br>CUSIP: 39304D102                     | 650,000          | 51,669.65       | 51,688.00     |
| HILLENBRAND INC COM STK<br>CUSIP: 431571108                    | 1,475,000        | 41,375.00       | 55,946.75     |
| INTEGRA LIFESCIENCES HLDG CORP COM DESP<br>CUSIP: 457985208    | 1,900,000        | 84,264.57       | 85,690.00     |
| INTEGRATED DEVICE TECHNOLOGY INC COM<br>CUSIP: 458118106       | 3,350,000        | 85,316.83       | 162,240.50    |
| KAR AUCTION SVCS INC COM STK<br>CUSIP: 48238T109               | 1,900,000        | 54,592.39       | 90,668.00     |
| KAYNE ANDERSON MLP / MIDSTREAM INVT CO COM<br>CUSIP: 486606106 | 223,009,000      | 5,640,543.10    | 3,068,603.84  |
| KOSMOS ENERGY LTD COM USD0.01<br>CUSIP: 500688106              | 10,200,000       | 75,161.32       | 41,514.00     |
| LAKELAND FINL CORP COM STK<br>CUSIP: 511656100                 | 1,725,000        | 57,162.86       | 69,276.00     |
| LANDSTAR SYS INC COM<br>CUSIP: 515098101                       | 1,000,000        | 115,418.43      | 95,670.00     |
| LANTHEUS HLDGS INC COM<br>CUSIP: 516544103                     | 3,150,000        | 52,821.38       | 49,297.50     |
| LATTICE SEMICONDUCTOR CORP COM<br>CUSIP: 518415104             | 4,250,000        | 27,947.64       | 29,410.00     |

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

## ◆ Schedule of Assets Held for Investment Purposes

| Security Description / Asset ID                                                    | Shares/Par Value | Historical Cost | Current Value |
|------------------------------------------------------------------------------------|------------------|-----------------|---------------|
| <i>Corporate Stock - Common</i>                                                    |                  |                 |               |
| <b>United States - USD</b>                                                         |                  |                 |               |
| LITTELFUSE INC COM<br>CUSIP: 537008104                                             | 625,000          | 112,670.50      | 107,175.00    |
| LIVANOVA PLC ORD GBP1.00 (DI)<br>CUSIP: G5509L101                                  | 850,000          | 65,005.38       | 77,749.50     |
| LOGMEIN INC COM<br>CUSIP: 54142L109                                                | 850,000          | 97,519.77       | 69,334.50     |
| LPL FINL HLDGS INC COM<br>CUSIP: 50212V100                                         | 2,325,000        | 138,326.68      | 142,011.00    |
| LUXOFT HOLDING INC COM NPV<br>CUSIP: G57279104                                     | 1,925,000        | 82,263.05       | 58,558.50     |
| MAXLINEAR INC COMMON STOCK<br>CUSIP: 57776J100                                     | 5,725,000        | 130,517.20      | 100,760.00    |
| MERIDIAN BIOSCIENCE INC COM<br>CUSIP: 589584101                                    | 1,600,000        | 24,701.97       | 27,776.00     |
| MGIC INVT CORP WIS COM<br>CUSIP: 552848103                                         | 9,725,000        | 110,214.10      | 101,723.50    |
| MOOG INC CL A<br>CUSIP: 615394202                                                  | 375,000          | 32,200.41       | 29,055.00     |
| MULTI-COLOR CORP COM<br>CUSIP: 625383104                                           | 975,000          | 60,623.69       | 34,212.75     |
| NATIONAL STORAGE AFFILIATES TR COM SHS BEN INT COM SHS BEN<br>INT CUSIP: 637870106 | 2,675,000        | 64,584.87       | 70,780.50     |
| NATUS MED INC DEL COM<br>CUSIP: 639050103                                          | 2,125,000        | 70,707.39       | 72,313.75     |
| NEWPARK RES INC COM PAR \$0.01 NEW COM PAR \$0.01 NEW<br>CUSIP: 651718504          | 6,550,000        | 69,046.45       | 44,998.50     |
| NEXSTAR MEDIA GROUP INC CL A CL A<br>CUSIP: 65336K103                              | 1,625,000        | 107,222.86      | 127,790.00    |
| NUVASIVE INC COM<br>CUSIP: 670704105                                               | 700,000          | 33,239.43       | 34,692.00     |
| OIL STS INTL INC COM ISIN US6780261052<br>CUSIP: 678026105                         | 1,225,000        | 40,107.13       | 17,493.00     |
| PAC PREMIER BANCORP COM<br>CUSIP: 69478X105                                        | 3,700,000        | 114,439.07      | 94,424.00     |
| PERFORMANCE FOOD GROUP CO COM<br>CUSIP: 71377A103                                  | 2,975,000        | 99,097.13       | 96,003.25     |

