

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
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>FMC TECHNOLOGIES, INC. EMPLOYEES' RETIREMENT PROGRAM</u>	1b Three-digit plan number (PN) ▶	<u>001</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, and ZIP or foreign postal code (if foreign, see instructions) <u>FMC TECHNOLOGIES, INC.</u> <u>11740 KATY FREEWAY</u> <u>HOUSTON, TX 77079</u>	1c Effective date of plan <u>05/01/2001</u>	2b Employer Identification Number (EIN) <u>36-4412642</u>
	2c Plan Sponsor's telephone number <u>281-591-4000</u>	2d Business code (see instructions) <u>339900</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2023	CHRISTINE REW
	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 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 2846
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) 399
a(2) Total number of active participants at the end of the plan year		6a(2) 370
b Retired or separated participants receiving benefits		6b 1360
c Other retired or separated participants entitled to future benefits.....		6c 871
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 2601
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 233
f Total. Add lines 6d and 6e		6f 2834
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
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 3F 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **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>FMC TECHNOLOGIES, INC. EMPLOYEES' RETIREMENT PROGRAM</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>FMC TECHNOLOGIES, INC.</u>	D Employer Identification Number (EIN) <u>36-4412642</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>2022</u>	
2 Assets:	
a Market value.....	2a <u>516044191</u>
b Actuarial value	2b <u>495561487</u>
3 Funding target/participant count breakdown	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>1487</u> <u>327219505</u> <u>327219505</u>
b For terminated vested participants.....	<u>978</u> <u>80455655</u> <u>80455655</u>
c For active participants.....	<u>399</u> <u>64518085</u> <u>67276946</u>
d Total	<u>2864</u> <u>472193245</u> <u>474952106</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>5.43</u> %
6 Target normal cost	
a Present value of current plan year accruals.....	6a <u>0</u>
b Expected plan-related expenses	6b <u>3297000</u>
c Total (line 6a + line 6b)	6c <u>3297000</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>10/14/2023</u>
	Signature of actuary	Date
<u>DAVID M ANDERSON</u>	Type or print name of actuary	<u>23-07493</u>
		Most recent enrollment number
<u>WILLIS TOWERS WATSON US LLC</u>	Firm name	<u>713-754-5400</u>
		Telephone number (including area code)
<u>811 LOUISIANA STREET</u> <u>SUITE 2200</u> <u>HOUSTON, TX 77002</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 ☐

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	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>14.09</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.61</u> %.....		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance.....		0
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	104.33 %
15 Adjusted funding target attainment percentage	15	104.04 %
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	101.00 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☐ 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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
5.18 %3rd segment:
5.92 %☐ 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** Demographic and benefit information**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**b** Is the plan required to provide a projection of expected benefit payments? 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**

3297000

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

3297000

32 Amortization installments:**a** Net shortfall amortization installment

0

0

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....**34**

0

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

0

0

0

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

0

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

0

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

0

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

0

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

0

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

0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan FMC TECHNOLOGIES, INC. EMPLOYEES' RETIREMENT PROGRAM	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 FMC TECHNOLOGIES, INC.	D Employer Identification Number (EIN) 36-4412642	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

VAN BIEMA VALUE PARTNERS LLC

20-1272199

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	3788966	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON SERVICE CORPORATION

36-3051915

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	NONE	464150	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROYCE & ASSOCIATES

52-2343049

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	335619	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	308756	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

CARDINAL CAPITAL MANAGEMENT, LLC

06-1422705

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	230037	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SPEECE THORSON CAPITAL GROUP

41-1701874

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	114637	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WILLIS TOWERS WATSON

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	65644	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PARAMETRIC

20-0292745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	37656	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCCONNELL & JONES LLP

76-0488832

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	34900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>	<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan FMC TECHNOLOGIES, INC. EMPLOYEES' RETIREMENT PROGRAM	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 FMC TECHNOLOGIES, INC.	D Employer Identification Number (EIN) 36-4412642	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: COLTV SHORT TERM INVT FD		
b Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY		
c EIN-PN 36-6036794-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36343145
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>FMC TECHNOLOGIES, INC. EMPLOYEES' RETIREMENT PROGRAM</u>		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FMC TECHNOLOGIES, INC.</u>		D Employer Identification Number (EIN) <u>36-4412642</u>

Part I Asset and Liability Statement			
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	2875599	20665
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	938225	266169
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	7881834	0
(2) U.S. Government securities	1c(2)	0	6268280
(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)	99739137	64235512
(5) Partnership/joint venture interests	1c(5)	186192144	124191944
(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)	31708089	36343145
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	58022311	40240067
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	128930998	105078574

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	516288337	376644356

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i	244146	451076
j Other liabilities	1j	261148	459982
k Total liabilities (add all amounts in lines 1g through 1j)	1k	505294	911058

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	515783043	375733298
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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)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	69133	
(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)		69133
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	848585	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2721125	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3569710
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	61073682	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	94449410	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-33375728
(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)		684222
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		-8577255
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		178660
c Other income	2c		-66105270
d Total income. Add all income amounts in column (b) and enter total	2d		-103556528
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	29161132	
(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)		29161132
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)	669783	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	4499786	
(4) Other	2i(4)	2162516	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		7332085
j Total expenses. Add all expense amounts in column (b) and enter total	2j		36493217
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-140049745
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

(2) EIN: 76-0488832

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 479611.

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan FMC TECHNOLOGIES, INC. EMPLOYEES' RETIREMENT PROGRAM		B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 FMC TECHNOLOGIES, INC.		D Employer Identification Number (EIN) 36-4412642
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 36-3046063		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 0
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☒ Yes ☐ No ☐ N/A		
Part III Amendments		
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) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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: 20.1 % Investment-Grade Debt: 7.4 % High-Yield Debt: 6.2 % Real Estate: 0.0 % Other: 66.3 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**FINANCIAL STATEMENTS AND
INDEPENDENT AUDITOR'S REPORT
FMC TECHNOLOGIES, INC.
EMPLOYEES' RETIREMENT PROGRAM
DECEMBER 31, 2022 AND 2021**

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Note: Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.



Independent Auditor's Report

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

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of FMC Technologies, Inc. Employees' Retirement Program (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the Statements of Net Assets Available for Benefits as of December 31, 2022 and 2021, and the related Statements of Changes in Net Assets Available for Benefits for the years then ended, and the related notes to the financial statements (Financial Statements).

Plan management (Management), having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of December 31, 2022 and 2021, and for the years then ended, stating that the certified investment information, as described in Note 2 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section:

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (US GAAP).



- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audits 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 ERISA Section 103(a)(3)(C) 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 US GAAP, 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 that the financial statements are available to be 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.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, 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 US 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 US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks 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 the 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.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of US GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with US GAAP.

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 that we identified during the audit.



