

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A	This return/report is for: ☐ a multiemployer plan ☒ a single-employer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ an amended return/report ☐ the final 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 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan <u>PENSION PLAN FOR ELIGIBLE BETTIS EMPLOYEES AND RETIREES</u>
1b	Three-digit plan number (PN) ▶ <u>001</u>
1c	Effective date of plan <u>08/31/1998</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>FLUOR MARINE PROPULSION, LLC</u> <u>814 PITTSBURGH MCKEESPORT BOULEVARD</u> <u>WEST MIFFLIN, PA 15122-0079</u>
2b	Employer Identification Number (EIN) <u>82-4281125</u>
2c	Plan Sponsor's telephone number <u>412-476-6444</u>
2d	Business code (see instructions) <u>541700</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2022	BARBARA A. LAFOUNTAIN
	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 (2021)
v. 210624

3a Plan administrator's name and address ☐ Same as Plan Sponsor NNPP CONTRACTOR EMPLOYEE BENEFITS COMMITTEE 814 PITTSBURGH-MCKEESPORT BOULEVARD WEST MIFFLIN, PA 15122-0079		3b Administrator's EIN 82-4281125	
		3c Administrator's telephone number 412-476-6444	
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	4413
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)	1842
a(2) Total number of active participants at the end of the plan year		6a(2)	1694
b Retired or separated participants receiving benefits.....		6b	1920
c Other retired or separated participants entitled to future benefits		6c	453
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	4067
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	307
f Total. Add lines 6d and 6e		6f	4374
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 1H			
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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

A Name of plan <u>PENSION PLAN FOR ELIGIBLE BETTIS EMPLOYEES AND RETIREES</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>FLUOR MARINE PROPULSION, LLC</u>	D Employer Identification Number (EIN) <u>82-4281125</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>	
2 Assets:	
a Market value	2a <u>1355167233</u>
b Actuarial value	2b <u>1223218832</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>2101</u> (2) Vested Funding Target <u>651170537</u> (3) Total Funding Target <u>651170537</u>
b For terminated vested participants.....	<u>470</u> <u>34483328</u> <u>34483328</u>
c For active participants	<u>1842</u> <u>423134485</u> <u>436001173</u>
d Total.....	<u>4413</u> <u>1108788350</u> <u>1121655038</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>5.63</u> %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a <u>22595594</u>
b Expected plan-related expenses	6b <u>3489590</u>
c Total (line 6a + line 6b)	6c <u>26085184</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>09/20/2022</u> Date
Signature of actuary		
<u>SCOTT BERGER</u> Type or print name of actuary		<u>20-06644</u> Most recent enrollment number
<u>BUCK GLOBAL, LLC</u> Firm name		<u>201-902-2557</u> Telephone number (including area code)
<u>200 PLAZA DRIVE</u> <u>1ST FLOOR</u> <u>SECAUCUS, NJ 07094</u> 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) 2021
v. 201209

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	49307023
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	11689046
9 Amount remaining (line 7 minus line 8)	0	37617977
10 Interest on line 9 using prior year's actual return of <u>16.78</u> %	0	6312297
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		42974139
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>5.77</u> %		1805150
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		1961422
c Total available at beginning of current plan year to add to prefunding balance		46740711
d Portion of (c) to be added to prefunding balance		46740711
12 Other reductions in balances due to elections or deemed elections	0	17183938
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	73487047

Part III Funding Percentages

14 Funding target attainment percentage	14	102.50 %
15 Adjusted funding target attainment percentage	15	109.05 %
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	98.96 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/01/2022	25900000	0	03/12/2021	0	135004
01/13/2021	0	139102	03/29/2021	0	135223
01/27/2021	0	13310	04/14/2021	0	140573
01/27/2021	0	136287	04/28/2021	0	136491
02/11/2021	0	136495	04/30/2021	0	7493
02/24/2021	0	136234	05/12/2021	0	136802
Totals ▶			18(b)	25900000	18(c) 3242594

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	23641554

20 Quarterly contributions and liquidity shortfalls:

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

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

Part 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)		
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)		
10 Interest on line 9 using prior year's actual return of _____ %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		
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 _____ %		
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		

Part III Funding Percentages

14 Funding target attainment percentage	14	%
15 Adjusted funding target attainment percentage	15	%
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	%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/26/2021	0	135748	08/27/2021	0	131991
06/14/2021	0	134995	09/14/2021	0	135559
06/28/2021	0	134681	09/28/2021	0	131427
07/14/2021	0	135737	10/13/2021	0	131567
07/28/2021	0	133422	10/27/2021	0	131333
08/12/2021	0	132464	11/12/2021	0	131018
Totals ▶			18(b)		18(c)

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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☐ No

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

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 %	☐ 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 6c).....	31a	26085184	
b Excess assets, if applicable, but not greater than line 31a	31b	26085184	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	0		0
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	15192375	15192375
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	23641554	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	23641554	
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
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan PENSION PLAN FOR ELIGIBLE BETTIS EMPLOYEES AND RETIREES	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 FLUOR MARINE PROPULSION, LLC	D Employer Identification Number (EIN) 82-4281125	

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
AMERICAN CENTURY INVESTMENT MGMT
44-0640487

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BOSTON PARTNERS TRUST COMPANY
26-4550044

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
DIMENSIONAL FUND ADVISOR LP
30-0447847

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIAM TC
20-2159373

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

GLOBAL TRUST COMPANY

26-3761443

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

MFS HERITAGE TRUST COMPANY

02-0507414

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

NORTHERN TRUST CORPORATION

36-2723087

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

RELIANCE TRUST COMPANY

58-1428634

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

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

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

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

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

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

FISHER INVESTMENTS

20-2480800

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	818696	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

METLIFE INVESTMENT MANAGEMENT

82-2405817

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	412712	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ACADIAN ASSET MANAGEMENT LLC

04-2929221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	395874	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)

CONDUENT HR SERVICES, LLC

04-3609848

(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?
15 50	NONE	369959	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONESTOGA CAPITAL ADVISORS, LLC

23-3072906

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	265079	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

JENNISON ASSOCIATES LLC

22-2540245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50 68	NONE	248727	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

WILLIAM BLAIR INVESTMENT MGMT, LLC

47-2614791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	247405	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

BUCK GLOBAL LLC

13-3954297

(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 50	NONE	228660	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 25 50 62	NONE	220971	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

T. ROWE PRICE ASSOCIATES, INC.

52-0556948

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 68	NONE	174947	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

BMO ASSET MANAGEMENT CORP

36-3673844

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50 68	NONE	144462	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

DODGE AND COX

94-1441976

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	137773	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

LAZARD ASSET MANAGEMENT LLC

05-0530199

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50 68	NONE	115792	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

MERCER INVESTMENT LLC

30-0282430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	45282	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☐

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

BNY MELLON

13-5160382

(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?
18 19 15 14 10	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	34052	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)

STATE STREET GLOBAL ADVISORS TRUST

81-4017137

(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?
19 28 51	NONE	22638	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

SCHNEIDER DOWNS & CO. INC.

