

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>FMC TECHNOLOGIES, INC. EMPLOYEES' RETIREMENT PROGRAM</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>05/01/2001</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>05/01/2001</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>05/01/2001</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>FMC TECHNOLOGIES, INC.</u> <u>13460 LOCKWOOD ROAD</u> <u>HOUSTON, TX 77044</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>36-4412642</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>281-591-4000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>339900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>36-4412642</u>	2c Plan Sponsor's telephone number <u>281-591-4000</u>	2d Business code (see instructions) <u>339900</u>	
2b Employer Identification Number (EIN) <u>36-4412642</u>					
2c Plan Sponsor's telephone number <u>281-591-4000</u>					
2d Business code (see instructions) <u>339900</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	11/10/2021	AMANDA DEAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor 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: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	4213
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	518
a(2) Total number of active participants at the end of the plan year		6a(2)	400
b Retired or separated participants receiving benefits.....		6b	1505
c Other retired or separated participants entitled to future benefits		6c	998
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	2903
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	238
f Total. Add lines 6d and 6e		6f	3141
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 3F 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> 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 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan FMC TECHNOLOGIES, INC. EMPLOYEES' RETIREMENT PROGRAM	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF FMC TECHNOLOGIES, INC.	D Employer Identification Number (EIN) 36-4412642
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2020			
2	Assets:			
	a Market value	2a	518752097	
	b Actuarial value	2b	520383983	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment.....	2710	339057989	339057989
	b For terminated vested participants.....	1024	73886557	73886557
	c For active participants	518	83752739	87058630
	d Total.....	4252	496697285	500003176
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
	a Funding target disregarding prescribed at-risk assumptions	4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5	Effective interest rate	5	5.41 %	
6	Target normal cost.....	6	5705424	

Statement by Enrolled Actuary	
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.	
SIGN HERE	
Signature of actuary	09/30/2021
DAVID M ANDERSON	Date
Type or print name of actuary	20-07493
WILLIS TOWERS WATSON US LLC	Most recent enrollment number
Firm name	713-754-5400
811 LOUISIANA STREET SUITE 2200 HOUSTON, TX 77002	Telephone number (including area code)
Address of the firm	

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	13622266	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	13622266	0
10	Interest on line 9 using prior year's actual return of <u>16.46</u> %	2242225	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.57</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	15864491	0

Part III		Funding Percentages	
14	Funding target attainment percentage	14	100.90 %
15	Adjusted funding target attainment percentage	15	104.07 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	105.82 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV		Contributions and Liquidity Shortfalls	
18 Contributions made to the plan for the plan year by employer(s) and employees:			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
09/15/2021	16300000	0	
		Totals ▶	18(b) 16300000 18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 14899147
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
(3) 3rd	(4) 4th

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

4

22 Weighted average retirement age**22**

64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) **31a** 5705424**b** Excess assets, if applicable, but not greater than line 31a **31b** 4516316**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 0 Installment 0**b** Waiver amortization installment 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 1189108**35** Balances elected for use to offset funding requirement Carryover balance 0 Prefunding balance 0 Total balance 0**36** Additional cash requirement (line 34 minus line 35) **36** 1189108**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 14899147**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 13710039**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan FMC TECHNOLOGIES, INC. EMPLOYEES' RETIREMENT PROGRAM	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 FMC TECHNOLOGIES, INC.	D Employer Identification Number (EIN) 36-4412642	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(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)

VAN BIEMA VALUE PARTNERS LLC

20-1272199

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	1619596	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON SERVICE CORPORATION

35-3051915

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	NONE	517884	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROYCE & ASSOCIATES

52-2343049

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	407297	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	382059	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

CARDINAL CAPITAL MANAGEMENT, LLC

06-1422705

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	277319	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DALTON INVESTMENT LLC

95-4736598

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	161518	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WILLIS TOWERS WATSON

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	140528	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SPEECE THORSON CAPITAL GROUP

41-1701874

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	125247	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCCONNELL & JONES, LLP

76-0488832

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	22325	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan <u>FMC TECHNOLOGIES, INC. EMPLOYEES' RETIREMENT PROGRAM</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>FMC TECHNOLOGIES, INC.</u>	D Employer Identification Number (EIN) <u>36-4412642</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLTV SHORT TERM INVT FD</u>		
b Name of sponsor of entity listed in (a): <u>THE NORTHERN TRUST COMPANY</u>		
c EIN-PN <u>36-6036794-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>36836656</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>FMC TECHNOLOGIES, INC. EMPLOYEES' RETIREMENT PROGRAM</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FMC TECHNOLOGIES, INC.</u>	D Employer Identification Number (EIN) <u>36-4412642</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	31200	126295
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	16300000
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	743196	967744
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	9421500	339647
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	17978	0
(B) Common	1c(4)(B)	108809854	80184482
(5) Partnership/joint venture interests	1c(5)	176518722	183272384
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	41277739	36836656
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	37495242	41660555
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	144755051	139197209

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	519070482	498884972

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	288252	232851
i Acquisition indebtedness.....	1i	318385	122041
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	606637	354892

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	518463845	498530080
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	16300000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		16300000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	54754	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	29464	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		84218
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	1541	
(B) Common stock	2b(2)(B)	2562176	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2620675	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		5184392
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	79773219	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	84017142	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-4243923
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	18984011	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		18984011

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		1662554
(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)		-946970
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		37024282

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	31000757	
(2) To insurance carriers for the provision of benefits	2e(2)	19645000	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		50645757
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)	618614	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	2603136	
(4) Other.....	2i(4)	3090540	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		6312290
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		56958047

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-19933765
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

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

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

(1) Name: MCCONNELL & JONES, L.L.P.

(2) EIN: 76-0488832

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ 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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year <u>4311877</u> .			

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan FMC TECHNOLOGIES, INC. EMPLOYEES' RETIREMENT PROGRAM	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 FMC TECHNOLOGIES, INC.	D Employer Identification Number (EIN) 36-4412642

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

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

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

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2020
v. 200204

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:	14a	
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14b	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....		
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:	15a	
a The corresponding number for the plan year immediately preceding the current plan year	15b	
b The corresponding number for the second preceding plan year		
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:	16a	
a Enter the number of employers who withdrew during the preceding plan year	16b	
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.....		
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: 25.0 % Investment-Grade Debt: 7.0 % High-Yield Debt: 8.0 % Real Estate: _____ % Other: 60.0 %

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

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

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

**FINANCIAL STATEMENTS AND
INDEPENDENT AUDITOR'S REPORT
FMC TECHNOLOGIES, INC.
EMPLOYEES' RETIREMENT PROGRAM
DECEMBER 31, 2020 AND 2019**

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Independent Auditor's Report

To the Participants and Plan Administrator of
the FMC Technologies, Inc. Employees' Retirement Program

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of FMC Technologies, Inc, Employees' Retirement Program (the Plan), which comprise the Statements of Net Assets Available for Benefits as of December 31, 2020 and 2019, and the related Statements of Changes in Net Assets Available for Benefits for the years then ended, and the related Notes to Financial Statements.

Plan Management's Responsibility for the Financial Statements

Plan 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 (US GAAS). 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 (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), Plan management instructed us not to perform, and we did not perform, any auditing procedures with respect to investments information and related income included in the financial statements and supplemental information, which was certified by Northern Trust Company, the trustee of the Plan (Trustee), except for comparing such information with the related information included in the financial statements. We have been informed by Plan management that the Trustee holds the Plan's investment assets and executes investment transactions. Plan management has obtained a certification from the Trustee as of December 31, 2020 and 2019 and for the years then

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ended, that the information provided to Plan management by the Trustee 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.

Other Matter

The supplemental information listed in the table of contents as of and for the year ended December 31, 2020 is required by DOL Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental information.

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 information, other than that derived from the information certified by the Trustee, has been audited by us in accordance with US GAAS and, in our opinion, is presented in compliance with DOL Rules and Regulations for Reporting and Disclosure under ERISA.

McConnell & Jones LLP

Houston, Texas
October 11, 2021

FMC TECHNOLOGIES, INC. EMPLOYEES' RETIREMENT PROGRAM

Statements of Net Assets Available for Benefits

	December 31,	
	2020	2019
Assets		
Investments at fair value (Note 7):		
Common stock	\$ 80,184,482	\$ 108,809,854
Preferred stock	—	17,978
Cash - interest bearing	339,647	9,421,500
Common / collective trusts	36,836,656	41,277,739
Registered investment companies	41,660,555	40,683,658
Hedge funds	139,108,539	140,632,641
Limited partnerships	182,610,519	175,264,848
Publicly traded partnerships	661,865	1,253,874
Other	88,670	933,994
Total investments at fair value	481,490,933	518,296,086
Receivables:		
Company contributions (Note 3)	16,300,000	—
Interest and dividends receivable	684,588	743,196
Unsettled purchases	283,156	—
Total receivables	17,267,744	743,196
Cash - noninterest bearing	126,295	31,200
Total assets	498,884,972	519,070,482
Liabilities		
Unsettled sales	122,041	318,385
Accrued expenses	232,851	288,252
Total liabilities	354,892	606,637
Net assets available for benefits	\$ 498,530,080	\$ 518,463,845

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

**FMC TECHNOLOGIES, INC. EMPLOYEES'
RETIREMENT PROGRAM**

Statements of Changes in Net Assets Available for Benefits

	Year ended December 31,	
	2020	2019
Investment income:		
Net appreciation in fair value of investments	\$ 14,928,208	\$ 69,152,886
Interest and dividends	5,796,074	6,370,754
Total net investment income	20,724,282	75,523,640
Company contributions (Note 3)	16,300,000	—
Total additions	37,024,282	75,523,640
Benefits paid	31,000,757	29,309,315
Annuity purchase (Note 1)	19,645,000	—
Administrative expenses	6,312,290	2,837,417
Total deductions	56,958,047	32,146,732
Net (decrease) increase in net assets available for benefits	(19,933,765)	43,376,908
Net assets available for benefits:		
Beginning of year	518,463,845	475,086,937
End of year	<u>\$ 498,530,080</u>	<u>\$ 518,463,845</u>

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

**FMC TECHNOLOGIES, INC. EMPLOYEES’
RETIREMENT PROGRAM
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019**

NOTE 1. DESCRIPTION OF THE PLAN

The following description of the FMC Technologies, Inc. Employees’ Retirement Program (the “Plan”) provides general information. Participants should refer to the Plan document for a complete description of the Plan’s provisions.