Other Matters

Supplemental Schedules Required by ERISA

The schedule of assets (held at end of year) and the schedule of reportable transactions, as of and for the year ended December 31, 2022, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by the qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

McConnell & Jones LLP

Houston, Texas
October 12, 2023

FMC TECHNOLOGIES, INC. EMPLOYEES' RETIREMENT PROGRAM

Statements of Net Assets Available for Benefits

	December 31,	
	2022	2021
Assets		
Investments at fair value (Note 7):		
Common stock	\$ 64,235,512	\$ 99,739,137
Cash - interest bearing	—	7,881,834
U.S. Government securities	6,268,280	—
Common / collective trusts	36,343,145	31,708,089
Registered investment companies	40,240,067	58,022,311
Hedge funds	105,078,574	128,930,998
Limited partnerships	123,753,655	185,000,531
Publicly traded partnerships	438,289	1,191,613
Total investments at fair value	376,357,522	512,474,513
Receivables:		
Interest and dividends receivable	266,134	669,672
Unsettled sales	35	268,553
Total receivables	266,169	938,225
Cash - non-interest bearing	20,665	2,875,599
Total assets	376,644,356	516,288,337
Liabilities		
Unsettled purchases	451,076	244,146
Accrued expenses	459,982	261,148
Total liabilities	911,058	505,294
Net assets available for benefits	\$ 375,733,298	\$ 515,783,043

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

FMC TECHNOLOGIES, INC. EMPLOYEES' RETIREMENT PROGRAM

Statements of Changes in Net Assets Available for Benefits

	Year ended December 31,	
	2022	2021
Net investment income (loss):		
Net (depreciation) appreciation in fair value of investments	\$ (108,058,253)	\$ 60,014,683
Interest and dividends	4,501,725	4,440,552
Total net investment (loss) income	(103,556,528)	64,455,235
Total (reductions) additions	(103,556,528)	64,455,235
Benefits paid	29,161,132	28,194,828
Annuity purchase (Note 1)	—	14,345,000
Administrative expenses	7,332,085	4,662,444
Total deductions	36,493,217	47,202,272
Net (decrease) increase in net assets available for benefits	(140,049,745)	17,252,963
Net assets available for benefits:		
Beginning of year	515,783,043	498,530,080
End of year	<u>\$ 375,733,298</u>	<u>\$ 515,783,043</u>

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

**FMC TECHNOLOGIES, INC. EMPLOYEES’
RETIREMENT PROGRAM
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021**

NOTE 1. DESCRIPTION OF THE PLAN

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

General

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

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

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

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

Eligibility, Vesting and Benefits

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

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

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

- (1) 1% of final average* annual earnings up to allowable Social Security Covered Compensation
Plus
1.5% of final average* annual earnings in excess of allowable Social Security Covered Compensation
Times
Years of credited service projected to age 65 (maximum of 35 years)
- (2) 1.5% of final average* annual earnings times years of credited service projected to age 65 in excess of 35 years, and
- (3) Ratio of years of credited service as of termination to years of credited service projected to age 65

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

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

Plan participants hired before January 1, 1984 are eligible for early retirement on or after age 55. Plan participants hired after December 31, 1983 are eligible for early retirement following attainment of age 55 and 10 years of credited service. For early retirement, the benefit is the monthly accrued benefit, reduced by early retirement reduction factors outlined in the Plan.

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

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

The normal retirement age is the earlier of age 62 with 10 years of vesting service or age 65. A participant who terminates employment prior to completing vesting service of 5 years is not eligible to receive a pension under the Plan. The normal monthly benefit amount is \$42 times the years of service. Participants are entitled to early retirement following attainment of age 57 and 10 years of credited service. For early retirement, the benefit is the monthly accrued benefit, reduced by early retirement reduction factors outlined in the Plan. Certain union participants are eligible for disability retirement benefits upon becoming permanently and totally disabled after completing 10 years of credited service. The Plan provides for surviving spouse benefits in the case of the death of an active participant. In addition, the Plan offers retirees the option to elect joint and survivor annuity payment options to provide benefits to a surviving spouse or beneficiary of a retired participant.

Annuity purchase

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investments, Valuation and Income Recognition

The Plan's financial statements and supplemental schedules include unaudited information prepared by the Trustee. The Plan has obtained certifications from the Trustee that such information is complete and accurate. As permitted by 29 CFR 2520.103-8 of the Department of Labor rules under ERISA, information related to investments as of December 31, 2022, and related investment income for the years then ended were certified by the Trustee of the Plan's assets.

Investments are stated at fair value. Fair value is defined as 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 7 for discussion of fair value measurements.

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

Administrative Expenses

All permitted administrative expenses are paid from the Plan unless the Company, at its discretion, pays such expenses. Expenses that are paid directly by the Company are not billed to the Plan. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Payment of Benefits

Benefit payments to participants and beneficiaries are recorded when paid.

Contributions

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

Subsequent Events

Plan management evaluated subsequent events that have occurred after December 31, 2022, and through October 12, 2023, which is the date the financial statements were available to be issued.

NOTE 3. FUNDING POLICY

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

The Company's contributions are designed to satisfy the minimum funding requirements under ERISA and the Pension Protection Act of 2006, as amended. In addition, the Company may decide to make contributions above the minimum funding requirements. The determination of required contributions to be made by the Company during 2022 and 2021 was based upon actuarial valuations as of January 1 of each year. There was no minimum required contribution for 2022 or 2021 under ERISA.

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. See Note 4 to these financial statements for additional disclosure related to plan termination.

The Company's funding policy is to contribute an amount annually at least equal to the minimum funding requirement and no more than the maximum tax-deductible contribution in accordance with ERISA and the Code. Such amount is determined annually by an independent consulting actuary and is certified in an Actuarial Valuation Report. The Company did not make any contributions during 2023 and 2022 for the plan year ended December 31, 2022 and December 31, 2021.

When assessing the ERISA section 4010 reporting requirements, certain financial and actuarial information must be provided to the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) if the PBGC Funding Target Attainment Percentage (PBGC FTAP) is less than 80% for any plan in the Company's controlled group. However, this reporting requirement may be waived for controlled groups with no more than \$15,000,000 in aggregate funding shortfall (PBGC 4010 FS), or fewer than 500 participants in all defined benefit plans.

Since the Company did not contribute additional funding to bring the 2022 PBGC FTAP of 77.47% above the 80% threshold, and the PBGC 4010 FS is greater than \$15,000,000 as of January 1, 2022, a 4010 filing was required for 2022.

NOTE 4. PLAN TERMINATION

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

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

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

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

NOTE 5. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

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

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

The actuarial present value of accumulated plan benefits is determined by an independent actuary and results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2022, were as follows:

- a. Interest rate used to compute the present value of accrued benefits was 7.00%.
- b. The assumed weighted average retirement age was sixty-four (64) years.
- c. Eighty percent (80%) of all male participants and sixty percent (60%) of all female participants were assumed to be married in 2022.
- d. Life expectancy rate: Pri-2012 based table projected with Scale MP-2021 were used.
- e. The actuarial method used to determine the accumulated plan benefits is the Unit Credit method.