25-1408703

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	22617	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET BANK & TRUST CO.

27-1219471

(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 10	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	20418	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
BNY MELLON	18 19 15 14	34052
(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.	
ACADIAN INTERNATIONAL SMALL CAP FUN 20-0075649	CUSTODIAL (OTHER THAN SECURITIES), CUSTODIAL (SECURITIES), RECORDKEEPING AND INFO MANAGEMENT, ADMINISTRATIVE, FINANCIAL STATEMENT PREPARATION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
STATE STREET BANK & TRUST CO.	10 64	20418
(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.	
HEXAVEST INC. 27-4751991	A PRORATED PORTION OF THE RECORDKEEPING AND AUDIT FEES FOR THE HEXAVEST WORLD EQUITY FUND BASED ON PLAN'S INVESTMENT (ALSO PRORATED FOR 20 DAYS FROM JANUARY 1ST, 2021 TO JANUARY 20, 2021)	
(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:

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan PENSION PLAN FOR ELIGIBLE BETTIS EMPLOYEES AND RETIREES	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 FLUOR MARINE PROPULSION, LLC	D Employer Identification Number (EIN) 82-4281125	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	30500000	25900000
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	1325273544	1420902333
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1355773544	1446802333

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	1311450	434649
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1311450	434649

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1354462094	1446367684
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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)	25900000	
(B) Participants	2a(1)(B)	3242594	
(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)		29142594
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		0
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		134397361
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		163539955
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	64617123	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		64617123
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)	806053	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	2926770	
(4) Other.....	2i(4)	3094705	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		6827528
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		71444651
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		92095304
l Transfers of assets:			
(1) To this plan.....	2l(1)		11712
(2) From this plan.....	2l(2)		201426

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: SCHNEIDER DOWNS & CO., INC.

(2) EIN: 25-1408703

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		20000000
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.)			
4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ 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)	
BECHTEL PLANT MACHINERY, INC. PENSION PLAN	94-3330445	002	
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 427342 _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan PENSION PLAN FOR ELIGIBLE BETTIS EMPLOYEES AND RETIREES	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 FLUOR MARINE PROPULSION, LLC	D Employer Identification Number (EIN) 82-4281125

Part I	Distributions
--------	---------------

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 36-1561860		
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	6

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
----------	------------

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

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

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

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

Schedule R (Form 5500) 2021
v. 201209

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:

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).....

14a

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).....

14b

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).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

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

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: 64.0 % Investment-Grade Debt: 36.0 % High-Yield Debt: _____ % Real Estate: _____ % Other: _____ %

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 _____

PENSION PLAN FOR ELIGIBLE
BETTIS EMPLOYEES AND RETIREES

Financial Statements
As of December 31, 2021 and 2020 and
for the years ended December 31, 2021 and 2020
and Independent Auditor's Report Thereon



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INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrator of the
Pension Plan for Eligible Bettis Employees and Retirees

Opinion

We have audited the financial statements of the Pension Plan for Eligible Bettis Employees and Retirees (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years ended December 31, 2021 and 2020, and the related notes to the financial statements.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2021 and 2020, and the changes in net assets available for benefits for the years ended December 31, 2021 and 2020, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date the financial statements are issued.

Management is also responsible for maintaining a current Plan instrument, including all Plan amendments; administering the Plan; and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

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Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess risk of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings and certain internal control-related matters identified during the audit.

Schneider Downs & Co, Inc.

Pittsburgh, Pennsylvania
October 4, 2022

PENSION PLAN FOR ELIGIBLE BETTIS EMPLOYEES AND RETIREES

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2021 AND 2020

(In Thousands)

	<u>2021</u>	<u>2020</u>
INVESTMENTS, AT FAIR VALUE:		
Plan interest in NNPP Contractor DB Master Trust	\$ 1,420,902	\$ 1,325,274
RECEIVABLE:		
Receivable from employer contributions	<u>25,900</u>	<u>30,500</u>
	1,446,802	1,355,774
LIABILITIES:		
Accrued expenses	<u>434</u>	<u>1,311</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 1,446,368</u>	<u>\$ 1,354,463</u>

See notes to financial statements.

PENSION PLAN FOR ELIGIBLE BETTIS EMPLOYEES AND RETIREES

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

(In Thousands)

	<u>2021</u>	<u>2020</u>
ADDITIONS:		
Plan interest in NNPP Contractor DB Master Trust		
Master Trust investment income	\$ 134,397	\$ 196,654
Less - Investment expense	<u>(2,927)</u>	<u>(3,410)</u>
	131,470	193,244
Contributions:		
Employer	25,900	61,200
Participant	<u>3,243</u>	<u>3,358</u>
	<u>29,143</u>	<u>64,558</u>
 Total Additions	 160,613	 257,802
DEDUCTIONS:		
Benefits paid to participants	64,617	60,720
Administrative fees	<u>3,901</u>	<u>3,686</u>
Total Deductions	<u>68,518</u>	<u>64,406</u>
 Net Increase Prior To Net Asset Transfers	 92,095	 193,396
NET ASSET TRANSFERS:		
Net transfers to Bechtel Plant Machinery, Inc. Pension Plan	<u>(190)</u>	<u>(259)</u>
 Net Increase In Net Assets Available For Benefits	 91,905	 193,137
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>1,354,463</u>	<u>1,161,326</u>
 End of year	 <u>\$ 1,446,368</u>	 <u>\$ 1,354,463</u>

See notes to financial statements.

PENSION PLAN FOR ELIGIBLE BETTIS EMPLOYEES AND RETIREES

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 AND 2020

(In Thousands)

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Pension Plan for Eligible Bettis Employees and Retirees (Plan) is provided for general information purposes only. Participants should refer to the Plan document for a complete description of the Plan.

General - In 2018, Fluor Marine Propulsion, LLC (FMP or Company) was awarded the contract for the Naval Nuclear Laboratory (NNL) that was previously held by Bechtel Marine Propulsion (BMPC). As a result of this transaction, all employees of BMPC were transitioned to FMP, and FMP became the Plan sponsor. The Plan was transitioned to a new master trust that was established in connection with the transaction. Employees retained previous service credited while employed at BMPC. The Plan is closed to new employees hired or rehired on or after February 1, 2009. Instead of a defined benefit plan, new hires or rehires participate in a defined contribution plan sponsored by the Company in which the Company provides contributions only.

Northern Trust Corporation (Northern Trust) is the Plan's trustee.