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

## ◆ Schedule of Assets Held for Investment Purposes

| Security Description / Asset ID                          | Shares/Par Value | Historical Cost | Current Value |
|----------------------------------------------------------|------------------|-----------------|---------------|
| <i>Corporate Stock - Common</i>                          |                  |                 |               |
| <b>United States - USD</b>                               |                  |                 |               |
| PERSPECTA INC COM<br>CUSIP: 715347100                    | 5,075.000        | 119,577.89      | 87,391.50     |
| POWER INTEGRATIONS INC COM<br>CUSIP: 739276103           | 350.000          | 21,446.89       | 21,343.00     |
| PRA HEALTH SCIENCES INC COM<br>CUSIP: 69354M108          | 625.000          | 30,303.43       | 57,475.00     |
| PRESIDIO INC COM<br>CUSIP: 74102M103                     | 4,700.000        | 74,043.05       | 61,335.00     |
| PROPETRO HLDG CORP COM<br>CUSIP: 74347M108               | 1,725.000        | 36,004.08       | 21,252.00     |
| REV GROUP INC COM<br>CUSIP: 749527107                    | 2,125.000        | 52,025.82       | 15,958.75     |
| SELECTIVE INS GROUP INC COM<br>CUSIP: 816300107          | 1,850.000        | 114,193.14      | 112,739.00    |
| SILICON LABORATORIES INC COM<br>CUSIP: 826919102         | 1,050.000        | 67,469.59       | 82,750.50     |
| SOUTHWEST GAS HLDGS INC COM<br>CUSIP: 844895102          | 2,025.000        | 153,288.40      | 154,912.50    |
| SPIRE INC COM<br>CUSIP: 84857L101                        | 1,825.000        | 118,978.53      | 135,196.00    |
| TEGNA INC COM<br>CUSIP: 87901J105                        | 8,650.000        | 113,634.84      | 94,025.50     |
| U S XPRESS ENTERPRISES INC CL A CL A<br>CUSIP: 90338N202 | 2,375.000        | 32,909.35       | 13,323.75     |
| UNION BANKSHARES CORP NEW COM<br>CUSIP: 90539J109        | 3,700.000        | 96,648.51       | 104,451.00    |
| UNIT CORP COM<br>CUSIP: 909218109                        | 1,575.000        | 35,202.26       | 22,491.00     |
| UNITED CMNTY BK BLAIRSVILLE GA COM<br>CUSIP: 90984P303   | 5,150.000        | 150,079.21      | 110,519.00    |
| VENATOR MATERIALS COM USD0.001<br>CUSIP: G9329Z100       | 3,350.000        | 56,300.01       | 14,036.50     |
| VIRTU FINL INC CL A CL A<br>CUSIP: 928254101             | 2,300.000        | 56,119.83       | 59,248.00     |