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

The total actuarial present value of accumulated plan benefits as of January 1, 2022 (the most recent valuation date), consisted of the following:

	January 1, 2022
Vested benefits:	
Participants currently receiving payments	\$ 284,214,284
Other participants	116,566,379
	400,780,663
Nonvested benefits	2,277,556
Total actuarial present value of accumulated plan benefits	\$ 403,058,219

Changes in the total actuarial present value of accumulated plan benefits for the period January 1, 2021 to January 1, 2022, was as follows:

Actuarial present value of accumulated plan benefits, beginning of period	\$ 420,394,300
Increase (decrease) during the period attributable to:	
Actuarial losses	(2,163,897)
Increase for interest due to decrease in the discount period	28,421,221
Benefits paid	(29,248,405)
Settlements	(14,345,000)
Net decrease	(17,336,081)
Actuarial present value of accumulated plan benefits, end of period	\$ 403,058,219

NOTE 6. INCOME TAXES

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

GAAP requires the Plan management to evaluate uncertain tax positions taken by the Plan and to recognize a tax liability (or asset) when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan management has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2022, there were no uncertain positions taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan has not recognized interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions. There are currently no audits for any tax periods in progress related to the Plan.

NOTE 7. FAIR VALUE OF ASSETS

The Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, "Fair Value Measurement", (FASB ASC 820) establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurement). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The valuation techniques applied maximized the use of observable inputs and minimized the use of non-observable inputs.

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

- *Common Stock:* Valued at the closing price reported on the active market on which the securities are traded.
- *Cash and cash equivalents:* The carrying value approximates the fair value. The decreases in interest and noninterest bearing cash during the year ended December 31, 2022 is due to the timing of payments to participants and a shift in investment mix to manage volatility.
- *U.S. Government Securities:* These securities are priced by a pricing vendor on the basis of bid or mid evaluations in accordance to a region's market convention, using factors which include but are not limited to market quotations, yields, maturities, and the bond's terms and conditions. The pricing vendors use proprietary methods to arrive at the evaluated price.
- *Common/Collective Trusts:* The Plan uses the practical expedient election for the fair value of these investments as the investments are valued at the net asset value of shares held by the Plan at year end. The investments in common collective trust funds represent exchange-traded securities with readily observable prices. Common/collective trusts primarily consisted of investments in money market instruments with short maturities.
- *Registered Investment Companies:* Valued at quoted market prices, which represent the net asset value of the securities held in such funds at year end. Registered investment companies primarily consisted of investments in emerging market bonds at December 31, 2022, as well as investments in international equities and emerging market bonds at December 31, 2021.
- *Hedge Funds:* The Plan uses the practical expedient election for the fair value of these investments as the investments are valued at the net asset value of shares held by the Plan at year end. The investments in hedge funds represent exchange-traded securities with readily observable prices. There are five investment managers consisting of five hedge funds.
 - † Arcus Japan Value Fund has a 45-day notice period with no redemption frequency restrictions. The fund invests primarily in publicly traded equity securities and debt obligations.
 - † Argos Argonaut Fund has a 20-day notice period with no redemption frequency restrictions. The fund invests primarily in publicly traded equity securities and debt obligations.
 - † Mercator Fund has a quarterly redemption frequency with a 30-day notice period. The fund invests primarily in publicly traded equity securities and debt obligations.
 - † Simcoe Partners Offshore Ltd fund has a quarterly redemption frequency with a 30-day notice period. The fund invests primarily in publicly traded equity securities and debt obligations.
 - † Van Biema Asia Value Ltd, consisting of three funds, has an annual redemption frequency on the calendar year end with a 120-day notice period. The funds invest in approximately 10 to 20 funds that employ a range of value-oriented investment philosophies. The investment strategy of this fund centers on long-term returns with a strong focus on capital preservation.
- *Limited Partnerships:* The Plan uses the practical expedient election for the fair value of these investments as the investments are valued at the net asset value of shares held by the Plan at year end. The investments in limited partnerships represent exchange-traded securities with readily observable prices. There are six limited partnerships.

- † Acacia Capital, LP has a quarterly redemption frequency with a 30-day notice period. This partnership seeks high long-term returns following a value-oriented investment approach. The partnership may invest in a variety of securities, including U.S. and international equities, debt securities and preferred stocks.
- † MFP Partners, LP has a quarterly redemption frequency with a 60-day notice period. This partnership seeks high long-term returns following a value-oriented investment approach. The partnership may invest in a variety of securities, including U.S. and international equities, debt securities and preferred stocks.
- † Van Biema Global Value Fund, LP has an annual redemption frequency on the calendar year end with a 120-day notice period. The fund invests in approximately 10 to 20 funds that employ a range of value-oriented investment philosophies. The investment strategy of this fund centers on long-term returns with a strong focus on capital preservation.
- † vB Select European Opportunities Fund LP has a quarterly redemption frequency with a 60-day notice period. This partnership seeks to achieve its investment objective by purchasing, holding, selling and trading, currencies and financial instruments including U.S. or non-U.S. securities. The investment strategy of this fund is to achieve long-term capital appreciation on an absolute return basis while limiting down-side risk and volatility.
- † vB Select Pan-Asia Fund I, LP has a quarterly redemption frequency with a 60-day notice period. This partnership seeks to achieve its investment objective by purchasing, holding, selling and trading, currencies and financial instruments including U.S. or non-U.S. securities. The investment strategy of this fund is to achieve long-term capital appreciation on an absolute return basis while limiting down-side risk and volatility.
- † VB Select Japan Engagement Fund, LP has a quarterly redemption frequency with a 60-day notice period. This partnership seeks high long-term returns following a value-oriented investment approach. The partnership may invest in a variety of securities, including U.S. and international equities, debt securities and preferred stocks.
- *Publicly Traded Partnerships:* Valued at the closing price reported on the active market on which the securities are traded, similar to common stock.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date. There have been no changes in the methodologies used at December 31, 2022 and 2021.

Assets measured at fair value are as follows:

	December 31, 2022			
	Total	Level 1	Level 2	Level 3
Common stock				
U.S. equities	\$ 64,235,512	\$ 64,235,512	\$ —	\$ —
U.S. Government Securities	6,268,280	6,268,280		
Common / collective trusts ⁽¹⁾	36,343,145	—	—	—
Registered investment companies	40,240,067	40,240,067	—	—
Hedge funds ⁽¹⁾	105,078,574	—	—	—
Limited partnerships ⁽¹⁾	123,753,655	—	—	—
Publicly traded partnerships	438,289	438,289	—	—
Total assets at fair value	<u>\$ 376,357,522</u>	<u>\$ 111,182,148</u>	<u>\$ —</u>	<u>\$ —</u>

	December 31, 2021			
	Total	Level 1	Level 2	Level 3
Common stock				
U.S. equities	\$ 97,654,057	\$ 97,654,057	\$ —	\$ —
International equities	2,085,080	2,085,080	—	—
Cash - interest bearing	7,881,834	7,881,834	—	—
Common / collective trusts ⁽¹⁾	31,708,089	—	—	—
Registered investment companies	58,022,311	58,022,311	—	—
Hedge funds ⁽¹⁾	128,930,998	—	—	—
Limited partnerships ⁽¹⁾	185,000,531	—	—	—
Publicly traded partnerships	1,191,613	1,191,613	—	—
Total assets at fair value	<u>\$ 512,474,513</u>	<u>\$ 166,834,895</u>	<u>\$ —</u>	<u>\$ —</u>

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

NOTE 8. RISKS AND UNCERTAINTIES

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

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

NOTE 9. PARTY-IN-INTEREST TRANSACTIONS

All transactions with the Company, Trustee, the Plan's benefit administrator, service providers or participants are considered party-in-interest transactions. Certain Plan assets are invested in funds managed by the Trustee and Grantham, Mayo, Van Otterloo & Co. LLC ("GMO") (an investment advisor of the Plan); therefore, these transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

Expenses for accounting, administrative and investment services are charged to the Plan and totaled \$7.3 million and \$4.7 million in 2022 and 2021, respectively.