The Plan is a contributory, defined benefit pension plan. The Plan administrator is the NNPP Contractor Employees Benefit Committee (Plan administrator). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

All full-time, part-time or casual (defined by the Plan as anybody categorized as "casual" by employer) employees of the Company hired prior to February 1, 2009 are eligible to join the Plan. An individual who was employed by CBS Bettis on January 31, 1999 and transferred employment to the Company on February 1, 1999 received credit under this Plan for prior service to the extent that service was recognized under the prior plan. New employees hired on or after January 1, 1995 were required to contribute to the Plan in order to earn a pension benefit. Once the election to contribute is made, participants are required to continue to contribute 1.5% of their after-tax annual compensation as long as they are eligible to participate. The Plan also covers former employees (including retired employees and deferred vested employees) who terminated on or after January 1, 1988. Total active employees' accumulated contributions at January 1, 2021 and 2020 were approximately \$68,171 and \$70,184, respectively, including interest credited each January at the annual rate of 120% of the mid-term applicable federal rate (0.62% at January 1, 2021 and 2.03% at January 1, 2020). An employee is fully vested in the Plan upon completion of five years of eligible service. If an employee terminates before rendering five years of service, he or she forfeits the right to receive the portion of his/her accumulated plan benefits attributable to the Company's contributions. Participants who leave the Company before they retire, before they complete five years of service or after they complete five years of service, are guaranteed at least a full return of their contributions with interest.

Plan Benefits - Employees with five or more years of credited service are entitled to vested monthly pension benefits beginning at the normal retirement age of 65. Benefits are calculated using the higher of the career accumulation method or the flat method. The Plan provides explicit bifurcation between the frozen 1994 benefit and the total accrued benefit when electing a lump sum.

Benefits are provided under various types of retirement scenarios. The Plan permits early retirement beginning at age 60 with at least 10 years of service; age 58 with at least 30 years of service; or age 55 with at least 25 years of service for certain members of the FMP Protective Forces. The lump-sum option is only available for participants employed prior to January 1, 1995, and is based on the December 31, 1994 frozen pension benefit calculated under the Westinghouse Pension Plan. Any additional pension benefits earned are paid as an annuity unless the value is less than or equal to \$10,000, which is available as a lump sum.

PENSION PLAN FOR ELIGIBLE BETTIS EMPLOYEES AND RETIREES

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 AND 2020

(In Thousands)

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

Plan Asset Transfers - Plan asset transfers are due to eligible employees who change employment with the Company or an affiliated entity and transfer their account balance and related benefit obligation to or from that affiliated entity's plan. The related benefit obligation transfers the following plan year due to the actuarial present value of accumulated plan benefits of the Plan, as of January 1, 2021. Additionally, certain employees may also transfer the portion of their benefit earned prior to January 1, 1995 to the NNPP Contractor Savings Plan.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following is a summary of significant accounting policies followed in the preparation of the financial statements:

Basis of Accounting - The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) require management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Risks and Uncertainties - The Plan invests in various investment securities that are subject to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in value of securities, it is at least reasonably possible that a change in value 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 and the statements of changes in 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 participant demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption process, it is reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Investment Valuation and Income Recognition - The Plan holds an interest in the net assets of NNPP Contractor DB Master Trust (Master Trust) for years ended December 31, 2021 and 2020. The Master Trust's investments consist primarily of separately managed accounts and are reported at fair value, which is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. (See Note 4 for discussion of fair value measurement.)

Purchases and sales of securities are reflected on a trade-date basis. Gains and losses on securities sold or redeemed are determined on the basis of average cost. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Investment income from the Plan's interest in the Master Trust includes the Plan's gains and losses on investments bought and sold as well as held during the year, as well as interest and dividends.

PENSION PLAN FOR ELIGIBLE BETTIS EMPLOYEES AND RETIREES

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 AND 2020

(In Thousands)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

Administrative Expenses - The Plan's actuary fees, auditor fees, Pension Benefit Guaranty Corporation (PBGC) premiums, recordkeeper fees and trustee fees are paid directly by the Plan and are shown as administrative fees in the Plan's financial statements. Investment expenses are paid directly by the Plan and are included in the Plan's interest in the Master Trust's investment income in the financial statements.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service that 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 most recent actuarial valuation date.

The actuarial present value of accumulated plan benefits is determined based on independent actuarial valuations as of the beginning of the year. It 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 for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Subsequent Events - Subsequent events are defined as events or transactions that occur after the statement of net assets available for benefits date, but before the financial statements are issued or are available to be issued. Management has evaluated subsequent events through October 4, 2022, the date that the financial statements were issued and determined that there have been no events that have occurred that would require adjustments to our disclosures in the financial statements.

NOTE 3 - INVESTMENTS IN MASTER TRUST

The Plan holds an interest in the net assets of the Master Trust. The interest is expressed in units of value. Each plan rolls up into the Master Trust, as the trustee maintains separate accounts that reflect each plan's equitable share of the Master Trust investments. Each plan account holds units of the various investment manager accounts within the Master Trust. Separate reporting is provided for each plan as well as for the Master Trust in the aggregate. The Plan comprised 49% of the interest in the Master Trust net assets at December 31, 2021 and 2020.

Master Trust - Investment income and investment and administrative expenses relating to the Master Trust are allocated to the individual plans based on average monthly balances invested by each plan.

PENSION PLAN FOR ELIGIBLE BETTIS EMPLOYEES AND RETIREES

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 AND 2020

(In Thousands)

NOTE 3 - INVESTMENTS IN MASTER TRUST (Continued)

The following table presents the net assets of the Master Trust and the Plan's interest in the Master Trust as of December 31:

	2021		2020	
	Master Trust Balances	Plan's Interest in Master Trust	Master Trust Balances	Plan's Interest in Master Trust
Cash equivalents	\$ 64,222	\$ 32,601	\$ 39,953	\$ 20,499
Corporate common stocks	147,026	72,736	1,100,164	544,488
Debt securities	739,711	365,947	684,308	338,674
Registered investment companies	-	-	94,662	46,850
Mortgage-backed securities	-	-	3,208	1,587
Common collective trusts	1,919,519	949,618	754,020	373,176
Total Net Assets	<u>\$ 2,870,478</u>	<u>\$ 1,420,902</u>	<u>\$ 2,676,315</u>	<u>\$ 1,325,274</u>

The following are the changes in net assets for the Master Trust for the year ended December 31:

	2021	2020
Net appreciation in fair value of investments (net of investment expense)	\$ 221,573	\$ 346,640
Interest and dividends	43,952	44,825
Net Investment Income	<u>\$ 265,525</u>	<u>\$ 391,465</u>

NOTE 4 - FAIR VALUE MEASUREMENT

The Plan discloses the category of assets and liabilities measured at fair value into one of three different levels, depending on the assumptions (i.e., inputs) used in the valuation. Level 1 provides the most reliable measure of fair value, whereas Level 3 generally requires significant management judgment. Financial assets and liabilities are classified in their entirety based on the lowest level of input significant to the fair value measurement.

The fair value hierarchy is defined as follows:

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

Level 2 - Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;

PENSION PLAN FOR ELIGIBLE BETTIS EMPLOYEES AND RETIREES

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NOTE 4 - FAIR VALUE MEASUREMENT (Continued)

- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2021 and 2020.