General

The Plan is a defined benefit pension plan covering certain employees of FMC Technologies, Inc. (the “Company” or “Plan administrator”), its retirees and terminated vested employees. The Plan is subject to the provisions of The Employee Retirement Security Act of 1974, as amended (“ERISA”). The Plan’s assets are held in a trust with The Northern Trust Company (the “Trustee”). All of the assets of the Plan are available to pay benefits to participants of the Plan.

The Employee Benefits Committee and Plan Investment Committee are subcommittees of the Compensation Committee of the Board of Directors of the Company. The Employee Benefits Committee has overall responsibility for the operation and administration of the Plan while the investment decisions related to the Plan are made by the Plan Investment Committee.

Effective December 31, 2018, the FMC Technologies, Inc. Employees’ Retirement Program Part II Union Employees’ Retirement Plan was amended to freeze future participation and benefit accruals for all union participants of the Plan.

Eligibility, Vesting and Benefits

The following provisions of the Plan apply to the eligible salaried and nonunion hourly employees of the Company:

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

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

- (1) 1% of final average* annual earnings up to allowable Social Security Covered Compensation
- Plus
- 1.5% of final average* annual earnings in excess of allowable Social Security Covered Compensation
- Times
- Years of credited service projected to age 65 (maximum of 35 years)

- (2) 1.5% of final average* annual earnings times years of credited service projected to age 65 in excess of 35 years, and
- (3) Ratio of years of credited service as of termination to years of credited service projected to age 65

*average is the highest consecutive 60 months of the last 120 months of eligible earnings

A participant's retirement benefit is increased by \$1.00 for each \$120 of unwithdrawn employee contributions accumulated with interest.

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. For early retirement, the benefit is the monthly accrued benefit, reduced by early retirement reduction factors outlined in the Plan.

The Plan provides for surviving spouse benefits in the case of the death of an active participant. In addition, the Plan offers retirees the option to elect joint and survivor annuity payment options to provide benefits to a surviving spouse or beneficiary of a retired participant.

The following provisions of the Plan apply to bargained employees of FMC Technologies Measurement Solutions, Inc. (formerly Smith Meter, Inc.):

The normal retirement age is the earlier of age 62 with 10 years of vesting service or age 65. A participant who terminates employment prior to completing vesting service of 5 years is not eligible to receive a pension under the Plan. The normal monthly benefit amount is \$42.00 times the years of service. Participants are entitled to early retirement following attainment of age 57 and 10 years of credited service. For early retirement, the benefit is the monthly accrued benefit, reduced by early retirement reduction factors outlined in the Plan. Certain union participants are eligible for disability retirement benefits upon becoming permanently and totally disabled after completing 10 years of credited service. The Plan provides for surviving spouse benefits in the case of the death of an active participant. In addition, the Plan offers retirees the option to elect joint and survivor annuity payment options to provide benefits to a surviving spouse or beneficiary of a retired participant.

Annuity purchase

The Plan was amended, effective December 28, 2020 and January 4, 2021, to provide for the purchase of two annuity contracts from an annuity provider to pay the benefits of certain participants whose benefits (1) were in pay status as of date; (2) were being paid in the form of an annuity; and (3) had a monthly payment of \$500 or less as of date. The annuity purchase was also limited to the extent necessary to prevent settlement accounting for 2020 under U.S. GAAP. Other exclusions applied as described in the Plan document, as amended. In accordance with the amendments, two group annuity contracts amounting to \$19,645,000 and \$14,345,000 were purchased from American General Life Insurance Company effective December 28, 2020 and January 4, 2021, respectively, and are accounted for as a benefits paid in the statement of changes in net assets available for benefits in the respective years. The annuity contracts purchased will not be assets of the Plan or trust following the purchase.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management of the Plan 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, and changes therein. Actual results could differ from those estimates.

Investments, Valuation and Income Recognition

The Plan's financial statements and supplemental schedules include unaudited information prepared by the Trustee. The Plan has obtained certifications from the Trustee that such information is complete and accurate. Investments are stated at fair value. See Note 7 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade date basis. The Plan presents in the statement of changes in net assets available for benefits the net appreciation (depreciation) in the fair value of its investments which consists of the related gains and losses on investments bought and sold during the year, and the unrealized gains and losses on investments held during the year. Dividends are recorded on the record date. Interest income is recorded on the accrual basis.

As permitted by 29 CFR 2520.103-8 of the Department of Labor rules under ERISA, information related to investments as of December 31, 2020, and related investment income for the years then ended were certified by Northern Trust Company the custodian of the Plan's assets.

Administrative Expenses

All permitted administrative expenses are paid from the Plan unless the Company, at its discretion, pays such expenses. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Payment of Benefits

Benefit payments to participants and beneficiaries are recorded when paid.

Contributions

Contributions to the Plan are recorded in the period to which the Plan's actuary determines they relate except that a contribution receivable is recorded to the extent that amounts due are pursuant to formal commitments as well as legal or contractual requirements in existence at the end of the Plan Year.

Subsequent Events

Effective January 4, 2021, the Plan was amended to provide for the purchase of the annuity contract from an annuity provider to pay the benefits of certain participants, see Note 1 for further details.

On February 16, 2021, the Company completed its separation into two independent publicly traded companies: TechnipFMC, a fully integrated technology and service provider, and Technip Energies, a leading engineering and technology player (“Technip Energies”). The transaction was structured as a spin-off and did not have an impact on the Plan’s financial statements. Technip Energies N.V. is now an independent public company and its shares trade under the ticker symbol “TE” on the Euronext Paris Stock Exchange.

The management of the Plan has evaluated subsequent events that have occurred after December 31, 2020, and through October 11, 2021, the date the financial statements were available to be issued.

Recently Adopted Accounting Standards

Effective January 1, 2020, we adopted Accounting Standards Update (“ASU”) No. 2018-13, *“Fair Value Measurement (Topic 820): Disclosure Framework—Changes to the Disclosure Requirements for Fair Value Measurement.”* This update modifies the disclosure requirement on fair value measurements in Topic 820. The amendments on changes in unrealized gains and losses, the range and weighted average of significant unobservable inputs used to develop Level 3 fair value measurements, and the narrative description of measurement uncertainty should be applied prospectively. The updated guidance did not have a material impact on the Plan’s financial statements.

Reclassifications

Certain prior-year amounts have been reclassified to conform to the current year’s presentation.

NOTE 3. FUNDING POLICY

The Company contributes to the Plan such sums as are actuarially determined to be necessary to provide defined pension benefits to participants, maintain certain acceptable funding levels, and ensure that all contributions are deductible for federal income tax purposes.

The Company’s contributions are designed to satisfy the minimum funding requirements under ERISA and the Pension Protection Act of 2006, as amended. In addition, the Company may decide to make contributions above the minimum funding requirements. The determination of required contributions to be made by the Company during 2020 and 2019 was based upon actuarial valuations as of January 1 of each year. There was no minimum required contribution for 2020 or 2019 under ERISA.

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. See Note 4 to these financial statements for additional disclosure related to plan termination.

The Company’s funding policy is to contribute an amount annually at least equal to the minimum funding requirement and no more than the maximum tax-deductible contribution in accordance with ERISA and the Code. Such amount is determined annually by and independent consulting actuary and is certified in an Actuarial Valuation Report. The Company made total contributions of \$16,300,000 in September 2021, for the plan year ended December 31, 2020.

NOTE 4. PLAN TERMINATION

Although the Company has not expressed any intention to do so, in the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Benefits attributable to employee contributions, taking into account those paid out before termination.

- b. Benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- c. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations.
- d. All other vested benefits (that is, vested benefits not insured by the PBGC).
- e. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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

NOTE 5. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

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

Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died and (3) present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death, disability and termination of employment) 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 determined by an independent actuary and results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2020, were as follows:

- a. Interest rate used to compute the present value of accrued benefits was 9.00%.
- b. The assumed average retirement age was 64.
- c. Eighty percent of all male participants and sixty percent of all female participants were assumed to be married in 2020.
- d. Life expectancy rate: RP-2014 Employee and Annuitant Table for males and females projected with generational improvement at scale MP-2014 adjusted to reflect 0% long-term rate of improvement,

with a convergence period between initial and long term rate of improvement of 2008-2027 were used.

e. The actuarial method used to determine the accumulated plan benefits is the Unit Credit method.