SUPPLEMENTAL SCHEDULES

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

EIN: 36-4412642 Plan Number: 001

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

December 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Common stock:			
	ACI WORLDWIDE INC COM STK	28,164	\$ 628,712	\$ 647,772
	APTARGROUP INC COM	2,796	224,065	307,504
	ARROW ELECTR INC COM	4,555	289,916	476,316
	ATKORE INC	5,000	444,380	567,100
	AXCELIS TECHNOLOGIES INC COM NEW COM NEW	1,600	93,143	126,976
	BERKLEY W R CORP COM	2,381	39,504	172,789
	BGC PARTNERS INC CL A CL A	117,655	708,883	443,559
	BLOCK H & R INC COM	25,400	613,978	927,354
	BROWN & BROWN INC COM	5,395	305,350	307,353
	BWX TECHNOLOGIES INC COM	15,270	776,409	886,882
	C H ROBINSON WORLDWIDE INC COM NEW COM NEW	3,217	266,817	294,549
	CASEYS GEN STORES INC COM	1,795	181,681	402,708
	CBIZ INC COM	26,709	250,994	1,251,317
	COLUMBIA BKG SYS INC COM	21,752	606,388	655,388
	COMM BANCSHARES INC COM	4,589	160,367	312,373
	CONSENSUS CLOUD SOLUTIONS INC COM USD0.001	6,059	290,093	325,732
	DAVITA INC COM	4,488	319,402	335,119
	DEVON ENERGY CORP NEW COM	8,296	301,692	510,287
	DIAMOND HILL INVT OH	5,700	729,514	1,054,614
	DT MIDSTREAM INC COM USD0.01 WI	13,302	688,748	735,069
	EATON CORP PLC COM USD0.50	1,930	155,451	302,914
	ENCORE WIRE CORP COM	12,200	1,045,729	1,678,232
	ENNIS INC COM	48,000	899,638	1,063,680
	ENOVIS CORPORATION COM USD0.001	9,068	499,384	485,319
	ESAB CORPORATION COM USD0.001 WI	10,022	416,068	470,232
	ESCO TECHNOLOGIES INC	3,480	284,401	304,639
	ETHAN ALLEN INTERIORS INC COM	12,000	285,362	317,040
	EVERI HLDGS INC COM	23,511	486,136	337,383
	FB FINL CORP COM	21,459	730,927	775,528
	FEDERATED HERMES INC COM NPV CLASS B	13,500	427,278	490,185
	FIRST MERCHANTS CORP COM	25,993	994,756	1,068,572
	FLCT LOANS ASSET (REST)	25,620	—	—
*	FMC CORP COM (NEW)	3,635	336,508	453,648
	FORWARD AIR CORP COM	4,348	377,112	456,062
	FULLER H B CO COM	8,604	501,231	616,218
	GAMCO INVS INC COM	12,500	190,971	190,500
	GENCOR INDS INC COM	80,000	996,271	808,000
	GENTEX CORP COM	14,708	416,819	401,087
	GXO LOGISTICS INC COM	8,058	360,876	343,996
	HENRY SCHEIN INC COMMON STOCK	3,796	287,321	303,187
	HEXCEL CORP NEW COM	5,228	268,749	307,668
	HUNTSMAN CORP COM STK	43,500	944,845	1,195,380

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

EIN: 36-4412642 Plan Number: 001

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

December 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	HURCO CO COM	34,000	1,037,502	888,420
	IDEX CORP COM	1,673	215,929	381,996
	INGLES MKTS INC CL A	21,700	1,328,503	2,093,181
	INSIGHT ENTERPRISES INC COM	3,871	227,868	388,145
	INSTEEL INDS INC COM	17,000	525,035	467,840
	INTERPUBLIC GROUP COMPANIES INC COM	409	4,577	13,624
	JOHNSON OUTDOORS INC CL A CL A	6,500	487,488	429,780
	KAMAN CORP COM	13,038	438,986	290,747
	KAR AUCTION SVCS INC COM STK	43,446	719,806	566,970
	KEYSIGHT TECHNOLOGIES INC COM	1,708	235,363	292,188
	KULICKE & SOFFA INDS INC COM	6,000	203,781	265,560
	LAB CORP AMER HLDGS COM NEW	2,187	331,274	514,995
	LEGGETT & PLATT INC COM	13,817	559,560	445,322
	LESLIES INC COM	33,599	612,310	410,244
	LITHIA MTRS INC COM CL A	2,584	249,341	529,048
	LIVANOVA PLC ORD GBP1.00 (DI)	6,162	369,181	342,237
	LOUISIANA-PACIFIC CORP COM	7,500	542,832	444,000
	M & T BK CORP COM	3,793	484,014	550,213
	MACYS INC COM STK	36,000	657,105	743,400
	MAGNOLIA OIL & GAS CORP CL A CL A	30,975	611,727	726,364
	MARCUS & MILLICHAP INC COM	36,500	1,197,456	1,257,425
	MASONITE INTL CORP NEW COM	5,885	429,918	474,390
	MERCURY GEN CORP NEW COM	4,678	161,766	159,988
	MODIVCARE INC COM	8,489	774,230	761,718
	MOHAWK INDS INC COM	4,419	563,125	451,710
	MOVADO GROUP INC COM	36,500	1,145,438	1,177,125
	MUELLER INDS INC COM	12,500	446,721	737,500
	MUELLER WTR PRODS INC COM STK	49,494	568,314	532,555
	NATHANS FAMOUS INC NEW COM	900	57,310	60,489
	NEWMARK GROUP INC CL A CL A	37,503	337,630	298,899
	NEXSTAR MEDIA GROUP INC COMMON STOCK	6,914	623,629	1,210,157
	NORTHERN TR CORP COM	4,787	355,430	423,602
	NVE CORP COM NEW COM NEW	14,500	862,280	938,875
	O REILLY AUTOMOTIVE INC NEW COM USD0.01	717	243,137	605,170
	OSI SYS INC COM	4,814	365,151	382,809
	OXFORD INDS INC COM	5,228	378,273	487,145
	PAC PREMIER BANCORP COM	26,990	856,781	851,804
	PACWEST BANCORP DEL COM	29,608	901,700	679,504
	PENDRELL CORP CL A PAR \$0.01 NEW CL A PAR \$0.01 NEW SEDOL	1	165,647	150,000
	RESOURCES CONNECTION INC COM	15,500	270,520	284,890
	RPC INC COM	15,500	131,393	137,795
	RPM INTL INC	4,305	307,514	419,522
	RUTHS HOSPITALITY GROUP INC	20,657	395,552	319,770
	SANFILIPPO JOHN B & SON INC COM	16,700	1,245,754	1,358,044