The valuation methodologies used for investments measured at fair value, including the general classification of such investments pursuant to the valuation hierarchy, were as follows:

Cash Equivalents - Valued at amortized cost plus accrued interest.

Corporate Common Stocks - Valued at the closing price in the active market on which the individual security is traded.

Debt Securities and Mortgage-Backed Securities - Valued taking into consideration valuations obtained from third-party pricing services, which utilize industry standard valuation models, including both income and market-based approaches, for which all significant inputs are observable, either directly or indirectly, to estimate fair value. These inputs include reported trades of and broker dealer quotes on the same or similar securities, issuer credit spreads, benchmark securities and, when applicable, prepayment and default projections based on historical data and other observable inputs.

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

Common Collective Trusts - Valued at net asset value (NAV) of units of a common collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value, and is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

PENSION PLAN FOR ELIGIBLE BETTIS EMPLOYEES AND RETIREES

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 AND 2020

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NOTE 4 - FAIR VALUE MEASUREMENT (Continued)

The Master Trust's investments measured at fair value on a recurring basis by fair value hierarchy level as of December 31 were as follows:

	2021			
	Level 1	Level 2	Level 3	Total
Separately managed accounts:				
Debt securities	-	\$ 739,711	-	\$ 739,711
Corporate common stocks	\$ 147,026	-	-	147,026
Cash equivalents	64,222	-	-	64,222
Total Assets in the Fair Value Hierarchy	\$ 211,248	\$ 739,711	-	950,959
Investments measured at NAV (a)				1,919,519
Total Investments at Fair Value				\$ 2,870,478

	2020			
	Level 1	Level 2	Level 3	Total
Separately managed accounts:				
Corporate common stocks	\$ 1,100,164	-	-	\$ 1,100,164
Debt securities	-	\$ 684,308	-	684,308
Registered investment companies	94,662	-	-	94,662
Cash equivalents	39,953	-	-	39,953
Total Separately Managed Accounts	1,234,779	684,308	-	1,919,087
Mortgage-backed securities	-	3,208	-	3,208
Total Assets in the Fair Value Hierarchy	\$ 1,234,779	\$ 687,516	-	1,922,295
Investments measured at NAV (a)				754,020
Total Investments at Fair Value				\$ 2,676,315

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV 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 total investments in the Master Trust.

PENSION PLAN FOR ELIGIBLE BETTIS EMPLOYEES AND RETIREES

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 AND 2020

(In Thousands)

NOTE 4 - FAIR VALUE MEASUREMENT (Continued)

The following table summarizes investments measured at fair value based on NAV per share of common collective trusts as of December 31:

	Fund Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2021	2020			
State Street Global Advisors					
S&P 500 Index Fund	\$ 471,219	-	-	Daily	None
State Street U.S. Treasury					
STRIPS Index Fund	337,258	\$ 241,104	-	Daily	None
Fidelity Investments					
Global Low Volatility Fund	270,595	-	-	Daily	None
Baillie Gifford					
Global Alpha Equities Fund	180,924	-	-	Daily	None
MFS International Equity Fund	150,111	-	-	Daily	None
Acadian International					
Small-Cap Fund	126,006	131,675	-	Daily	None
American Century					
Non-US Growth Fund	107,787	-	-	Daily	None
LSV International					
Value Equity Fund	106,532	-	-	Daily	None
William Blair Emerging					
Markets Leaders Fund	88,368	104,961	-	Daily	None
GMO Emerging Markets Fund	80,719	-	-		
Hexavest World Equity Fund	-	175,833	-	Daily	None
Boston Partners Large Cap					
Value Equity Fund	-	100,447	-	Daily	None
	<u>\$ 1,919,519</u>	<u>\$ 754,020</u>			

PENSION PLAN FOR ELIGIBLE BETTIS EMPLOYEES AND RETIREES

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 AND 2020

(In Thousands)

NOTE 5 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits of the Plan as of January 1 is summarized as follows:

	<u>2021</u>	<u>2020</u>
Vested benefits:		
Participants currently receiving payments	\$ 551,506	\$ 524,569
Other participants	356,215	356,900
	<u>907,721</u>	<u>881,469</u>
Non-vested benefits	<u>12,290</u>	<u>13,794</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 920,011</u>	<u>\$ 895,263</u>

The changes in the actuarial present value of accumulated plan benefits are as follows:

	<u>2021</u>	<u>2020</u>
Actuarial present value of accumulated plan benefits, January 1, 2021 and 2020	\$ 895,263	\$ 872,083
(Decrease) increase during the year attributable to:		
Benefits paid	(60,720)	(56,590)
Change in actuarial assumptions	(3,666)	(6,243)
Increase for interest due to decrease in discount period	64,909	63,322
Benefits accumulated	<u>24,225</u>	<u>22,691</u>
Net Increase	<u>24,748</u>	<u>23,180</u>
Total Actuarial Present Value of Accumulated Plan Benefits, January 1, 2021 And 2020	<u>\$ 920,011</u>	<u>\$ 895,263</u>

PENSION PLAN FOR ELIGIBLE BETTIS EMPLOYEES AND RETIREES

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020
(In Thousands)

NOTE 5 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The significant assumptions and method underlying the actuarial computations are as follows:

Assumed average rate of return: 7.50% in 2021 and 2020

Mortality tables:

January 1, 2021 Pri-2012 Total Employee and Retiree Mortality Tables (base year 2012) and projected with Mortality Improvement Scale MP-2020, for healthy participants. For disabled participants, Pri-2012 Total Employee and retiree Mortality Tables for Disabled Lives (base year 2012) projected with Mortality Improvement Scale MP-2020.

January 1, 2020 Pri-2012 Total Employee and Retiree Mortality Tables (base year 2012) and projected with Mortality Improvement Scale MP-2019, for healthy participants. For disabled participants, Pri-2012 Total Employee and retiree Mortality Tables for Disabled Lives (base year 2012) projected with Mortality Improvement Scale MP-2019.

Retirement assumptions: Weighted average retirement age is 64 in 2021 and 2020.

Actuarial cost method: Unit credit method

The actuarial assumptions are based on the presumption that the Plan will continue. If the Plan is terminated, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2021 and January 1, 2020. Had the valuation been performed as of December 31, the results may have been different. The Plan administrator is not aware of any events occurring between January 1, 2021 and December 31, 2021, that would significantly impact the valuation.

NOTE 6 - FUNDING POLICY

The Plan provides that regular annual funding by the Company will consist of normal contributions to cover the currently accruing cost of benefits under the Plan and prior service contributions payable until fully funded. The Company has adopted this policy, which meets the minimum funding requirements of ERISA as determined by the actuary. The Company has made contributions meeting the minimum funding requirements under ERISA for the 2021 and 2020 Plan years.

PENSION PLAN FOR ELIGIBLE BETTIS EMPLOYEES AND RETIREES

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 AND 2020

(In Thousands)

NOTE 7 - PLAN TERMINATION

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

1. Voluntary employee contributions.
2. Mandatory employee contributions.
3. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or 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.
4. Other vested benefits insured by the PBGC (a U.S. government agency) up to the applicable limits (discussed below).
5. All other vested benefits (that is, vested benefits not insured by the PBGC).
6. All non-vested benefits.