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

The total actuarial present value of accumulated plan benefits as of January 1, 2020 (the most recent valuation date), consisted of the following:

	January 1, 2020
Vested benefits:	
Participants currently receiving payments	\$ 257,482,225
Other participants	94,141,852
	351,624,077
Nonvested benefits	2,314,461
Total actuarial present value of accumulated plan benefits	<u>\$ 353,938,538</u>

Changes in the total actuarial present value of accumulated plan benefits for the period January 1, 2019 to January 1, 2020, was as follows:

Actuarial present value of accumulated plan benefits, beginning of period	\$ 352,303,055
Increase (decrease) during the period attributable to:	
Benefits accumulated	—
Actuarial losses	615,944
Increase for interest due to decrease in the discount period	30,413,059
Benefits paid	(29,393,520)
Plan amendments	—
Net increase	1,635,483
Actuarial present value of accumulated plan benefits, end of period	<u>\$ 353,938,538</u>

NOTE 6. INCOME TAXES

The Plan obtained its latest determination letter on July 8, 2014, in which the Internal Revenue Service (“IRS”) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code of 1986, as amended (“Code”). Additional amendments to the Plan have been made and are not covered by the determination letter; however, the Plan administrator and the Plan’s legal counsel believe that the Plan, as amended, is designed and is currently administered in compliance with the applicable requirements of the Code.

GAAP requires the management of the Plan administrator to evaluate uncertain tax positions taken by the Plan and to recognize a tax liability (or asset) when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The management of the Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2020, there were no uncertain positions taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan has not recognized interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions. There are currently no audits for any tax periods in progress related to the Plan.

NOTE 7. FAIR VALUE OF ASSETS

Fair value is defined as the price that would be received to sell an asset in an orderly transaction between market participants at the reporting date. The fair value framework requires the categorization of assets and liabilities into three levels based upon 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 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. The valuation techniques applied maximized the use of observable inputs and minimized the use of non-observable inputs.

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

- *Common and Preferred Stock:* Valued at the closing price reported on the active market on which the securities are traded.
- *Common/Collective Trusts:* The Plan uses the practical expedient election for the fair value of these investments as the investments are valued at the net asset value of shares held by the Plan at year end. All of the investments in common collective trust funds represent exchange-traded securities with readily observable prices. Common/collective trusts primarily consisted of investments in money market instruments with short maturities.
- *Publicly Traded Partnerships:* Similar to common and preferred stock, valued at the closing price reported on the active market on which the securities are traded.
- *Registered Investment Companies:* Valued at quoted market prices, which represent the net asset value of the securities held in such funds at year end. Registered investment companies primarily consisted of investments in emerging market bonds at December 31, 2020, as well as investments in international equities and emerging market bonds at December 31, 2019.

- *Hedge Funds*: The Plan uses the practical expedient election for the fair value of these investments as the investments are *valued* at the net asset value of shares held by the Plan at year end. All of the investments in hedge funds represent exchange-traded securities with readily observable prices. There are five investment managers consisting of five hedge funds.
 - † Arcus Japan Value Fund has a 45-day notice period with no redemption frequency restrictions. The fund invests primarily in publicly traded equity securities and debt obligations.
 - † Argos Argonaut Fund has a 20-day notice period with no redemption frequency restrictions. The fund invests primarily in publicly traded equity securities and debt obligations.
 - † SFP Value Realization Fund has a quarterly redemption frequency with a 90-day notice period. The fund invests primarily in publicly traded equity securities and debt obligations.
 - † Simcoe Partners Offshore Ltd fund has a quarterly redemption frequency with a 30-day notice period. The fund invests primarily in publicly traded equity securities and debt obligations.
 - † Van Biema Asia Value Ltd, consisting of three funds, has an annual redemption frequency on the calendar year end with a 120-day notice period. The funds invest in approximately 10 to 20 funds that employ a range of value-oriented investment philosophies. The investment strategy of this fund centers on long-term returns with a strong focus on capital preservation.
- *Limited Partnerships*: The Plan uses the practical expedient election for the fair value of these investments as the investments are valued at the net asset value of shares held by the Plan at year end. All of the investments in limited partnerships represent exchange-traded securities with readily observable prices. There are six limited partnerships.
 - † Acacia Capital, LP has a quarterly redemption frequency with a 30-day notice period. This partnership seeks high long-term returns following a value-oriented investment approach. The partnership may invest in a variety of securities, including U.S. and international equities, debt securities and preferred stocks.
 - † MFP Partners, LP has a quarterly redemption frequency with a 60-day notice period. This partnership seeks high long-term returns following a value-oriented investment approach. The partnership may invest in a variety of securities, including U.S. and international equities, debt securities and preferred stocks.
 - † Van Biema Global Value Fund, LP has an annual redemption frequency on the calendar year end with a 120-day notice period. The fund invests in approximately 10 to 20 funds that employ a range of value-oriented investment philosophies. The investment strategy of this fund centers on long-term returns with a strong focus on capital preservation.
 - † vB Select European Opportunities Fund LP has a quarterly redemption frequency with a 60-day notice period. This partnership seeks to achieve its investment objective by purchasing, holding, selling and trading, currencies and financial instruments including U.S. or non-U.S. securities. The investment strategy of this fund is to achieve long-term capital appreciation on an absolute return basis while limiting down-side risk and volatility.
 - † vB Select Pan-Asia Fund I, LP has a quarterly redemption frequency with a 60-day notice period. This partnership seeks to achieve its investment objective by purchasing, holding,

selling and trading, currencies and financial instruments including U.S. or non-U.S. securities. The investment strategy of this fund is to achieve long-term capital appreciation on an absolute return basis while limiting down-side risk and volatility.

† VV Capital Partners, LP has a two year rolling redemption frequency with a 60-day notice period. This partnership seeks high long-term returns following a value-oriented investment approach. The partnership may invest in a variety of securities, including U.S. and international equities, debt securities and preferred stocks.

- *Other*: Valued at quoted market prices, which represent the net asset value of the securities held in such funds at year end. This category consists of corporate debt.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while management of 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 estimate of fair value at the reporting date. There have been no changes in the methodologies used at December 31, 2020 and 2019.

Assets measured at fair value are as follows:

December 31, 2020				
	Total	Level 1	Level 2	Level 3
Common stock				
U.S. equities	\$ 79,051,266	\$ 79,051,266	\$ —	\$ —
International equities	1,133,216	1,133,216	—	—
Cash - interest bearing	339,647	339,647	—	—
Common / collective trusts ⁽¹⁾	36,836,656	—	—	—
Registered investment companies	41,660,555	41,660,555	—	—
Hedge funds ⁽¹⁾	139,108,539	—	—	—
Limited partnerships ⁽¹⁾	182,610,519	—	—	—
Publicly traded partnerships	661,865	661,865	—	—
Other	88,670	88,670	—	—
Total assets at fair value	\$ 481,490,933	\$ 122,935,219	\$ —	\$ —
December 31, 2019				
	Total	Level 1	Level 2	Level 3
Common stock				
U.S. equities	\$ 103,806,336	\$ 103,806,336	\$ —	\$ —
International equities	5,003,518	5,003,518	—	—
Preferred stock	17,978	17,978	—	—
Cash - interest bearing	9,421,500	9,421,500	—	—
Common / collective trusts ⁽¹⁾	41,277,739	—	—	—
Registered investment companies	40,683,658	40,683,658	—	—
Hedge funds ⁽¹⁾	140,632,641	—	—	—
Limited partnerships ⁽¹⁾	175,264,848	—	—	—
Publicly traded partnerships	1,253,874	1,253,874	—	—
Other	933,994	933,994	—	—
Total assets at fair value	\$ 518,296,086	\$ 161,120,858	\$ —	\$ —

⁽¹⁾ Certain investments that are measured at fair value using net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

NOTE 8. RISKS AND UNCERTAINTIES

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

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

In March 2020, the World Health Organization classified the COVID-19 outbreak as a global pandemic, adversely affecting global economic activity and financial markets resulting in significant volatility during 2020. Although there have been signs of an improvement to the economy during 2020 and into 2021, uncertainty remains about the impact the pandemic may have on the economy and financial markets.

NOTE 9. PARTY-IN-INTEREST TRANSACTIONS

All transactions with the Company, Trustee, the Plan's benefit administrator, service providers or participants are considered party-in-interest transactions. Certain Plan assets are invested in funds managed by the Trustee and Grantham, Mayo, Van Otterloo & Co. LLC ("GMO") (an investment advisor of the Plan); therefore, these transactions qualify as party-in-interest transactions. Expenses for accounting, administrative and investment services are charged to the Plan and totaled \$6.3 million and \$2.8 million in 2020 and 2019, respectively.