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

EIN: 36-4412642 Plan Number: 001

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

December 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	SILGAN HLDGS INC COM	24,552	490,735	1,272,776
	SMUCKER J M CO COM NEW	2,924	321,127	463,337
	SONOCO PROD CO COM	7,641	359,591	463,885
	SPECTRUM BRANDS HLDGS INC COM USD0.01	10,442	870,203	636,127
	STANDARD MTR PRODS INC COM	45,000	1,759,125	1,566,000
	STERIS PLC ORD USD0.001	2,689	422,707	496,631
	SYLVAMO CORP COM	13,500	537,506	655,965
	TEGNA INC COM	63,000	1,284,040	1,334,970
	TIMKENSTEEL CORP COM NPV "WI"	3,300	59,473	59,961
	TITAN MACHY INC COM	5,200	160,098	206,596
	TRACTOR SUPPLY CO COM	2,070	236,698	465,688
	UFP INDUSTRIES INC COM USD1.00	5,000	349,041	396,250
	UNITED STS LIME & MINERALS INC COM	5,300	501,556	746,028
	VERINT SYS INC COM	21,238	692,774	770,515
	VERRA MOBILITY CORP	55,332	795,752	765,242
	VISHAY INTERTECHNOLOGY INC COM STK	70,000	1,313,180	1,509,900
	WABTEC CORP COM	3,235	215,719	322,885
	WERNER ENTERPRISES INC COM	8,974	334,726	361,293
	WHITE MOUNTAINS INSURANCE GROUP COM STOCK	510	417,781	721,308
	WIDOPENWEST INC COM	36,955	672,084	336,660
	WILEY JOHN & SONS INC CLA	17,787	912,057	712,547
	WILLIAMS SONOMA INC COM	2,741	278,678	314,996
	ZIFF DAVIS INC COM USD0.001	10,652	650,559	842,573
	ZIMMER BIOMET HLDGS INC COM	5,945	670,082	757,988
			\$ 55,758,012	\$ 64,235,512
Cash and Temporary investments:				
	Non interest bearing cash	20,665	\$ 20,665	\$ 20,665
			\$ 20,665	\$ 20,665
Common / collective trusts:				
*	Northern Trust Coltv Short Term Investment Fund	36,343,145	\$ 36,343,145	\$ 36,343,145
			\$ 36,343,145	\$ 36,343,145

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

EIN: 36-4412642 Plan Number: 001

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

December 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Registered investment companies:				
	Community Healthcare TR INC	12,326	\$ 324,620	\$ 441,271
	EQUITY COMMONWEALTH USD0.01(BNF INT)	13,517	\$ 351,139	\$ 337,519
	MEDICAL PPTYS TR INC COM REIT	33,867	\$ 434,408	\$ 377,278
	PHORCYS OPPORTUNITIES I, LLC	16,000,000	\$ 16,000,000	\$ 16,265,043
	STARWOOD PROPERTY TRUST INC COM REIT	39,937	\$ 575,262	\$ 732,045
*	MFO GMO TR EMERGING COUNTRY DEBT FD CL III EMERGING COUNTRY DEBT FUND III	1,270,093	\$ 33,299,617	\$ 22,086,911
			\$ 50,985,046	\$ 40,240,067
Hedge funds:				
	CF MERCATOR FUND CAYMAN LTD CL A SHARES SER 47	6,174	\$ 16,000,000	\$ 14,415,612
	CF ARCUS ABS UNIT 1, ARCUS JAPAN VALUE FUND ABSOLUTE UNIT SERIES 1 FD	18,768	\$ 5,377,464	\$ 7,209,332
	CF SIMCOE PARTNERS OFFSHORE CLASS A SER 1 LTD	10,683	\$ 17,732,271	\$ 32,474,580
	CF VAN BIEMA ASIA VALUE LTD CL C SER 0111 FD	23,721	\$ 24,000,000	\$ 26,148,508
	CF ARGOS ARGONAUT-A-EUR FD	25,434	\$ 6,631,595	\$ 11,444,146
	CF ARGOS ARGONAUT-B-EUR FD	41,298	7,700,697	13,386,396
			\$ 77,442,027	\$ 105,078,574
Limited partnerships:				
	Acacia Capital LP	9,200,000	9,200,000	10,379,897
	MFP Partners, LP	1	1	1,000,500
	Van Biema Global Value Fund, LP	22,700,000	22,700,000	50,946,624
	VB Select European Opportunities Fund LP	10,000,000	10,000,000	10,466,996
	VB SELECT JAPAN ENGAGEMENT FUND, LP	35,021,971	35,021,970	25,273,847
	VB Select Pan-Asia Fund	27,499,209	27,499,209	25,685,791
			\$ 104,421,180	\$ 123,753,655
Publicly traded partnerships:				
	Viper energy Partners LP	13,787	359,613	438,289
			\$ 359,613	\$ 438,289
U.S. Government securities				
	UNITED STATES TREAS BD STRIPPED PRIN PMT15/02/2052 (UNDDATE) BEO SBMX79G0	19,300,000	7,007,637	6,268,280
			\$ 7,007,637	\$ 6,268,280
			<u>\$ 332,337,325</u>	<u>\$ 376,378,187</u>

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

*Party-in-interest.

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

EIN: 36-4412642 Plan Number: 001

Form 5500, Schedule H, Line 4j – Schedule of Reportable Transactions
Year ended December 31, 2022

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	Total number of transactions		(c) Purchase price	(d) Selling price	(f) Expenses incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
		Purchases	Sales						
Category (i) – Single Transaction in Excess of 5%									
COLTV SHORT TERM INVT FD		—	42,093,463	\$ —	\$ 1		\$ 42,093,463	\$ 42,093,463	\$ —
NT COLLECTIVE SHORT TERM INVT FD		39,668,968	—	\$ 1	\$ —		\$ 39,668,968	\$ 39,668,968	\$ —
Category (iii) – Series of Transactions by Issue in Excess of 5%									
COLTV SHORT TERM INVT FD		269	—	\$ 140,199,098	\$ —		\$ 140,199,098	\$ 140,199,098	\$ —
COLTV SHORT TERM INVT FD		—	177	\$ —	\$ 171,907,186		\$ 171,907,186	\$ 171,907,186	\$ —
NT COLLECTIVE SHORT TERM INVT FD		224	—	\$ 146,577,902	\$ —		\$ 146,577,902	\$ 146,577,902	\$ —
NT COLLECTIVE SHORT TERM INVT FD		—	186	\$ —	\$ 110,234,757		\$ 110,234,757	\$ 110,234,757	\$ —
UNITED STATES TREAS BD STRIPPED PRIN PMT		2	—	\$ 19,963,646	\$ —		\$ 19,963,646	\$ 19,963,646	\$ —
UNITED STATES TREAS BD STRIPPED PRIN PMT		—	2	\$ —	\$ 9,507,075		\$ 12,956,009	\$ 9,507,075	\$ (3,448,934)

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

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

See accompanying report of independent certified public accountants.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data as of January 1, 2022