The PBGC guarantees vested benefits at the level in effect on the date of Plan termination; however, if benefits have been increased within five years before the Plan's termination, the whole amount of the Plan's vested benefits increase may not be guaranteed. In addition, there is a ceiling on the amount of monthly benefits that the PBGC guarantees, which is adjusted periodically.

NOTE 8 - TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Plan administrator by a letter dated March 27, 2014 that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

U.S. GAAP require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2021 and 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. Should the Plan incur penalties and interest related to unrecognized tax benefits, such amounts would be recorded as administrative expenses. The Plan administrator believes that the Plan is no longer subject to income tax examinations for years prior to 2018.

PENSION PLAN FOR ELIGIBLE BETTIS EMPLOYEES AND RETIREES

NOTES TO FINANCIAL STATEMENTS

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(In Thousands)

NOTE 9 - PARTY-IN-INTEREST TRANSACTIONS

In 2021 and 2020, Mercer Investment Consulting evaluated the investment performance of the Plan. Mercer Investment Consulting is a subsidiary of Marsh & McLennan. Administrative and investment expenses incurred by the Plan to subsidiaries of Marsh & McLennan totaled \$61 and \$80 for the years ended December 31, 2021 and 2020, respectively.

Northern Trust is the Plan's trustee and also managed certain common collective trust funds in the Master Trust for the years ended December 31, 2021 and 2020. Administrative expenses incurred by the Plan and paid to Northern Trust totaled \$222 and \$236 for years ended December 31, 2021 and 2020, respectively.

These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

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Pension Plan for Eligible Bettis Employees and Retirees
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ATTACHMENT TO 2021 FORM 5500

SCHEDULE SB, LINE 26 – SCHEDULE OF ACTIVE PARTICIPANT DATA

Attained		Years of Credited Service										
Age		Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Total
Under 25	<i>Number</i> <i>Avg. Comp.</i>	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A
25 to 29	<i>Number</i> <i>Avg. Comp.</i>	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A
30 to 34	<i>Number</i> <i>Avg. Comp.</i>	0 N/A	1 N/A	2 N/A	27 \$103,208	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	30 \$104,749
35 to 39	<i>Number</i> <i>Avg. Comp.</i>	0 N/A	10 N/A	26 \$120,661	126 \$112,962	53 \$121,517	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	215 \$116,082
40 to 44	<i>Number</i> <i>Avg. Comp.</i>	0 N/A	3 N/A	29 \$118,162	127 \$116,924	134 \$118,765	13 N/A	0 N/A	0 N/A	0 N/A	0 N/A	306 \$118,569
45 to 49	<i>Number</i> <i>Avg. Comp.</i>	0 N/A	6 N/A	18 N/A	72 \$109,435	94 \$119,504	19 N/A	7 N/A	0 N/A	0 N/A	0 N/A	216 \$118,839
50 to 54	<i>Number</i> <i>Avg. Comp.</i>	0 N/A	7 N/A	15 N/A	52 \$107,097	70 \$127,674	40 \$144,090	29 \$127,373	42 \$133,495	0 N/A	0 N/A	255 \$126,297
55 to 59	<i>Number</i> <i>Avg. Comp.</i>	0 N/A	1 N/A	8 N/A	44 \$110,615	65 \$118,403	40 \$126,793	45 \$135,134	122 \$127,102	54 \$134,135	6 N/A	385 \$124,350
60 to 64	<i>Number</i> <i>Avg. Comp.</i>	0 N/A	0 N/A	2 N/A	31 \$107,015	40 \$105,223	31 \$122,039	29 \$127,076	62 \$117,633	66 \$126,300	50 \$141,103	311 \$121,559
65 to 69	<i>Number</i> <i>Avg. Comp.</i>	0 N/A	0 N/A	1 N/A	7 N/A	16 N/A	4 N/A	7 N/A	19 N/A	15 N/A	30 \$127,604	99 \$115,725
70 & up	<i>Number</i> <i>Avg. Comp.</i>	0 N/A	0 N/A	0 N/A	2 N/A	1 N/A	1 N/A	1 N/A	3 N/A	2 N/A	15 N/A	25 \$115,394
Total	<i>Number</i> <i>Avg. Comp.</i>	0 N/A	28 \$117,214	101 \$116,833	488 \$111,627	473 \$119,013	148 \$129,820	118 \$131,822	248 \$123,906	137 \$128,691	101 \$131,704	1,842 \$120,673

Average compensation is not shown for cells with less than 20 participants

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SCHEDULE SB, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

The following assumptions and methods are prescribed by ERISA, as currently amended.

Interest/Discount Rates

Funding interest rates

For 2021 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	2.22%	4.75%
Second Segment Rate	3.38%	5.36%
Third Segment Rate	3.92%	6.11%
Effective Interest Rate	3.60%	5.63%

For 2020 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	2.79%	4.75%
Second Segment Rate	3.92%	5.50%
Third Segment Rate	4.38%	6.27%
Effective Interest Rate	4.09%	5.77%

* Used for maximum tax-deduction and ERISA 4010 reporting purposes

** Used for minimum funding and benefit restriction purposes. The sponsor elected to adopt the new stabilized segment rates as prescribed in ARP 2021 starting with the 2020 plan year.

PBGC Premium Funding Target

For 2021 Plan Year:	First Segment Rate	0.51%
	Second Segment Rate	2.26%
	Third Segment Rate	3.01%
For 2020 Plan Year:	First Segment	2.03%
	Second Segment Rate	3.06%
	Third Segment Rate	3.59%

The use of the Alternative Premium Funding Target was not elected for the 2021 plan year.

The effective interest rates for PBGC premium purposes are 2.61% for 2021 and 3.30% for 2020.

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SCHEDULE SB, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Non-Economic Assumptions

Mortality

Mortality tables for non-disabled participants mandated by current legislation as specified in IRS Regulation 1.430(h)(3)-1, as amended in IRS Notice 2019-67, applied on a static basis. For disabled participants, mortality is based on Revenue-Ruling 96-7.

Mortality for purposes of calculating lump sums

Current Year

2021 IRS 417(e) Applicable Mortality table.

Prior Year

2020 IRS 417(e) Applicable Mortality table.

Methods

Actuarial cost method

For minimum required and maximum contribution purposes:

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan expenses to be paid from plan assets during the year.

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SCHEDULE SB, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under PPA.

Economic Assumptions

Salary increase assumption used for funding purposes

Current Year: 3.50% compounded annually
Prior Year: 3.50% compounded annually

The salary increase assumption is the enrolled actuary's best estimate based on input from the plan sponsor on prior and anticipated compensation practice.

Expenses

Expected administrative expenses equal to prior year administrative expenses, excluding the prior year PBGC premium, plus current year PBGC premium were added to Target Normal Cost. This amount is equal to \$3,489,590 for 2021 and \$3,381,092 for 2020.