SUPPLEMENTAL INFORMATION

**FMC TECHNOLOGIES, INC. EMPLOYEES'
RETIREMENT PROGRAM**

EIN: 36-4412642 Plan Number: 001

Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2020

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Common stock:			
	ACI WORLDWIDE INC COM STK	31,790	\$ 626,207	\$ 1,221,690
	ADR SILICON MOTION TECHNOLOGY CORP SPONSORED ADR	23,493	949,473	1,131,188
	ALLEGHANY CORP DEL COM	717	296,470	432,846
	APTARGROUP INC COM	2,200	130,078	301,158
	ARGAN INC COM	6,500	264,407	289,185
	ARROW ELECTR INC COM	7,835	443,924	762,346
	AXCELIS TECHNOLOGIES INC COM NEW COM NEW	22,000	462,760	640,640
	BERKLEY W R CORP COM	3,512	87,402	233,267
	BGC PARTNERS INC CL A CL A	152,350	962,313	609,400
	BOWL AMER INC CL A CL A	17,000	243,612	160,225
	BWX TECHNOLOGIES INC COM	15,387	765,303	927,528
	C H ROBINSON WORLDWIDE INC COM NEW COM NEW	5,186	403,108	486,810
	CALAVO GROWERS INC COM	5,841	441,052	405,541
	CASEYS GEN STORES INC COM	2,720	275,305	485,846
	CBIZ INC COM	46,685	438,716	1,242,288
	CHANGE HEALTHCARE INC COM	58,111	724,519	1,083,770
	CIRCOR INTL INC COM	22,775	852,661	875,471
	CLOROX CO COM	1,561	169,090	315,197
	COLFAX CORP COM US .01	28,947	830,385	1,106,933
	COLUMBIA BKG SYS INC COM	30,000	824,643	1,077,000
	COMM BANCSHARES INC COM	5,259	163,403	362,792
	COMPUTER SVCS INC CMT-COM CMT-COM	36,000	712,378	2,138,400
	COOPER TIRE & RUBBER CO COM, NO PAR	32,000	984,058	1,296,000
	DAVITA INC COM	7,762	514,575	911,259
	DEVON ENERGY CORP NEW COM	17,666	504,686	279,299
	DIAMOND HILL INVT OH	4,500	503,894	671,715
	EATON CORP PLC COM USD0.50	3,338	210,502	401,027
	ENCORE WIRE CORP COM	2,500	119,978	151,425
	ENNIS INC COM	36,000	656,116	642,600
	EOG RESOURCES INC COM	3,725	160,618	185,766
	ESCO TECHNOLOGIES INC	5,239	428,154	540,770
	FB FINL CORP COM	27,241	913,962	946,080
	FIRST MERCHANTS CORP COM	30,327	1,135,688	1,134,533
	FLCT LOANS ASSET (REST)	25,620	—	—
	FLEXSTEEL INDS INC COM	67,000	1,448,898	2,342,990
	FMC CORP COM (NEW)	5,331	445,450	612,692
	GENCOR INDS INC COM	61,000	805,419	750,300
	GENTEX CORP COM	31,000	616,305	1,051,830
	GRAHAM HLDGS CO COM CL B COM	500	250,516	266,690
	HEXCEL CORP NEW COM	5,504	285,650	266,889
	HOOKE FURNITURE CORP COM	51,500	1,305,571	1,660,875
	HORMEL FOODS CORP COM	3,717	117,619	173,249

**FMC TECHNOLOGIES. INC. EMPLOYEES'
RETIREMENT PROGRAM**

EIN: 36-4412642 Plan Number: 001

Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2020

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	HOSTESS BRANDS INC CL A CL A	72,172	1,019,513	1,056,598
	HOWARD HUGHES CORP COM STOCK	9,318	947,750	735,470
	HUBBELL INC COM	7,100	770,569	1,113,209
	HUNTSMAN CORP COM STK	57,500	1,147,535	1,445,550
	HURCO CO COM	27,500	854,136	825,000
	IDEX CORP COM	1,139	56,515	226,889
	INSIGHT ENTERPRISES INC COM	5,877	345,953	447,181
	INSTEEL INDS INC COM	7,200	187,946	160,344
	INTERNATIONAL MONEY EXPRESS INC COM	35,000	487,636	543,200
	INTERPUBLIC GROUP COMPANIES INC COM	409	4,577	9,620
	J2 GLOBAL INC COM	14,819	913,400	1,447,668
	JOHNSON OUTDOORS INC CL A	15,500	1,067,937	1,745,765
	KAMAN CORP COM	12,875	405,423	735,549
	KAR AUCTION SVCS INC COM STK	53,065	870,985	987,540
	KULICKE & SOFFA INDS INC COM	36,500	798,541	1,161,065
	LAB CORP AMER HLDGS COM NEW	3,082	360,134	627,341
	LEGGETT & PLATT INC COM	15,940	650,169	706,142
	LIGAND PHARMACEUTICALS INCORPORATED CL BCOMMON STOCK	10,489	1,080,170	1,043,131
	LIQUEFIED NATURAL NPV	61,020	29,724	2,025
	LITHIA MTRS INC CL A CL A	3,676	354,713	1,075,855
	M & T BK CORP COM	5,295	660,540	674,054
	MARCUS & MILLICHAP INC COM	27,500	797,555	1,023,825
	MASONITE INTL CORP NEW COM	6,056	368,722	595,547
	MEREDITH CORP COM	34,500	1,475,278	662,400
	MILLER INDS INC TENN COM NEW	21,500	642,690	817,430
	MOHAWK INDS INC COM	5,652	655,733	796,649
	MSC INDL DIRECT INC CL A COM	11,000	714,797	928,290
	MUELLER INDS INC COM	12,000	361,802	421,320
	MUELLER WTR PRODS INC COM SER A STK	55,242	586,239	683,896
	NATIONAL OILWELL VARCO, INC.	12,643	395,483	173,588
	NATIONAL PRESTO INDS INC COM	15,000	1,204,297	1,326,450
	NEWMARK GROUP INC CL A CL A	44,140	352,733	321,781
	NEXSTAR MEDIA GROUP INC CL A CL A	10,973	989,743	1,198,142
	NORFOLK SOUTHN CORP COM	944	75,137	224,304
	NORTHERN TR CORP COM	7,386	538,757	687,932
	NVE CORP COM NEW COM NEW	4,500	228,921	252,810
	O REILLY AUTOMOTIVE INC NEW COM USD0.01	1,336	346,270	604,634
	OSHKOSH CORPORATION	2,000	123,584	172,140
	OSI SYS INC COM	6,626	502,595	617,676
	OXFORD INDS INC COM	11,482	772,573	752,186
	PAC PREMIER BANCORP COM	35,975	1,138,590	1,127,097
	PACWEST BANCORP DEL COM	50,924	1,552,432	1,293,470
	PENDRELL CORP CL A PAR \$0.01 NEW CL A PAR \$0.01 NEW	1	165,647	125,000
	PQ GROUP HLDGS INC COM	18,694	258,435	266,576

**FMC TECHNOLOGIES, INC. EMPLOYEES'
RETIREMENT PROGRAM**

EIN: 36-4412642 Plan Number: 001

Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2020

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	PROGRESSIVE CORP OH COM	4,972	186,458	491,631
	RESOURCES CONNECTION INC COM	56,000	783,983	703,920
	RPM INTL INC	2,443	117,200	221,776
	SANFILIPPO JOHN B & SON INC COM	18,300	1,346,842	1,443,138
	SILGAN HLDGS INC COM	31,287	542,729	1,160,122
	SMUCKER J M CO COM NEW	5,639	617,344	651,868
	SONOCO PROD CO COM	11,616	546,658	688,248
	SPECTRUM BRANDS HLDGS INC COM USD0.01	3,818	284,540	301,546
	STANDARD MTR PRODS INC COM	32,500	1,203,767	1,314,950
	STERIS PLC ORD USD0.001	947	66,633	179,494
	TELEDYNE TECHNOLOGIES INC COM	323	13,833	126,610
	TRACTOR SUPPLY CO COM	3,955	381,543	555,994
	TRIMBLE INC COM TRIMBLE INC	4,366	150,008	291,518
	TRINITY IND INC COM	19,875	425,345	524,501
	THE PROVIDENCE SERVICE CORPORATION	8,279	542,846	1,147,718
	UNITED STS LIME & MINERALS INC COM	4,300	373,772	490,200
	UNITED THERAPEUTICS CORP DEL COM STK	4,100	445,374	622,339
	VARIAN MEDICAL SYSTEMS INC	3,588	360,774	627,936
	VERINT SYS INC COM	16,663	894,652	1,119,420
	VERRA MOBILITY CORP	10,295	105,726	138,159
	VERSO CORP CL A CL A	51,000	852,457	613,020
	VISHAY INTERTECHNOLOGY INC COM STK	44,000	737,560	911,240
	VISHAY PRECISION GROUP INC COM	8,800	188,151	277,024
	WABTEC CORP COM	6,494	433,038	475,361
	WERNER ENTERPRISES INC COM	4,506	124,546	176,725
	WHITE MOUNTAINS INSURANCE GROUP COM STOCK	861	666,701	861,568
	WILLIAMS SONOMA INC COM	3,064	157,114	312,038
	WINNEBAGO INDS INC COM	11,000	475,339	659,340
	ZIMMER BIOMET HLDGS INC COM	4,408	464,385	679,229
			\$ 63,226,065	\$ 80,184,482
Temporary investments:				
	Non interest bearing cash	126,295	\$ 126,295	\$ 126,295
	Cash - interest bearing	339,647	\$ 339,647	\$ 339,647
			\$ 465,942	\$ 465,942
Common / collective trusts:				
*	Northern Trust Coltv Short Term Investment Fund	36,836,656	\$ 36,836,656	\$ 36,836,656
			\$ 36,836,656	\$ 36,836,656