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## ◆ Schedule of Assets Held for Investment Purposes

| Security Description / Asset ID                                                        | Shares/Par Value | Historical Cost      | Current Value        |
|----------------------------------------------------------------------------------------|------------------|----------------------|----------------------|
| <i>Corporate Stock - Common</i>                                                        |                  |                      |                      |
| <b>United States - USD</b>                                                             |                  |                      |                      |
| WOLVERINE WORLD WIDE INC COM<br>CUSIP: 978097103                                       | 1,975,000        | 71,604.69            | 62,982.75            |
| <b>Total United States - USD</b>                                                       |                  | <b>11,744,399.05</b> | <b>8,871,497.34</b>  |
| <b>Total Corporate Stock - Common</b>                                                  |                  | <b>11,815,506.13</b> | <b>8,986,414.34</b>  |
| <i>Value of Interest in Common/Collective Trusts</i>                                   |                  |                      |                      |
| <b>United States - USD</b>                                                             |                  |                      |                      |
| CF SSGA RUSSELL 1000 INDEX NON-LENDING (CMCQ) FUND.<br>CUSIP: 410997415                | 1,426,004.250    | 18,900,701.44        | 50,899,795.70        |
| CF SSGA TIPS INDEX (CMTP) FD<br>CUSIP: 885999524                                       | 354,777.800      | 7,994,094.02         | 8,908,825.34         |
| COLTV SHORT TERM INVT FD<br>CUSIP: 195998AC3                                           | 3,925,105.000    | 3,925,105.00         | 3,925,105.00         |
| <b>Total United States - USD</b>                                                       |                  | <b>30,819,900.46</b> | <b>63,733,726.04</b> |
| <b>Total Value of Interest in Common/Collective Trusts</b>                             |                  | <b>30,819,900.46</b> | <b>63,733,726.04</b> |
| <i>Value of Interest in Registered Investment Companies</i>                            |                  |                      |                      |
| <b>Emerging Markets Region - USD</b>                                                   |                  |                      |                      |
| MFO ABERDEEN FDS EMERGING MKTS FD INSTL CL<br>CUSIP: 003021714                         | 1,841,771.850    | 22,569,231.52        | 24,974,426.29        |
| MFO PIMCO FDS EMERGING MARKETS LOCAL CURRENCY AND BOND<br>INSTL CLASS CUSIP: 72201F516 | 401,805.210      | 3,718,392.27         | 2,635,842.18         |
| <b>Total Emerging Markets Region - USD</b>                                             |                  | <b>26,287,623.79</b> | <b>27,610,268.47</b> |
| <b>International Region - USD</b>                                                      |                  |                      |                      |
| MFO AMERICAN EUROPACIFIC GRTH-R6<br>CUSIP: 298706821                                   | 755,044.730      | 39,611,046.74        | 33,969,462.40        |
| MFO PIMCO INTERNATIONAL BOND FUND (U.S. DOLLAR-HEDGED) INST<br>CUSIP: 693390882        | 1,237,432.600    | 12,986,389.07        | 13,166,282.86        |
| <b>Total International Region - USD</b>                                                |                  | <b>52,597,435.81</b> | <b>47,135,745.26</b> |