Non-economic Assumptions

Disability rates

Age	Percentage
20	0.015%
25	0.015%
30	0.015%
35	0.015%
40	0.020%
45	0.040%
50	0.105%
55	0.225%
60	0.505%

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SCHEDULE SB, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Frequency of optional payment forms

Lump Sum

It is assumed that 15% of active participants eligible for a lump sum will choose a lump sum payment. For the residual annuity, it is assumed that 40% will choose a single life annuity, 20% will choose a 55% joint and survivor annuity, 10% will choose a 75% joint and survivor annuity, and 30% will choose a 100% joint and survivor annuity.

Annuity

For all other active participants not eligible for a lump sum, it is assumed that 40% will choose a single life annuity, 20% will choose a 55% joint and survivor annuity, 10% will choose a 75% joint and survivor annuity, and 30% will choose a 100% joint and survivor annuity. For all other participants not in pay status, it is assumed that 100% will choose a single life annuity.

The frequency of optional payment forms assumption is based on the result of an experience study conducted in 2016.

Marital percentage

It is assumed that 85% of the male participants and 60% of the female participants are married at the time of death. A male is assumed to be 2 years older than his spouse.

The marital percentage assumption is based on the result of an experience study conducted in 2016.

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SCHEDULE SB, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Retirement rates¹

Age	Assumption
55 ²	10.00%
56 ²	10.00%
57 ²	10.00%
58	12.00%
59	12.00%
60	12.00%
61	12.00%
62	25.00%
63	20.00%
64	20.00%
65	30.00%
66	30.00%
67	30.00%
68	30.00%
69	30.00%
70	100.00%

The Weighted Average Retirement Age is 64.

These rates are based on a study conducted in 2016 of Bettis retirement experience from 2011 to 2015.

¹ Terminated vested participants are assumed to retire at age 65.

² Only applies to Protective Force participants with 25 years of service.

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SCHEDULE SB, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Withdrawal rates¹

Sample rates as follows:

Age	Percentage
20	6.50%
25	5.93%
30	4.23%
35	2.93%
40	2.05%
45	1.29%
50	1.17%
55	1.76%
60	4.36%
65	5.00%

These rates are based on a study conducted in 2016 of Bettis termination experience from 2011-2015.

¹ For active participants not eligible for retirement.

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SCHEDULE SB, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Methods

Asset valuation method

The Actuarial Value of Assets is market value as of the valuation date, including discounted receivable contributions, reduced by 2/3 and 1/3 of the gain/(loss) in the prior 2 years, respectively. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 95% to 105% of market value, including discounted receivable contributions.

The expected asset return assumption was based on an analysis of long term expected returns for the asset classes in which the plan's assets were invested as of the measurement date.

	Actuary's Assumption	Third Segment Rate	Reflecting PPA Limit
2021 Expected Return	7.50%	6.11%	6.11%
2020 Expected Return	7.50%	6.27%	6.27%
2019 Expected Return	7.50%	6.11%	6.11%

Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the economic and demographic assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report.

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SCHEDULE SB, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Use of Models

Actuarial Standard of Practice No. 56 ("ASOP 56") provides guidance to actuaries when performing actuarial services with respect to designing, developing, selecting, modifying, using, reviewing, or evaluating models. Buck uses third-party software in the performance of annual actuarial valuations and projections. The model is intended to calculate the liabilities associated with the provisions of the plan using data and assumptions as of the measurement date under the funding rules and accounting standards specified in this report. Further, the model applies those funding rules and accounting standards to the liabilities derived and other inputs, such as plan assets and contributions, to generate many of the exhibits found in this report. Buck has an extensive review process whereby the results of the liability calculations are checked using detailed sample output, changes from year to year are summarized by source, and significant deviations from expectations are investigated. Other funding and accounting outputs are similarly reviewed in detail and at a high level for accuracy, reasonability and consistency with prior results. Buck also reviews the model when significant changes are made to the software. The review is performed by experts within the company who are familiar with applicable funding and accounting rules as well as the manner in which the model generates its output.

Summary of Changes from the January 1, 2020 Valuation

Funding

- The interest rate basis for computing funding liabilities was updated to the current rates as specified in IRS Regulation 1.430(h)(2)-1. These rates are constrained in accordance with relevant legislation.
- The mortality assumption was updated according to the projection specified in IRS Regulation 1.430(h)(3)-1 as amended in IRS Notice 2019-67, applied on a static basis.
- The mortality table applicable to lump sums paid was updated to 2021 IRS Applicable Mortality for purposes of 417(e).
- Administrative expense included in Target Normal Cost were changed to \$3,489,590 for 2021 from \$3,381,092 for 2020.
- The general effect of the assumption changes was an increase in the target liability.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **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 PENSION PLAN FOR ELIGIBLE BETTIS EMPLOYEES AND RETIREES	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF FLUOR MARINE PROPULSION, LLC	D Employer Identification Number (EIN) 82-4281125	
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>2021</u>		
2	Assets:		
	a Market value	2a	1,355,167,233
	b Actuarial value	2b	1,223,218,832
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	2,101	651,170,537
	b For terminated vested participants	470	34,483,328
	c For active participants	1,842	423,134,485
	d Total	4,413	1,108,788,350
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	5.63%
6	Target normal cost		
	a Present value of current plan year accruals	6a	22,595,594
	b Expected plan-related expenses	6b	3,489,590
	c Total (line 6a + line 6b)	6c	26,085,184

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	SCOTT BERGER SB Signature of actuary SCOTT BERGER Type or print name of actuary BUCK GLOBAL, LLC Firm name 200 PLAZA DRIVE 1ST FLOOR SECAUCUS NJ 07094 Address of the firm	09/20/2022 Date 2006644 Most recent enrollment number 201-902-2557 Telephone number (including area code)
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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) 2021
v. 201209

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	49,307,023
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	11,689,046
9 Amount remaining (line 7 minus line 8)	0	37,617,977
10 Interest on line 9 using prior year's actual return of <u>16.78%</u>	0	6,312,297
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		42,974,139
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>5.77%</u>		1,805,150
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		1,961,422
c Total available at beginning of current plan year to add to prefunding balance		46,740,711
d Portion of (c) to be added to prefunding balance		46,740,711
12 Other reductions in balances due to elections or deemed elections	0	17,183,938
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	73,487,047

Part III Funding Percentages

14 Funding target attainment percentage	14	102.50%
15 Adjusted funding target attainment percentage	15	109.05%
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	98.96%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/01/2022	25,900,000	0	06/28/2021	0	134,681
01/13/2021	0	139,102	07/14/2021	0	135,737
01/27/2021	0	13,310	07/28/2021	0	133,422
01/27/2021	0	136,287	08/12/2021	0	132,464
02/11/2021	0	136,495	08/27/2021	0	131,991
02/24/2021	0	136,234	09/14/2021	0	135,559
03/12/2021	0	135,004	09/28/2021	0	131,427
03/29/2021	0	135,223	10/13/2021	0	131,567
04/14/2021	0	140,573	10/27/2021	0	131,333
04/28/2021	0	136,491	11/12/2021	0	131,018
04/30/2021	0	7,493	11/24/2021	0	130,555
05/12/2021	0	136,802	12/14/2021	0	129,889
05/26/2021	0	135,748	12/29/2021	0	129,194
06/14/2021	0	134,995			
Totals ▶			18(b)	25,900,000	18(c) 3,242,594