**FMC TECHNOLOGIES, INC. EMPLOYEES'
RETIREMENT PROGRAM**

EIN: 36-4412642 Plan Number: 001

Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2020

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Registered investment companies:			
	Community Healthcare TR INC	17,795	\$ 478,531	\$ 838,322
	MEDICAL PPTYS TR INC COM REIT	31,277	\$ 372,018	\$ 681,526
*	MFO GMO Trust Emerging Country Debt Class III	1,453,846	\$ 40,312,033	\$ 38,439,676
	PHYSICIANS RLTY TR COM	33,771	\$ 659,170	\$ 601,124
	STARWOOD PROPERTY TRUST INC COM REIT	56,990	\$ 809,985	\$ 1,099,907
			\$ 42,631,737	\$ 41,660,555
	Hedge funds:			
	CF Arcus Japan Value Fund Absolute	40,952	\$ 11,733,938	\$ 14,983,794
	CF Arcus Japan Value Fund Relative	7,078	\$ 2,051,466	\$ 2,835,722
	CF Argos Argonaut A-Eur Fund	25,434	6,631,595	12,158,883
	CF Argos Argonaut B-Eur Fund	53,742	10,021,113	18,432,569
	CF SFP Value Realization Fund Ltd. Class B	65,993	16,429,662	32,186,898
	CF Simcoe Partners Offshore Ltd.	12,772	21,200,000	30,016,837
	CF van Biema Asia Value Ltd. CL C SER 0111 FD	23,721	24,000,000	28,493,836
			\$ 92,067,774	\$ 139,108,539
	Limited partnerships:			
	Acacia Capital LP	16,200,000	16,200,000	20,707,530
	CF VV Capital SER 2016-5	7,986	8,000,000	9,351,106
	CF VV Capital SER 2016-10 FD	3,694	3,700,000	4,324,889
	MFP Partners, LP	1	1	33,507,700
	Van Biema Global Value Fund, LP	35,700,000	35,700,000	63,014,952
	VB Select European Opportunities Fund LP	10,000,000	10,000,000	11,405,635
	VB Select Pan-Asia Fund	43,225,478	43,225,478	40,298,707
			\$ 116,825,479	\$ 182,610,519
	Publicly traded partnerships:			
	MLP Rattler Midstream LP	37,873	654,953	359,036
	Viper Energy Partners LP	26,061	768,408	302,829
			\$ 1,423,361	\$ 661,865
	Other miscellaneous investments:			
	Defaulted MIG LLC ZERO 0% Due 12-31-2040	354,681	88,227	88,670
			\$ 88,227	\$ 88,670
			\$ 353,565,241	\$ 481,617,228

Note: The above data is based upon information which has been certified by The Northern Trust Company, Trustee of the plan, as complete and accurate. Cost refers to historical cost.

*Party-in-interest.

**FMC TECHNOLOGIES, INC. EMPLOYEES'
RETIREMENT PROGRAM**

EIN: 36-4412642 Plan Number: 001

Form 5500, Schedule H, Line 4j – Schedule of Reportable Transactions

Year ended December 31, 2020

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	Total number of transactions		(c) Purchase price	(d) Selling price	(f) Expenses incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
		Purchases	Sales						
Category (i) – Single Transaction in Excess of 5%									
	Colt Short Term Investment Fund	29,900,478	—	\$ 1	\$ —	\$ —	\$ 29,900,478	\$ 29,900,478	\$ —
Category (iii) – Series of Transactions by Issue in Excess of 5%									
	Colt Short Term Investment Fund	375	—	\$ 84,952,179	\$ —	\$ —	\$ 84,952,179	\$ 84,952,179	\$ —
	Colt Short Term Investment Fund	—	358	—	\$ 89,393,262	—	\$ 89,393,262	\$ 89,393,262	\$ —

Note: The above represents a series of transactions or single transaction in excess of 5% of the current value of plan assets at the beginning of the year. Cost refers to historical cost.

Note: The above data is based upon information which has been certified by The Northern Trust Company, trustee of the plan, as complete and accurate.

See accompanying report of independent certified public accountants.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

Schedule of Active Participant Data as of January 1, 2020

Distribution of active participants for Union Hourly employees

Attained Age	Attained Years of Credited Service ²													Total
	0	1	2	3	4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	2	2	0	0	0	0	0	0	0	4
30-34	1	1	0	0	1	1	0	0	0	0	0	0	0	4
35-39	0	0	1	1	0	5	3	0	0	0	0	0	0	10
40-44	0	1	0	0	0	2	1	0	0	0	0	0	0	4
45-49	0	1	0	0	0	8	2	0	0	0	0	0	0	11
50-54	0	0	0	0	2	3	1	0	1	0	0	0	0	7
55-59	0	0	0	0	1	5	1	0	0	3	0	0	0	10
60-64	0	0	0	0	0	4	1	0	2	2	2	1	1	13
65-69	0	0	0	0	0	0	0	0	0	2	0	1	2	5
70 & over	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	1	3	1	1	6	30	9	0	3	7	2	2	3	68

² Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: FMC TECHNOLOGIES, INC. EMPLOYEES' RETIREMENT PROGRAM
 EIN / PN: 36-4412642/001
 Plan Sponsor: FMC Technologies, Inc.
 Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

Schedule of Active Participant Data as of January 1, 2020

Distribution of active participants for Salaried and non-union Hourly employees

Attained Age	Attained Years of Credited Service ³													Total
	0	1	2	3	4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	1	0	0	0	0	0	0	1
35-39	0	0	0	0	0	0	11	12	0	0	0	0	0	23
40-44	0	0	0	0	0	0	19	38	6	0	0	0	0	63
45-49	0	0	0	1	0	0	11	35	22	2	0	0	0	71
50-54	0	0	0	0	0	0	10	24	23	18	1	0	0	76
55-59	0	0	0	0	0	0	10	23	23	13	11	5	0	85
60-64	0	0	0	0	0	0	7	17	21	7	11	11	4	78
65-69	0	0	0	0	0	0	2	0	3	0	2	1	4	12
70 & over	0	0	0	0	0	0	0	1	0	2	0	0	0	3

³ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: FMC TECHNOLOGIES, INC. EMPLOYEES' RETIREMENT PROGRAM
 EIN / PN: 36-4412642/001
 Plan Sponsor: FMC Technologies, Inc.
 Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month September
- Interest rate basis 3-Segment Rates

Interest rates:	Reflecting Corridors	Not Reflecting Corridors
■ First segment rate	3.64%	2.79%
■ Second segment rate	5.21%	3.92%
■ Third segment rate	5.94%	4.38%
■ Effective interest rate	5.41%	4.08%

Annual rates of increase

- Compensation¹: N/A
- Future Social Security wage bases N/A
- Statutory limits on compensation N/A

Plan expenses Expected administrative expenses (assumed to equal prior year administrative expenses, adjusted for current year PBGC Premiums) are included in normal cost.

¹ Snap-On participants who failed to receive 204(h) notices prior to the December 31, 2017 plan freeze are entitled to receive accruals through September 30, 2020 based on a 204(h) mailing on August 14, 2020. Actual earnings information was provided for these participants and no future compensation increases were assumed.

Plan Name: FMC TECHNOLOGIES, INC. EMPLOYEES' RETIREMENT PROGRAM
EIN / PN: 36-4412642/001
Plan Sponsor: FMC Technologies, Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality

■ Health Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2018) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2018).

■ Disabled Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2018) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2018).

Termination Rates varying by age and service.

Representative Termination Rates

Attained Age	Percentage leaving during the year		
	Years of Service		
	0-1	2-4	5+
22	20.00%	15.00%	15.00%
27	20.00	15.00	11.90
32	20.00	15.00	7.30
37	20.00	15.00	7.40
42	20.00	15.00	7.30
47	20.00	15.00	6.80
52	20.00	15.00	6.70

Plan Name: FMC TECHNOLOGIES, INC. EMPLOYEES' RETIREMENT PROGRAM
EIN / PN: 36-4412642/001
Plan Sponsor: FMC Technologies, Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Disability

The rates at which participants become disabled by age and gender are shown below:

Percentage becoming disabled during the year		
Age	Males	Females
20	0.029%	0.030%
25	0.038	0.047
30	0.048	0.080
35	0.069	0.136
40	0.117	0.211
45	0.202	0.323
50	0.358	0.533
55	0.722	0.952
60	1.256	1.159
65	1.753	1.358

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below:

Percentage retiring during the year	
Age	Rate
55	2.5%
56	2.5%
57	2.5%
58	2.5%
59	2.5%
60	5.0%
61	10.0%
62	15.0%
63	10.0%
64	10.0%
65	20.0%
66	30.0%
67	30.0%
68	40.0%
69	80.0%
70+	100.0%

Plan Name:	FMC TECHNOLOGIES, INC. EMPLOYEES' RETIREMENT PROGRAM
EIN / PN:	36-4412642/001
Plan Sponsor:	FMC Technologies, Inc.
Valuation Date	January 1, 2020

SCHEDULE SB ATTACHMENTS

Benefit commencement date:

- **Preretirement death benefit** The later of the death of the active participant or the date the participant would have attained earliest commencement age.
- **Deferred vested** 25% of current and future deferred vested participants are assumed to commence at age 62 and 75% of current and future deferred vested participants are assumed to commence at age 65.
- **Disability benefit** Upon disablement
- **Retirement benefit** Upon termination of employment

Form of payment

Form of Payment	Single Life	50% Joint & Survivor
Active retirements	50%	50%
Future vested deferreds	50%	50%
Future disabilities	50%	50%
Future deaths	0%	100%
Current vested deferreds	50%	50%

Percent married 80% of males; 60% of females. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement

Spouse age Wife three years younger than husband.