Distribution of active participants for Union Hourly employees

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	1	0	0	0	0	0	0	0	1
30-34	0	2	1	0	0	0	0	0	0	0	3
35-39	0	2	2	1	0	0	0	0	0	0	5
40-44	0	1	4	0	0	0	0	0	0	0	5
45-49	0	0	3	2	0	0	0	0	0	0	5
50-54	0	3	6	1	0	0	0	0	0	0	10
55-59	0	1	7	2	0	1	1	0	0	0	12
60-64	0	0	13	8	1	2	2	1	1	0	28
65-69	0	0	1	0	1	0	1	0	0	0	3
70 & over	0	0	0	1	1	0	0	0	0	0	2
Total	0	9	38	15	3	3	4	1	1	0	74

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: FMC TECHNOLOGIES, INC. EMPLOYEES' RETIREMENT PROGRAM
 EIN / PN: 36-4412642/001
 Plan Sponsor: FMC Technologies, Inc.
 Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data as of January 1, 2022

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

Attained Age	Attained Years of Credited Service ²										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	3	1	3	1	0	0	0	0	0	8
40-44	0	0	4	20	28	1	0	0	0	0	53
45-49	0	2	3	10	27	19	1	0	0	0	62
50-54	0	0	5	14	21	13	11	1	0	0	65
55-59	0	0	2	8	21	12	11	4	1	0	59
60-64	0	0	0	5	17	15	6	9	8	0	60
65-69	0	1	0	3	1	3	1	2	1	5	17
70 & over	0	0	0	0	0	0	0	0	0	1	1
Total	0	6	15	63	116	63	30	16	10	6	325

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

Plan Name: FMC TECHNOLOGIES, INC. EMPLOYEES' RETIREMENT PROGRAM
 EIN / PN: 36-4412642/001
 Plan Sponsor: FMC Technologies, Inc.
 Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

Applicable month	September
Interest rate basis	Segment Rates from 3 Month Preceding Valuation Date

Interest rates

	Reflecting Stabilization	Not Reflecting Stabilization
First segment rate	4.75%	1.07%
Second segment rate	5.18%	2.68%
Third segment rate	5.92%	3.36%
Effective interest rate	5.43%	2.94%

Annual rates of increase

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

Plan-related expenses

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

Demographic Assumptions

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

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

Plan Name: FMC TECHNOLOGIES, INC. EMPLOYEES' RETIREMENT PROGRAM
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Valuation Date: January 1, 2022

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Mortality

Healthy

Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2020) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2020).

Disabled

Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2020) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2020).

Termination

Rates varying by age and service.

Representative Termination Rates

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

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Disability

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

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

Retirement

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

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

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

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Benefit commencement date:

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

Form of payment

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

Percent married

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

Spouse age

Wife three years younger than husband

Covered pay

Not applicable.

Timing of benefit payments

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

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Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial value of assets for determining minimum required contributions	<p>Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings with such expected earnings limited as described in IRS Notice 2009-22. The average asset value must be within 10% of market value, including discounted contributions receivable discounted using the effective interest rate for the 2020 plan year.</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p>
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued based on discussions with TechnipFMC regarding the likelihood that these benefits will be paid. Willis Towers Watson has reviewed the plan provisions with TechnipFMC and, based on that review, is not aware of any significant benefits required to be valued that were not.

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Sources of Data and Other Information

The plan sponsor through its third party administrator, furnished participant data as of January 1, 2022. Information on assets was supplied by Northern Trust. Information on contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made where data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. The following assumptions were made for missing or apparently inconsistent data elements:

- For active participants who were provided on the January 1, 2022 census but not historically valued and no status was provided by the plan administrator in response to our data questions, the records were excluded from the valuation.
- For inactive participants valued in the prior year but missing from the January 1, 2022 census and provided with an "Unknown" status by the plan administrator in response to our data questions, the records were excluded from the valuation.
- For deferred vested participants missing benefit amounts but confirmed to be due a benefit by the plan administrator, the average monthly benefit for deferred vested participants from the prior valuation was used.
- For rehired participants missing an accrued benefit, it was assumed their monthly benefit is \$650.
- For deferred participants provided with \$0 monthly benefits in the census and the amount was provided as "Unable to confirm" by the plan administrator, the record was not valued.
- For participants currently receiving a Joint & Survivor annuity, but missing beneficiary's date of birth, their beneficiary's date of birth was determined assuming the wife to be three years younger than husband.
- For participants currently receiving a Joint & Survivor annuity, but missing beneficiary's gender, their beneficiary's gender was determined assuming the beneficiary to be female if the participant is male and vice versa for a female participant.

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

Assumptions Rationale - Significant Economic Assumptions

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

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

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subsidized early retirement factors for terminated vested participants.

Deferred vested participants are assumed to begin benefits based on rates applied to a number of commencement ages based on an analysis of actual commencement patterns and subsidized early retirement factors for terminated vested participants.

Form of payment

The percentage of retiring participants assumed to take joint and survivor annuities, and the assumed survivor percentages, are based on historical experience with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Percent married

The assumed percentage married is based on the percentage married in the active population.

Spouse age

The assumed age difference for spouses is based on general population statistics of the age difference for married individuals of retirement age.

Prescribed Methods

Funding methods

The methods used for funding purposes as described in Statement of Actuarial Assumptions/Methods, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

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Changes in Assumptions and Methods

Change in assumptions since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.

The mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvement, as required by IRC §430.

The assumed plan-related expenses added to the target normal cost were changed from \$3,532,000 to \$ 3,297,000.

Change in methods since prior valuation

None

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Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	FMC Technologies, Inc.
EIN/PN	36-4412642/001
Plan Name	FMC TECHNOLOGIES, INC. EMPLOYEES' RETIREMENT PROGRAM
Valuation Date	January 1, 2022
Enrolled Actuary	David M Anderson
Enrollment Number	23-07493

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

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

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

EIN: 36-4412642 Plan Number: 001

Form 5500, Schedule H, Line 4j – Schedule of Reportable Transactions
Year ended December 31, 2022

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	Total number of transactions		(c) Purchase price	(d) Selling price	(f) Expenses incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
		Purchases	Sales						
Category (i) – Single Transaction in Excess of 5%									
COLTV SHORT TERM INVT FD		—	42,093,463	\$ —	\$ 1		\$ 42,093,463	\$ 42,093,463	\$ —
NT COLLECTIVE SHORT TERM INVT FD		39,668,968	—	\$ 1	\$ —		\$ 39,668,968	\$ 39,668,968	\$ —
Category (iii) – Series of Transactions by Issue in Excess of 5%									
COLTV SHORT TERM INVT FD		269	—	\$ 140,199,098	\$ —		\$ 140,199,098	\$ 140,199,098	\$ —
COLTV SHORT TERM INVT FD		—	177	\$ —	\$ 171,907,186		\$ 171,907,186	\$ 171,907,186	\$ —
NT COLLECTIVE SHORT TERM INVT FD		224	—	\$ 146,577,902	\$ —		\$ 146,577,902	\$ 146,577,902	\$ —
NT COLLECTIVE SHORT TERM INVT FD		—	186	\$ —	\$ 110,234,757		\$ 110,234,757	\$ 110,234,757	\$ —
UNITED STATES TREAS BD STRIPPED PRIN PMT		2	—	\$ 19,963,646	\$ —		\$ 19,963,646	\$ 19,963,646	\$ —
UNITED STATES TREAS BD STRIPPED PRIN PMT		—	2	\$ —	\$ 9,507,075		\$ 12,956,009	\$ 9,507,075	\$ (3,448,934)

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

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

See accompanying report of independent certified public accountants.