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	23,641,554

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost								
21 Discount rate: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">a Segment rates:</td> <td style="width: 16%; border: 1px solid black; text-align: center;">1st segment: 4.75 %</td> <td style="width: 16%; border: 1px solid black; text-align: center;">2nd segment: 5.36 %</td> <td style="width: 16%; border: 1px solid black; text-align: center;">3rd segment: 6.11 %</td> <td style="width: 19%; border: none;">☐ N/A, full yield curve used</td> </tr> </table>				a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 %	☐ N/A, full yield curve used	
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 %	☐ 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): <table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">a Target normal cost (line 6c)</td> <td style="width: 10%; border: none;">31a</td> <td style="width: 20%; text-align: right;">26,085,184</td> </tr> <tr> <td style="border: none;">b Excess assets, if applicable, but not greater than line 31a</td> <td style="border: none;">31b</td> <td style="text-align: right;">26,085,184</td> </tr> </table>				a Target normal cost (line 6c)	31a	26,085,184	b Excess assets, if applicable, but not greater than line 31a	31b	26,085,184
a Target normal cost (line 6c)	31a	26,085,184							
b Excess assets, if applicable, but not greater than line 31a	31b	26,085,184							
32 Amortization installments: <table style="width: 100%; border: none;"> <tr> <td style="width: 55%; border: none;">a Net shortfall amortization installment</td> <td style="width: 20%; border: 1px solid black; text-align: center;">0</td> <td style="width: 25%; border: 1px solid black; text-align: center;">0</td> </tr> <tr> <td style="border: none;">b Waiver amortization installment</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> </table>		a Net shortfall amortization installment	0	0	b Waiver amortization installment				
a Net shortfall amortization installment	0	0							
b Waiver amortization installment									
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33							
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)		34 0							
	Carryover balance	Prefunding balance	Total balance						
35 Balances elected for use to offset funding requirement	0	15,192,375	15,192,375						
36 Additional cash requirement (line 34 minus line 35)		36 0							
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37 23,641,554							
38 Present value of excess contributions for current year (see instructions) <table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">a Total (excess, if any, of line 37 over line 36)</td> <td style="width: 10%; border: none;">38a</td> <td style="width: 20%; text-align: right;">23,641,554</td> </tr> <tr> <td style="border: none;">b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances</td> <td style="border: none;">38b</td> <td style="text-align: right;">0</td> </tr> </table>				a Total (excess, if any, of line 37 over line 36)	38a	23,641,554	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
a Total (excess, if any, of line 37 over line 36)	38a	23,641,554							
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: <table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">a Schedule elected</td> <td style="width: 10%; border: none;">☐ 2 plus 7 years</td> <td style="width: 20%; border: none;">☐ 15 years</td> </tr> <tr> <td style="border: none;">b Eligible plan year(s) for which the election in line 41a was made</td> <td style="border: none;">☐ 2008</td> <td style="border: none;">☐ 2009 ☐ 2010 ☐ 2011</td> </tr> </table>				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
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							

Pension Plan for Eligible Bettis Employees and Retirees
 Fluor Marine Propulsion, LLC
 EIN 82-4281125
 PN 001

ATTACHMENT TO 2021 FORM 5500

**SCHEDULE SB, LINE 22 – DESCRIPTION OF WEIGHTED AVERAGE
 RETIREMENT AGE**

This table calculates the weighted average retirement age for all active persons in the plan.

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	901.63	0.0013	1.16	63.60
56	943.97	0.0013	1.24	69.20
57	986.19	0.0014	1.36	77.31
58	1038.95	0.0755	78.39	4546.78
59	1040.13	0.0796	82.75	4882.22
60	1030.59	0.1200	123.67	7420.27
61	969.05	0.1200	116.29	7093.45
62	902.00	0.2500	225.50	13980.94
63	723.91	0.2000	144.78	9121.22
64	625.24	0.2000	125.05	8003.05
65	525.31	0.3000	157.59	10243.53
66	395.27	0.3000	118.58	7826.34
67	292.82	0.3000	87.85	5885.65
68	214.61	0.3000	64.38	4378.11
69	163.31	0.3000	48.99	3380.45
70	124.70	1.0000	124.70	8729.16
71	3.00	1.0000	3.00	213.00
72	5.00	1.0000	5.00	360.00
73	5.00	1.0000	5.00	365.00
74	2.00	1.0000	2.00	148.00
75	3.00	1.0000	3.00	225.00
76	0.00	1.0000	0.00	0.00
77	1.00	1.0000	<u>1.00</u>	<u>77.00</u>
Total			1,521.28	97,089.28
Weighted Average Retirement Age = 97,089.28 / 1,521.28				63.82
Rounded Weighted Average Retirement Age				64

Pension Plan for Eligible Bettis Employees and Retirees
Fluor Marine Propulsion, LLC
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PN 001

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**SCHEDULE SB, LINE 22 – DESCRIPTION OF WEIGHTED AVERAGE
RETIREMENT AGE**

Note: The table presents values rounded to fewer significant digits than used in the calculations.

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

Pension Plan for Eligible Bettis Employees and Retirees
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SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Plan Year

January 1 through December 31.

Participation Eligibility

All Eligible Employees may participate in the Plan. Eligible Employees are those employed by Fluor Marine Propulsion, LLC (FMP) (except those in Excluded Units) and were hired as Bettis employees prior to February 1, 2009, who are either non-represented or represented by a collective bargaining unit that has a written agreement with FMP regarding participation in the Plan.

Credited Service

Generally, all service as a contributing participant in the Plan is used to determine pension benefit amounts. Prior to January 1, 1995, all service as an Employee of FMP was generally included as Credited Service. Service while employed with an Affiliated Entity or Excluded Unit is not included.

Eligibility Service

All Credited Service, plus service that would be credited except that the Employee elects not to contribute to the Plan or is employed by an Affiliated Entity or an Excluded Unit.

Compensation

Generally, regular compensation paid to a participant inclusive of overtime, bonus and other additional compensation payments, except that only 50% of an annual incentive award payable under any management incentive program is included.

Employee Contributions

On and after January 1, 1995, Employees must elect to contribute 1.50% of Compensation in order to receive Credited Service.

Normal Retirement Date

The later of (i) the first of the month following a Participant's 65th birthday and (ii) the first of the month following the completion of 5 years of Eligibility Service.

Early Retirement Eligibility

Generally, the first of any month following the date the Participant attains (i) age 58 with at least 30 years of Eligibility Service or (ii) age 60 with at least 10 years of Eligibility Service.