Covered pay Not applicable for Hourly Union and Salaried and non-Union hourly participants. For Snap-On participants, assumed plan compensation for the plan year beginning on the valuation date was determined using earnings provided by TechnipFMC.

Timing of benefit payments Annuity payments are payable monthly at the beginning of the month.

Plan Name: FMC TECHNOLOGIES, INC. EMPLOYEES' RETIREMENT PROGRAM
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Plan Sponsor: FMC Technologies, Inc.
Valuation Date: January 1, 2020

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Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial value of assets for determining minimum required contributions	<p>Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings with such expected earnings limited as described in IRS Notice 2009-22. The average asset value must be within 10% of market value, including discounted contributions receivable discounted using the effective interest rate for the 2019 plan year.</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p>
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued based on discussions with TechnipFMC regarding the likelihood that these benefits will be paid. Willis Towers Watson has reviewed the plan provisions with TechnipFMC and, based on that review, is not aware of any significant benefits required to be valued that were not.

Plan Name:	FMC TECHNOLOGIES, INC. EMPLOYEES' RETIREMENT PROGRAM
EIN / PN:	36-4412642/001
Plan Sponsor:	FMC Technologies, Inc.
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SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor through its third party administrator, furnished participant data as of January 1, 2020. Information on assets was supplied by Northern Trust. Information on contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made where data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. The following assumptions were made for missing or apparently inconsistent data elements:

- For recently terminated vested participants (i.e., termination dates from January 1, 2017 – January 1, 2020) where the plan administrator had not yet determined the age 65 accrued benefit reflecting final pay and service information at the time of termination, the accrued benefits were estimated by using historical pay and service received for valuation purposes.
- For a group of 3 participants historically provided in the active data files but missing historical pay information, the records were valued as terminated vested participants using the average accrued benefit for similarly situated participants.
- For a group of 5 historical terminated vested participants provided without an age 65 accrued benefit, the age 65 accrued benefit was estimated by using the average accrued benefit for similarly situated participants.
- For participants currently receiving a Joint & Survivor annuity, but missing beneficiary's date of birth, their beneficiary's date of birth was determined assuming the wife to be three years younger than husband.
- For participants currently receiving a Joint & Survivor annuity, but missing beneficiary's gender, their beneficiary's gender was determined assuming the beneficiary to be female if the participant is male and vice versa for a female participant.
- For a group of 9 rehires where the accrued benefit for service related to prior employment was not yet determined by the plan administrator, the age 65 accrued benefit was estimated by using the average accrued benefit for similarly situated participants.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Discount rate

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Plan Name:	FMC TECHNOLOGIES, INC. EMPLOYEES' RETIREMENT PROGRAM
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Assumptions Rationale – Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Assumption was set based on historical demographic experience. This is consistent with December 31, 2013 approach with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Disability	Assumption was set based on historical demographic experience. This is consistent with December 31, 2013 approach with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Retirement	Assumption was set based on historical demographic experience. This is consistent with December 31, 2013 approach with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Benefit commencement date for deferred benefits	Deferred vested participants are assumed to begin benefits based on rates applied to a number of commencement ages based on an analysis of actual commencement patterns and subsidized early retirement factors for terminated vested participants.
Form of payment	The percentage of retiring participants assumed to take joint and survivor annuities, and the assumed survivor percentages, are based on historical experience with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

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Marital Assumptions:

- Percent married The assumed percentage married is based on the percentage married in the active population.
- Spouse age The assumed age difference for spouses is based on general population statistics of the age difference for married individuals of retirement age.

Source of Prescribed Methods

- Funding methods** The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

- Change in assumptions since prior valuation**
- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
 - The mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvement, as required by IRC §430.
 - The assumed plan-related expenses added to the target normal cost were changed from \$9,034,000 to \$5,660,000.

Change in methods since prior valuation None.

Plan Name: FMC TECHNOLOGIES, INC. EMPLOYEES' RETIREMENT PROGRAM
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Plan Sponsor: FMC Technologies, Inc.
Valuation Date: January 1, 2020

**FMC TECHNOLOGIES, INC. EMPLOYEES'
RETIREMENT PROGRAM**

EIN: 36-4412642 Plan Number: 001

Form 5500, Schedule H, Line 4j – Schedule of Reportable Transactions
Year ended December 31, 2020

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	Total number of transactions		(c) Purchase price	(d) Selling price	(f) Expenses incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
		Purchases	Sales						
Category (i) – Single Transaction in Excess of 5%									
	Coltv Short Term Investment Fund	29,900,478	—	\$ 1	\$ —	\$ —	\$ 29,900,478	\$ 29,900,478	\$ —
Category (iii) – Series of Transactions by Issue in Excess of 5%									
	Coltv Short Term Investment Fund	375	—	\$ 84,952,179	\$ —	\$ —	\$ 84,952,179	\$ 84,952,179	\$ —
	Coltv Short Term Investment Fund	—	358	—	\$ 89,393,262	—	\$ 89,393,262	\$ 89,393,262	\$ —

Note: The above represents a series of transactions or single transaction in excess of 5% of the current value of plan assets at the beginning of the year. Cost refers to historical cost.

Note: The above data is based upon information which has been certified by The Northern Trust Company, trustee of the plan, as complete and accurate.

See accompanying report of independent certified public accountants.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

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

A Name of plan FMC TECHNOLOGIES, INC. EMPLOYEES' RETIREMENT PROGRAM	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF FMC TECHNOLOGIES, INC.	D Employer Identification Number (EIN) 36-4412642	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information				
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2020</u>				
2 Assets:				
a Market value				2a 518,752,097
b Actuarial value				2b 520,383,983
3 Funding target/participant count breakdown				
	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	
a For retired participants and beneficiaries receiving payment	2,710	339,057,989	339,057,989	
b For terminated vested participants	1,024	73,886,557	73,886,557	
c For active participants	518	83,752,739	87,058,630	
d Total	4,252	496,697,285	500,003,176	
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐				
a Funding target disregarding prescribed at-risk assumptions				4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor				4b
5 Effective interest rate				5 5.41%
6 Target normal cost				6 5,705,424

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary	<u>9/30/2021</u> Date <u>2007493</u> Most recent enrollment number <u>713-754-5400</u> Telephone number (including area code)
David M Anderson Type or print name of actuary Willis Towers Watson US LLC Firm name 811 Louisiana Street Suite 2200 Houston TX 77002 Address of the firm		

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

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

Schedule SB (Form 5500) 2020
v. 200204

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

21 Discount rate:			
a Segment rates:	1st segment: 3.64 %	2nd segment: 5.21 %	3rd segment: 5.94 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	5,705,424	
b Excess assets, if applicable, but not greater than line 31a	31b	4,516,316	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	1,189,108	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	1,189,108	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	14,899,147	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	13,710,039	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2020

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.025	1,000,000	1.000000	0.025000	1.375000
56	0.025	975,000	0.975000	0.024375	1.365000
57	0.025	950,625	0.950625	0.023766	1.354641
58	0.025	926,859	0.926859	0.023171	1.343946
59	0.025	903,688	0.903688	0.022592	1.332940
60	0.050	881,096	0.881096	0.044055	2.643287
61	0.100	837,041	0.837041	0.083704	5.105950
62	0.150	753,337	0.753337	0.113001	7.006032
63	0.100	640,336	0.640336	0.064034	4.034119
64	0.100	576,303	0.576303	0.057630	3.688337
65	0.200	518,672	0.518672	0.103734	6.742741
66	0.300	414,938	0.414938	0.124481	8.215771
67	0.300	290,457	0.290457	0.087137	5.838177
68	0.400	203,320	0.203320	0.081328	5.530293
69	0.800	121,992	0.121992	0.097593	6.733945
70	1.000	24,398	0.024398	0.024398	1.707884
Average age at retirement					64.018061
Rounded for Schedule SB item 22					64

Plan Name: FMC TECHNOLOGIES, INC. EMPLOYEES' RETIREMENT PROGRAM
 EIN / PN: 36-4412642/001
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Attachment to Schedule H (Form 5500) – 2020 Plan Year

Plan Sponsor: FMC Technologies, Inc.