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

## ◆ Schedule of Assets Held for Investment Purposes

| Security Description / Asset ID                                                                  | Shares/Par Value | Historical Cost       | Current Value         |
|--------------------------------------------------------------------------------------------------|------------------|-----------------------|-----------------------|
| <i>Value of Interest in Registered Investment Companies</i>                                      |                  |                       |                       |
| <b>United States - USD</b>                                                                       |                  |                       |                       |
| MFO DODGE & COX INC FD<br>CUSIP: 256210105                                                       | 1,043,515.200    | 14,284,575.09         | 13,837,011.55         |
| MFO HOTCHKIS & WILEY FDS HI YIELD FD CL<br>CUSIP: 44134R735                                      | 1,687,769.410    | 19,401,735.09         | 18,835,506.62         |
| MFO LEGG MASON PARTNERS EQUITY TR CLEARBRIDGE SMALL<br>CAP GROWTH FD CL IS CUSIP: 52470H666      | 270,135.040      | 7,857,603.42          | 8,760,479.35          |
| MFO NUVEEN INVT FDS INC REAL ESTATE SECSFD CL I<br>CUSIP: 670678507                              | 822,497.980      | 15,650,818.61         | 15,076,387.97         |
| MFO PIMCO FDS PAC INVT MGMT SER COMMODITY<br>REALRETURN STRATEGY FD INSTL CUSIP: 722005667       | 884,356.350      | 10,691,052.49         | 4,899,334.18          |
| MFO STEELPATH MLP FDS TR SELECT 40 FD CL<br>CUSIP: 858268204                                     | 1,659,468.940    | 17,892,901.48         | 11,997,960.44         |
| MFO WELLS FARGO FDS INTL BD FD INSTL CL MFO WELLS FARGO<br>FUNDS INTL BONDINSTL CUSIP: 94985D582 | 1,193,061.600    | 12,684,222.13         | 11,978,338.46         |
| <b>Total United States - USD</b>                                                                 |                  | <b>98,462,908.31</b>  | <b>85,385,018.57</b>  |
| <b>Total Value of Interest in Registered Investment Com</b>                                      |                  | <b>177,347,967.91</b> | <b>160,131,032.30</b> |
| <i>Other</i>                                                                                     |                  |                       |                       |
| <b>United States - USD</b>                                                                       |                  |                       |                       |
| BRANDYWINE RLTY TR SH BEN INT NEW REIT<br>CUSIP: 105368203                                       | 2,125.000        | 36,212.79             | 27,348.75             |
| CORECIVIC INC COM<br>CUSIP: 21871N101                                                            | 4,950.000        | 117,216.20            | 88,258.50             |
| TWO HARBORS INVESMENT CORP<br>CUSIP: 90187B408                                                   | 7,550.000        | 112,313.92            | 96,942.00             |
| <b>Total United States - USD</b>                                                                 |                  | <b>265,742.91</b>     | <b>212,549.25</b>     |
| <b>Total Other</b>                                                                               |                  | <b>265,742.91</b>     | <b>212,549.25</b>     |

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## ◆ Schedule of Assets Held for Investment Purposes

| Security Description / Asset ID               | Shares/Par Value | Historical Cost       | Current Value         |
|-----------------------------------------------|------------------|-----------------------|-----------------------|
| <i>Other Liabilities</i>                      |                  |                       |                       |
| Pending trade purchases: United States dollar | 0.000            | -145,051.13           | -145,051.13           |
| <b>Total - all currencies</b>                 |                  | <b>-145,051.13</b>    | <b>-145,051.13</b>    |
| <b>Total Other Liabilities</b>                |                  | <b>-145,051.13</b>    | <b>-145,051.13</b>    |
| <b>Total</b>                                  |                  | <b>220,115,608.93</b> | <b>232,930,213.45</b> |

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

Schedule SB Attachment (Form 5500)—2018 Plan Year  
JBT Corporation Employees' Retirement Program  
EIN: 91-1650317 PN: 001

Schedule SB, line 32—Schedule of Amortization Bases

| Type of Base | Present Value of Installment | Date Established | Years Remaining | Amortization Installment |
|--------------|------------------------------|------------------|-----------------|--------------------------|
| Shortfall    | \$ 2,754,633                 | January 1, 2016  | 5               | \$ 594,087               |
| Shortfall    | \$ 425,779                   | January 1, 2017  | 6               | \$ 78,831                |
| Shortfall    | \$ 4,025,801                 | January 1, 2018  | 7               | \$ 657,211               |

Schedule SB Attachment (Form 5500)—2018 Plan Year  
JBT Corporation Employees' Retirement Program  
EIN: 91-1650317 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the assumed trust expenses included in the Target Normal Cost from \$1,900,000 to \$2,300,000.
- A change in the Union Hourly retirement rates to better reflect recent experience.
- A change in the unlimited expected rate of return on plan assets from 6.75% to 6.50%.

These changes were made to better reflect the anticipated plan experience. These assumption changes did not reduce the funding shortfall, so approval of the Commissioner is not required.