SCHEDULE SB (Form 5500) 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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

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

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

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>	
2 Assets:	
a Market value	2a 516,044,191
b Actuarial value	2b 495,561,487
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants 1,487 (2) Vested Funding Target 327,219,505 (3) Total Funding Target 327,219,505
b For terminated vested participants	978 80,455,655 80,455,655
c For active participants	399 64,518,085 67,276,946
d Total	2,864 472,193,245 474,952,106
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 5.43%
6 Target normal cost	
a Present value of current plan year accruals	6a 0
b Expected plan-related expenses	6b 3,297,000
c Total (line 6a + line 6b)	6c 3,297,000

Statement by Enrolled Actuary

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

SIGN HERE	David M Anderson 	10/14/2023
	Signature of actuary	Date
David M Anderson	Type or print name of actuary	2307493
		Most recent enrollment number
Willis Towers Watson US LLC	Firm name	713-754-5400
		Telephone number (including area code)
811 Louisiana Street Suite 2200 Houston TX 77002	Address of the firm	

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

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

Schedule SB (Form 5500) 2022
v. 220413

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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>14.09</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.61</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III	Funding Percentages
----------	---------------------

14	Funding target attainment percentage.....	14	104.33 %
15	Adjusted funding target attainment percentage	15	104.04 %
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	101.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ►	18(b)	0 18(c)

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ 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: 5.18 %	3rd segment: 5.92 %	☐ 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 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
b Is the plan required to provide a projection of expected benefit payments? 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	3,297,000	
b Excess assets, if applicable, but not greater than line 31a	31b	3,297,000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2022

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

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

Plan Name: FMC TECHNOLOGIES, INC. EMPLOYEES' RETIREMENT PROGRAM
 EIN / PN: 36-4412642/001
 Plan Sponsor: FMC Technologies, Inc.
 Valuation Date: January 1, 2022

Schedule SB, Line 26b - Schedule of Projection of Expected Benefit Payments

1. DO NOT REMOVE OR MODIFY ROWS 1-11

2. The following are valid values:

Column Header Data Type

Plan Year 4-digit Year

Active Participant 8-digit Type

Terminated Participant 8-digit Type

Retired Participant 8-digit Type

Total Participant 8-digit Type

Plan Year Active Participant Terminated Participant Retired Participant Total Participants

2022	#####	#####	#####	#####
2023	#####	#####	#####	#####
2024	#####	#####	#####	#####
2025	#####	#####	#####	#####
2026	#####	#####	#####	#####
2027	#####	#####	#####	#####
2028	#####	#####	#####	#####
2029	#####	#####	#####	#####
2030	#####	#####	#####	#####
2031	#####	#####	#####	#####
2032	#####	#####	#####	#####
2033	#####	#####	#####	#####
2034	#####	#####	#####	#####
2035	#####	#####	#####	#####
2036	#####	#####	#####	#####
2037	#####	#####	#####	#####
2038	#####	#####	#####	#####
2039	#####	#####	#####	#####
2040	#####	#####	#####	#####
2041	#####	#####	#####	#####
2042	#####	#####	#####	#####
2043	#####	#####	#####	#####
2044	#####	#####	#####	#####
2045	#####	#####	#####	#####
2046	#####	#####	#####	#####
2047	#####	#####	#####	#####
2048	#####	#####	#####	#####
2049	#####	#####	#####	#####
2050	#####	#####	#####	#####
2051	#####	#####	#####	#####
2052	#####	#####	#####	#####
2053	#####	#####	#####	#####
2054	#####	#####	#####	#####
2055	#####	#####	#####	#####
2056	#####	#####	#####	#####
2057	#####	#####	#####	#####

2058	#####	#####	#####	#####
2059	#####	#####	#####	#####
2060	#####	#####	#####	#####
2061	#####	#####	#####	#####
2062	#####	#####	#####	#####
2063	#####	#####	#####	#####
2064	#####	#####	#####	#####
2065	#####	#####	#####	#####
2066	#####	#####	#####	#####
2067	#####	#####	#####	#####
2068	#####	#####	#####	#####
2069	#####	#####	96,703.49	#####
2070	#####	#####	80,326.85	#####
2071	#####	#####	66,514.20	#####

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The most recent amendment reflected in the following plan provisions was effective December 31, 2018. The plan was further amended on December 18, 2020 to reflect the Retiree Annuity Purchases occurring on December 28, 2020 and January 4, 2021.

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

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

Definitions

Vesting service Elapsed time from date of hire to the nearest month.

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

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

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

Normal retirement date (NRD) Age 65

Plan Name: FMC TECHNOLOGIES, INC. EMPLOYEES' RETIREMENT PROGRAM
EIN / PN: 36-4412642/001
Plan Sponsor: FMC Technologies, Inc.
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Monthly pension benefit

Salaried / Non-Union	One-twelfth of the sum of (a) and (b) multiplied by (c) but not less than the frozen FMC plan benefit as of December 31, 1990: a) 1% of final average earnings up to covered compensation plus 1.5% of final average earnings in excess of covered compensation, times pension service projected to age 65 up to a maximum of 35 years. b) 1.5% of final average earnings times pension service projected to age 65 in excess of 35 years. c) The ratio of actual pension service to expected years of pension service at age 65.
Union hourly – Smith Meter	One-twelfth of the greater of (a) or (b): a) Frozen benefit determined under the prior payrelated formula, if applicable. b) A dollar multiplier times pension service: Smith Meter – \$42 per month per year of pension service (starting January 1, 2018).
Monthly preretirement death benefit	50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday

Eligibility for Benefits

Normal retirement	Retirement on NRD
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Early Retirement

Salaried / Non-Union	Retirement before NRD and on or after both attaining age 55 and completing ten years of pension service. For those hired before January 1, 1984, Retirement before NRD and on or after attaining age 55.
Union hourly – Smith Meter	Retirement before NRD and on or after both attaining age 57 and completing ten years of pension service.

Postponed retirement	Retirement after NRD.
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Plan Name:	FMC TECHNOLOGIES, INC. EMPLOYEES' RETIREMENT PROGRAM
EIN / PN:	36-4412642/001
Plan Sponsor:	FMC Technologies, Inc.
Valuation Date:	January 1, 2022

SCHEDULE SB ATTACHMENTS

Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service.
Disability	
Salaried / Non-Union	None provided.
Union hourly – Smith Meter	Employee under age 62 is eligible upon attainment of 10 years of vesting service.
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse. Must be married for at least one year.

Plan Name:	FMC TECHNOLOGIES, INC. EMPLOYEES' RETIREMENT PROGRAM
EIN / PN:	36-4412642/001
Plan Sponsor:	FMC Technologies, Inc.
Valuation Date:	January 1, 2022

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement

The monthly pension benefit determined as of NRD. For Salaried / Non-Union participants, the benefit will be increased \$1 per month for each \$120 of unwithdrawn employee contributions and interest credited to participant.