EIN/PN: 36-4412642 / 001

Plan: FMC Technologies, Inc. Employees' Retirement Program

Schedule H, Line 3a – Form of IQPA Opinion

The 2020 Form 5500 instructions state that "Unmodified" should be checked "if Independent qualified public accountant (IQPA) has performed an ERISA section 103(a)(3)(C) audit pursuant to 29 CFR 2520.103-8 or 29 CFR 2520.103-12 or both, and had no modifications" pursuant to SAS 136. However, the effective date of SAS 136 has been delayed to periods ending after December 15, 2021, per SAS 141. IQPA performed a limited-scope audit pursuant to DOL Regulation 2520.103-8 under audit standards in place prior to the effective date of SAS 136, and therefore the "Disclaimer" has been checked on the 2020 5500 Schedule H. Refer to the "Basis for Disclaimer of Opinion" section of the auditor's report for more information.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The most recent amendment reflected in the following plan provisions was effective December 31, 2018.

Covered employees

All salaried employees, non-union hourly employees paid on a salaried basis, or union hourly employees covered by a Collective Bargaining Agreement that specifically provides for plan participation and were vested as of January 1, 2010. Any employee hired after 2009 is excluded from coverage. Benefit accruals for salaried participants (non Snap-On) were frozen as of December 31, 2017. Benefit accruals for all union participants were frozen as of December 31, 2018. Benefit accruals for Snap-On participants were intended to be frozen as of the December 31, 2017 amendment freezing accruals for salaried participants. However, 204(h) notices were not provided to Snap-On participants and their accruals continued through September 30, 2020 at which point 204(h) notices were provided and their benefits were frozen.

Participation date

Covered employees enter the plan upon attainment of 1,000 hours of service within one year of their hire date.

Definitions

Vesting service

Elapsed time from date of hire to the nearest month.

Pension service

Elapsed time from date of plan participation to December 31, 2017 for non-union participants. Elapsed time from date of plan participation to December 31, 2018 for union participants. Note, service subsequent to these dates is reflected for determining early retirement eligibility.

Pensionable pay

The amount paid in cash to a Participant for a Plan Year, excluding severance pay, certain incentive payments, taxable fringe benefits and other items specifically excluded.

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Average earnings

The average of the highest five consecutive calendar years of pensionable pay during the ten-year period ending on December 31, 2017. For Snap-On participants, the five consecutive calendar years end on September 30, 2020.

Normal retirement date (NRD)

Age 65

Monthly pension benefit

Salaried / Non-Union

One-twelfth of the sum of (a) and (b) multiplied by (c) but not less than the frozen FMC plan benefit as of December 31, 1990:

- a) 1% of final average earnings up to covered compensation plus 1.5% of final average earnings in excess of covered compensation, times pension service projected to age 65 up to a maximum of 35 years.
- b) 1.5% of final average earnings times pension service projected to age 65 in excess of 35 years.
- c) The ratio of actual pension service to expected years of pension service at age 65.

Union hourly – Smith Meter

One-twelfth of the greater of (a) or (b):

- a) Frozen benefit determined under the prior pay-related formula, if applicable.
- b) A dollar multiplier times pension service: Smith Meter – \$42 per month per year of pension service (starting January 1, 2018).

Monthly preretirement death benefit

50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday.

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Eligibility for Benefits

Normal retirement

Retirement on NRD.

Early retirement

Salaried / Non-Union

Retirement before NRD and on or after both attaining age 55 and completing ten years of pension service. For those hired before January 1, 1984, Retirement before NRD and on or after attaining age 55.

Union hourly – Smith Meter

Retirement before NRD and on or after both attaining age 57 and completing ten years of pension service.

Postponed retirement

Retirement after NRD.

Vested termination

Termination for reasons other than death or retirement after completing five years of vesting service.

Disability

Salaried / Non-Union

None provided.

Union hourly – Smith Meter

Employee under age 62 is eligible upon attainment of 10 years of vesting service.

Preretirement death benefit

Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse. Must be married for at least one year.

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SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD. For Salaried / Non-Union participants, the benefit will be increased \$1 per month for each \$120 of unwithdrawn employee contributions and interest credited to participant.
Early retirement	
Salaried / Non-Union	The monthly pension benefit determined as of the early retirement date, reduced by 1/3 of 1% for each month early retirement precedes the participant's 62nd birthday. The benefit will be increased \$1 per month for each \$120 of unwithdrawn employee contributions and interest credited to participant and increased by \$3 for every year that early retirement precedes NRD.
Union hourly – Smith Meter	The monthly pension benefit determined as of the early retirement date, reduced by 4% for each year retirement precedes the participant's 62nd birthday.
Postponed retirement	The monthly pension benefit determined as of the actual retirement date.
Vested termination	The monthly pension benefit determined as of the termination date, reduced ½ of 1% for each month benefit commencement precedes NRD.
Disablement	One-twelfth of \$58.00 times pension service reduced by worker's compensation benefits less present value of future payments on account of injury, disease, or disability under the Federal Social Security Act, payable immediately without reduction for early commencement.
Preretirement death	Amount equal to 50% of the monthly preretirement death benefit the participant would have received had he retired under a 50% joint and survivor annuity on the first of the month following his death, or his earliest commencement age, if later.

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SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment	Preretirement death benefits are payable only as described above.
■ Salaried / Non-Union	Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option.
■ Union hourly – All	Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 100% joint and survivor annuity option.
■ Union hourly – Smith Meter	Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option.
Pension Increases	None.
Plan participants' contributions	None.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for determining contributions.

Future Plan Changes

Willis Towers Watson is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

Effective September 30, 2020, benefit accruals were frozen for all Snap-On participants.

Plan Name:	FMC TECHNOLOGIES, INC. EMPLOYEES' RETIREMENT PROGRAM
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**FMC TECHNOLOGIES, INC. EMPLOYEES'
RETIREMENT PROGRAM**

EIN: 36-4412642 Plan Number: 001

Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2020

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Common stock:			
	ACI WORLDWIDE INC COM STK	31,790	\$ 626,207	\$ 1,221,690
	ADR SILICON MOTION TECHNOLOGY CORP SPONSORED ADR	23,493	949,473	1,131,188
	ALLEGHANY CORP DEL COM	717	296,470	432,846
	APTARGROUP INC COM	2,200	130,078	301,158
	ARGAN INC COM	6,500	264,407	289,185
	ARROW ELECTR INC COM	7,835	443,924	762,346
	AXCELIS TECHNOLOGIES INC COM NEW COM NEW	22,000	462,760	640,640
	BERKLEY W R CORP COM	3,512	87,402	233,267
	BGC PARTNERS INC CL A CL A	152,350	962,313	609,400
	BOWL AMER INC CL A CL A	17,000	243,612	160,225
	BWX TECHNOLOGIES INC COM	15,387	765,303	927,528
	C H ROBINSON WORLDWIDE INC COM NEW COM NEW	5,186	403,108	486,810
	CALAVO GROWERS INC COM	5,841	441,052	405,541
	CASEYS GEN STORES INC COM	2,720	275,305	485,846
	CBIZ INC COM	46,685	438,716	1,242,288
	CHANGE HEALTHCARE INC COM	58,111	724,519	1,083,770
	CIRCOR INTL INC COM	22,775	852,661	875,471
	CLOROX CO COM	1,561	169,090	315,197
	COLFAX CORP COM US .01	28,947	830,385	1,106,933
	COLUMBIA BKG SYS INC COM	30,000	824,643	1,077,000
	COMM BANCSHARES INC COM	5,259	163,403	362,792
	COMPUTER SVCS INC CMT-COM CMT-COM	36,000	712,378	2,138,400
	COOPER TIRE & RUBBER CO COM, NO PAR	32,000	984,058	1,296,000
	DAVITA INC COM	7,762	514,575	911,259
	DEVON ENERGY CORP NEW COM	17,666	504,686	279,299
	DIAMOND HILL INVT OH	4,500	503,894	671,715
	EATON CORP PLC COM USD0.50	3,338	210,502	401,027
	ENCORE WIRE CORP COM	2,500	119,978	151,425
	ENNIS INC COM	36,000	656,116	642,600
	EOG RESOURCES INC COM	3,725	160,618	185,766
	ESCO TECHNOLOGIES INC	5,239	428,154	540,770
	FB FINL CORP COM	27,241	913,962	946,080
	FIRST MERCHANTS CORP COM	30,327	1,135,688	1,134,533
	FLCT LOANS ASSET (REST)	25,620	—	—
	FLEXSTEEL INDS INC COM	67,000	1,448,898	2,342,990
	FMC CORP COM (NEW)	5,331	445,450	612,692
	GENCOR INDS INC COM	61,000	805,419	750,300
	GENTEX CORP COM	31,000	616,305	1,051,830
	GRAHAM HLDGS CO COM CL B COM	500	250,516	266,690
	HEXCEL CORP NEW COM	5,504	285,650	266,889
	HOOKE FURNITURE CORP COM	51,500	1,305,571	1,660,875
	HORMEL FOODS CORP COM	3,717	117,619	173,249