Pension Plan for Eligible Bettis Employees and Retirees
Fluor Marine Propulsion, LLC
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ATTACHMENT TO 2021 FORM 5500

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Permanent Job Separation

Eligibility

Only applies if permanent job separation occurs prior to January 1, 1997, or September 1, 1998 if permanent job separation is a result of a location closure, job movement or product-line relocation.

Immediate Benefit

Attainment of Early Retirement Eligibility of any of the following by the end of the applicable calendar year:

Age	Eligibility Service
50 or older	25 years of service
51 or older	22 years of service
52 or older	19 years of service
53 or older	16 years of service
54 or older	13 years of service
55 or older	10 years of service

Deferred Benefit

Attainment of 25 years of Eligibility Service, but not eligibility for an immediate benefit.

Vesting Date

The date the Participant completes five years of Eligibility Service.

Death Benefit Eligibility

Pre-Retirement Death Benefit

Death while accruing Eligibility Service and after Attainment of Early Retirement Eligibility or any of the following:

Age	Eligibility Service
Any	25 years of service or more
60 or older	10 years of service or more
50 or older	15 years of service or more

Vested Death Benefit

Death after Vesting Date and before Pre-Retirement Death eligibility.

Pension Plan for Eligible Bettis Employees and Retirees
Fluor Marine Propulsion, LLC
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SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Normal Retirement Benefit Method

Generally, a monthly amount equal to the greater of (i) the Career Accumulation and (ii) the Flat Rate Method.

Career Accumulation Method

The sum of the monthly amount accumulated to January 1, 1992, plus 1/12 of 2% of Compensation for each calendar Year commencing on or after January 1, 1992 in which an employee contributed. A minimum of \$15 per year of Credited Service applied for 1992, 1993, and 1994 regardless of an Employee's election to contribute to the Plan.

Flat Rate Method

The sum of \$52 for years of Credited Service while contributing to the Plan, plus \$13 for Years of Credited Service prior to January 1, 1995 in which Employee was eligible to contribute to the Plan but elected not to contribute.

Early Retirement Benefit

Employees Hired after December 31, 1994

Determined as for Normal Retirement except that benefits are reduced by ½ percent per month that Early Retirement Date precedes Participant's Normal Retirement Date.

Employees Hired before January 1, 1995

If a Lump Sum form of payment is elected, the participant will receive the sum of (i) and (ii), as follows:

- (i) A Payment equal to the lump sum equivalent of the normal retirement benefit determined as of December 31, 1994. The lump sum equivalent will be calculated assuming benefits begin at Early Retirement Date. Benefits are reduced for early commencement by 1/3 of 1% for each month that the Early Retirement Date precedes Normal Retirement Date, or, if the Participant has 30 or more years of Eligibility Service, by 1/4 of 1% for each month that Early Retirement Date precedes the first of the month following the Participant's 60th birthday.
- (ii) An annuity equal to the difference between (a) the normal retirement benefit (based on total Credited Service) and (b) the normal retirement benefit determined as of December 31, 1994. The difference is reduced by ½ of 1% for each month that Early Retirement Date precedes Normal Retirement Date.

If an annuity form of Payment is elected, the Participant's benefit is determined as for normal retirement except that benefits are reduced for early commencement by 1/3 of 1% for each month that the Early Retirement Date precedes Normal Retirement Date, or, if the Participant has 30 or more years of Eligibility Service, by 1/4 of 1% for each month that Early Retirement Date precedes the first of the month following the Participant's 60th birthday.

Pension Plan for Eligible Bettis Employees and Retirees
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SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

FMP Protective Force

The following reduction percentages apply to Protective Force personnel who elect to retire after attaining age 55 with 25 or more years of Eligibility Service, and whose Annuity Starting Date is on or after October 1, 2008.

Age	Reduction Percentage
55	30.00%
56	22.00%
57	14.00%
58	6.000%
59	3.000%
60	0.000%

If a member of the Protective Force Retires with less than 25 Years of Eligibility Service, the early reduction factors described in the above Sections will apply.

Early Retirement Supplements

For Employees hired prior to January 1, 1995 who retire early and elect an annuity form of payment, a temporary monthly supplement is payable until age 62 equal to \$10 per year of Credited Service.

Permanent Job Separation

Immediate Benefit

Determined as for normal retirement with reduction for early commencement. The Early Retirement Supplement is also payable.

Deferred Benefit

Determined as for Early Retirement and payable at age 60 if 25 years of Eligibility Service, and at age 58 if 30 years of Eligibility Service.

Deferred Retirement Benefit

A Participant may defer retirement after age 65 and continue to accrue benefits until the deferred retirement date.

Pension Plan for Eligible Bettis Employees and Retirees
Fluor Marine Propulsion, LLC
EIN 82-4281125
PN 001

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SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Termination Benefit

A Participant who terminates employment nonvested receives a refund of contributions plus interest or an actuarially equivalent annuity beginning at Normal Retirement Date.

The benefit payable to a terminated vested Participant is the greater of the benefit determined as for normal retirement and an annuity that is the actuarial equivalent of the Participant's contributions with interest. A Participant who attains (i) age 58 with at least 30 years of Eligibility Service or (ii) age 60 with at least 10 years of Eligibility Service can elect to receive benefits prior to Normal Retirement Date, reduced by $\frac{1}{2}$ of 1% for each month that benefit commencement precedes Normal Retirement Date.

Pre-Retirement Death Benefit

Immediate benefit payable to Participant's spouse equal to 100% of the benefit determined as for Early Retirement, except that benefits are reduced as if the employee retired at the date of death (subject to a maximum benefit reduction for early commencement) assuming that the Joint and 100% form of payment had been elected. Payments are guaranteed for 60 months and payable to the spouse's beneficiary if necessary. Different reductions may apply for those hired prior to January 1, 1995 who elect a full annuity.

Alternatively, a lump sum payment based upon the benefit accrued through December 31, 1994 and a residual annuity is available.

Vested Death Benefit

Deferred benefit, payable to Participant's spouse at what would have been the employee's earliest benefit commencement date, equal to 100% of the Termination Benefit, assuming that the Joint and 100% form of payment had been elected.

Normal Form of Payment

Married Participant

55% surviving spouse annuity

Unmarried

Single life annuity

Pension Plan for Eligible Bettis Employees and Retirees
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SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Optional Forms of Payment

Single life annuity

Joint and 100% survivor annuity

Joint and 75% survivor annuity

Joint and 55% survivor annuity

Lump sum, based upon the benefit accrued as of December 31, 1994 (any additional benefit accruals are payable in any of the other optional benefit forms).

Generally, a minimum guarantee of the greater of (i) 60 times the monthly annuity benefit, and (ii) the accumulated contributions plus interest, is applied to annuity benefit options payable under the Plan, without regard to any early retirement supplements.

Summary of Changes from the January 1, 2020 Valuation

- None