**FMC TECHNOLOGIES, INC. EMPLOYEES'
RETIREMENT PROGRAM**

EIN: 36-4412642 Plan Number: 001

Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2020

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	HOSTESS BRANDS INC CL A CL A	72,172	1,019,513	1,056,598
	HOWARD HUGHES CORP COM STOCK	9,318	947,750	735,470
	HUBBELL INC COM	7,100	770,569	1,113,209
	HUNTSMAN CORP COM STK	57,500	1,147,535	1,445,550
	HURCO CO COM	27,500	854,136	825,000
	IDEX CORP COM	1,139	56,515	226,889
	INSIGHT ENTERPRISES INC COM	5,877	345,953	447,181
	INSTEEL INDS INC COM	7,200	187,946	160,344
	INTERNATIONAL MONEY EXPRESS INC COM	35,000	487,636	543,200
	INTERPUBLIC GROUP COMPANIES INC COM	409	4,577	9,620
	J2 GLOBAL INC COM	14,819	913,400	1,447,668
	JOHNSON OUTDOORS INC CL A	15,500	1,067,937	1,745,765
	KAMAN CORP COM	12,875	405,423	735,549
	KAR AUCTION SVCS INC COM STK	53,065	870,985	987,540
	KULICKE & SOFFA INDS INC COM	36,500	798,541	1,161,065
	LAB CORP AMER HLDGS COM NEW	3,082	360,134	627,341
	LEGGETT & PLATT INC COM	15,940	650,169	706,142
	LIGAND PHARMACEUTICALS INCORPORATED CL BCOMMON STOCK	10,489	1,080,170	1,043,131
	LIQUEFIED NATURAL NPV	61,020	29,724	2,025
	LITHIA MTRS INC CL A CL A	3,676	354,713	1,075,855
	M & T BK CORP COM	5,295	660,540	674,054
	MARCUS & MILLICHAP INC COM	27,500	797,555	1,023,825
	MASONITE INTL CORP NEW COM	6,056	368,722	595,547
	MEREDITH CORP COM	34,500	1,475,278	662,400
	MILLER INDS INC TENN COM NEW	21,500	642,690	817,430
	MOHAWK INDS INC COM	5,652	655,733	796,649
	MSC INDL DIRECT INC CL A COM	11,000	714,797	928,290
	MUELLER INDS INC COM	12,000	361,802	421,320
	MUELLER WTR PRODS INC COM SER A STK	55,242	586,239	683,896
	NATIONAL OILWELL VARCO, INC.	12,643	395,483	173,588
	NATIONAL PRESTO INDS INC COM	15,000	1,204,297	1,326,450
	NEWMARK GROUP INC CL A CL A	44,140	352,733	321,781
	NEXSTAR MEDIA GROUP INC CL A CL A	10,973	989,743	1,198,142
	NORFOLK SOUTHN CORP COM	944	75,137	224,304
	NORTHERN TR CORP COM	7,386	538,757	687,932
	NVE CORP COM NEW COM NEW	4,500	228,921	252,810
	O REILLY AUTOMOTIVE INC NEW COM USD0.01	1,336	346,270	604,634
	OSHKOSH CORPORATION	2,000	123,584	172,140
	OSI SYS INC COM	6,626	502,595	617,676
	OXFORD INDS INC COM	11,482	772,573	752,186
	PAC PREMIER BANCORP COM	35,975	1,138,590	1,127,097
	PACWEST BANCORP DEL COM	50,924	1,552,432	1,293,470
	PENDRELL CORP CL A PAR \$0.01 NEW CL A PAR \$0.01 NEW	1	165,647	125,000
	PQ GROUP HLDGS INC COM	18,694	258,435	266,576

**FMC TECHNOLOGIES, INC. EMPLOYEES'
RETIREMENT PROGRAM**

EIN: 36-4412642 Plan Number: 001

Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2020

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	PROGRESSIVE CORP OH COM	4,972	186,458	491,631
	RESOURCES CONNECTION INC COM	56,000	783,983	703,920
	RPM INTL INC	2,443	117,200	221,776
	SANFILIPPO JOHN B & SON INC COM	18,300	1,346,842	1,443,138
	SILGAN HLDGS INC COM	31,287	542,729	1,160,122
	SMUCKER J M CO COM NEW	5,639	617,344	651,868
	SONOCO PROD CO COM	11,616	546,658	688,248
	SPECTRUM BRANDS HLDGS INC COM USD0.01	3,818	284,540	301,546
	STANDARD MTR PRODS INC COM	32,500	1,203,767	1,314,950
	STERIS PLC ORD USD0.001	947	66,633	179,494
	TELEDYNE TECHNOLOGIES INC COM	323	13,833	126,610
	TRACTOR SUPPLY CO COM	3,955	381,543	555,994
	TRIMBLE INC COM TRIMBLE INC	4,366	150,008	291,518
	TRINITY IND INC COM	19,875	425,345	524,501
	THE PROVIDENCE SERVICE CORPORATION	8,279	542,846	1,147,718
	UNITED STS LIME & MINERALS INC COM	4,300	373,772	490,200
	UNITED THERAPEUTICS CORP DEL COM STK	4,100	445,374	622,339
	VARIAN MEDICAL SYSTEMS INC	3,588	360,774	627,936
	VERINT SYS INC COM	16,663	894,652	1,119,420
	VERRA MOBILITY CORP	10,295	105,726	138,159
	VERSO CORP CL A CL A	51,000	852,457	613,020
	VISHAY INTERTECHNOLOGY INC COM STK	44,000	737,560	911,240
	VISHAY PRECISION GROUP INC COM	8,800	188,151	277,024
	WABTEC CORP COM	6,494	433,038	475,361
	WERNER ENTERPRISES INC COM	4,506	124,546	176,725
	WHITE MOUNTAINS INSURANCE GROUP COM STOCK	861	666,701	861,568
	WILLIAMS SONOMA INC COM	3,064	157,114	312,038
	WINNEBAGO INDS INC COM	11,000	475,339	659,340
	ZIMMER BIOMET HLDGS INC COM	4,408	464,385	679,229
			\$ 63,226,065	\$ 80,184,482
Temporary investments:				
	Non interest bearing cash	126,295	\$ 126,295	\$ 126,295
	Cash - interest bearing	339,647	\$ 339,647	\$ 339,647
			\$ 465,942	\$ 465,942
Common / collective trusts:				
*	Northern Trust Coltv Short Term Investment Fund	36,836,656	\$ 36,836,656	\$ 36,836,656
			\$ 36,836,656	\$ 36,836,656

**FMC TECHNOLOGIES, INC. EMPLOYEES'
RETIREMENT PROGRAM**

EIN: 36-4412642 Plan Number: 001

Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2020

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Registered investment companies:			
	Community Healthcare TR INC	17,795	\$ 478,531	\$ 838,322
	MEDICAL PPTYS TR INC COM REIT	31,277	\$ 372,018	\$ 681,526
*	MFO GMO Trust Emerging Country Debt Class III	1,453,846	\$ 40,312,033	\$ 38,439,676
	PHYSICIANS RLTY TR COM	33,771	\$ 659,170	\$ 601,124
	STARWOOD PROPERTY TRUST INC COM REIT	56,990	\$ 809,985	\$ 1,099,907
			\$ 42,631,737	\$ 41,660,555
	Hedge funds:			
	CF Arcus Japan Value Fund Absolute	40,952	\$ 11,733,938	\$ 14,983,794
	CF Arcus Japan Value Fund Relative	7,078	\$ 2,051,466	\$ 2,835,722
	CF Argos Argonaut A-Eur Fund	25,434	6,631,595	12,158,883
	CF Argos Argonaut B-Eur Fund	53,742	10,021,113	18,432,569
	CF SFP Value Realization Fund Ltd. Class B	65,993	16,429,662	32,186,898
	CF Simcoe Partners Offshore Ltd.	12,772	21,200,000	30,016,837
	CF van Biema Asia Value Ltd. CL C SER 0111 FD	23,721	24,000,000	28,493,836
			\$ 92,067,774	\$ 139,108,539
	Limited partnerships:			
	Acacia Capital LP	16,200,000	16,200,000	20,707,530
	CF VV Capital SER 2016-5	7,986	8,000,000	9,351,106
	CF VV Capital SER 2016-10 FD	3,694	3,700,000	4,324,889
	MFP Partners, LP	1	1	33,507,700
	Van Biema Global Value Fund, LP	35,700,000	35,700,000	63,014,952
	VB Select European Opportunities Fund LP	10,000,000	10,000,000	11,405,635
	VB Select Pan-Asia Fund	43,225,478	43,225,478	40,298,707
			\$ 116,825,479	\$ 182,610,519
	Publicly traded partnerships:			
	MLP Rattler Midstream LP	37,873	654,953	359,036
	Viper Energy Partners LP	26,061	768,408	302,829
			\$ 1,423,361	\$ 661,865
	Other miscellaneous investments:			
	Defaulted MIG LLC ZERO 0% Due 12-31-2040	354,681	88,227	88,670
			\$ 88,227	\$ 88,670
			\$ 353,565,241	\$ 481,617,228

Note: The above data is based upon information which has been certified by The Northern Trust Company, Trustee of the plan, as complete and accurate. Cost refers to historical cost.

*Party-in-interest.

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	FMC Technologies, Inc.
EIN/PN	36-4412642/001
Plan Name	FMC TECHNOLOGIES, INC. EMPLOYEES' RETIREMENT PROGRAM
Valuation Date	January 1, 2020
Enrolled Actuary	David M Anderson
Enrollment Number	20-07493

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.