Early retirement

Salaried / Non-Union

The monthly pension benefit determined as of the early retirement date, reduced by 1/3 of 1% for each month early retirement precedes the participant's 62nd birthday. The benefit will be increased \$1 per month for each \$120 of unwithdrawn employee contributions and interest credited to participant and increased by \$3 for every year that early retirement precedes NRD.

Union hourly – Smith Meter

The monthly pension benefit determined as of the early retirement date, reduced by 4% for each year retirement precedes the participant's 62nd birthday.

Postponed retirement

The monthly pension benefit determined as of the actual retirement date.

Vested termination

The monthly pension benefit determined as of the termination date, reduced ½ of 1% for each month benefit commencement precedes NRD.

Disability

Salaried / Non-Union

None provided.

Union hourly – Smith Meter

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

Preretirement death

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

Plan Name: FMC TECHNOLOGIES, INC. EMPLOYEES' RETIREMENT PROGRAM
EIN / PN: 36-4412642/001
Plan Sponsor: FMC Technologies, Inc.
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment

Preretirement death benefits are payable only as described above.

■ Salaried / Non-Union

Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option.

■ Union hourly – All

Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 100% joint and survivor annuity option.

■ Union hourly – Smith Meter

Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option.

Pension Increases

None

Plan participants' contributions

None

Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for determining contributions.

Future Plan Changes

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

Changes in Benefits Valued Since Prior Year

None

Plan Name: FMC TECHNOLOGIES, INC. EMPLOYEES' RETIREMENT PROGRAM
EIN / PN: 36-4412642/001
Plan Sponsor: FMC Technologies, Inc.
Valuation Date: January 1, 2022

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

EIN: 36-4412642 Plan Number: 001

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

December 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Common stock:			
	ACI WORLDWIDE INC COM STK	28,164	\$ 628,712	\$ 647,772
	APTARGROUP INC COM	2,796	224,065	307,504
	ARROW ELECTR INC COM	4,555	289,916	476,316
	ATKORE INC	5,000	444,380	567,100
	AXCELIS TECHNOLOGIES INC COM NEW COM NEW	1,600	93,143	126,976
	BERKLEY W R CORP COM	2,381	39,504	172,789
	BGC PARTNERS INC CL A CL A	117,655	708,883	443,559
	BLOCK H & R INC COM	25,400	613,978	927,354
	BROWN & BROWN INC COM	5,395	305,350	307,353
	BWX TECHNOLOGIES INC COM	15,270	776,409	886,882
	C H ROBINSON WORLDWIDE INC COM NEW COM NEW	3,217	266,817	294,549
	CASEYS GEN STORES INC COM	1,795	181,681	402,708
	CBIZ INC COM	26,709	250,994	1,251,317
	COLUMBIA BKG SYS INC COM	21,752	606,388	655,388
	COMM BANCSHARES INC COM	4,589	160,367	312,373
	CONSENSUS CLOUD SOLUTIONS INC COM USD0.001	6,059	290,093	325,732
	DAVITA INC COM	4,488	319,402	335,119
	DEVON ENERGY CORP NEW COM	8,296	301,692	510,287
	DIAMOND HILL INVT OH	5,700	729,514	1,054,614
	DT MIDSTREAM INC COM USD0.01 WI	13,302	688,748	735,069
	EATON CORP PLC COM USD0.50	1,930	155,451	302,914
	ENCORE WIRE CORP COM	12,200	1,045,729	1,678,232
	ENNIS INC COM	48,000	899,638	1,063,680
	ENOVIS CORPORATION COM USD0.001	9,068	499,384	485,319
	ESAB CORPORATION COM USD0.001 WI	10,022	416,068	470,232
	ESCO TECHNOLOGIES INC	3,480	284,401	304,639
	ETHAN ALLEN INTERIORS INC COM	12,000	285,362	317,040
	EVERI HLDGS INC COM	23,511	486,136	337,383
	FB FINL CORP COM	21,459	730,927	775,528
	FEDERATED HERMES INC COM NPV CLASS B	13,500	427,278	490,185
	FIRST MERCHANTS CORP COM	25,993	994,756	1,068,572
	FLCT LOANS ASSET (REST)	25,620	—	—
*	FMC CORP COM (NEW)	3,635	336,508	453,648
	FORWARD AIR CORP COM	4,348	377,112	456,062
	FULLER H B CO COM	8,604	501,231	616,218
	GAMCO INVS INC COM	12,500	190,971	190,500
	GENCOR INDS INC COM	80,000	996,271	808,000
	GENTEX CORP COM	14,708	416,819	401,087
	GXO LOGISTICS INC COM	8,058	360,876	343,996
	HENRY SCHEIN INC COMMON STOCK	3,796	287,321	303,187
	HEXCEL CORP NEW COM	5,228	268,749	307,668
	HUNTSMAN CORP COM STK	43,500	944,845	1,195,380

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

EIN: 36-4412642 Plan Number: 001

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

December 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	HURCO CO COM	34,000	1,037,502	888,420
	IDEX CORP COM	1,673	215,929	381,996
	INGLES MKTS INC CL A	21,700	1,328,503	2,093,181
	INSIGHT ENTERPRISES INC COM	3,871	227,868	388,145
	INSTEEL INDS INC COM	17,000	525,035	467,840
	INTERPUBLIC GROUP COMPANIES INC COM	409	4,577	13,624
	JOHNSON OUTDOORS INC CL A CL A	6,500	487,488	429,780
	KAMAN CORP COM	13,038	438,986	290,747
	KAR AUCTION SVCS INC COM STK	43,446	719,806	566,970
	KEYSIGHT TECHNOLOGIES INC COM	1,708	235,363	292,188
	KULICKE & SOFFA INDS INC COM	6,000	203,781	265,560
	LAB CORP AMER HLDGS COM NEW	2,187	331,274	514,995
	LEGGETT & PLATT INC COM	13,817	559,560	445,322
	LESLIES INC COM	33,599	612,310	410,244
	LITHIA MTRS INC COM CL A	2,584	249,341	529,048
	LIVANOVA PLC ORD GBP1.00 (DI)	6,162	369,181	342,237
	LOUISIANA-PACIFIC CORP COM	7,500	542,832	444,000
	M & T BK CORP COM	3,793	484,014	550,213
	MACYS INC COM STK	36,000	657,105	743,400
	MAGNOLIA OIL & GAS CORP CL A CL A	30,975	611,727	726,364
	MARCUS & MILLICHAP INC COM	36,500	1,197,456	1,257,425
	MASONITE INTL CORP NEW COM	5,885	429,918	474,390
	MERCURY GEN CORP NEW COM	4,678	161,766	159,988
	MODIVCARE INC COM	8,489	774,230	761,718
	MOHAWK INDS INC COM	4,419	563,125	451,710
	MOVADO GROUP INC COM	36,500	1,145,438	1,177,125
	MUELLER INDS INC COM	12,500	446,721	737,500
	MUELLER WTR PRODS INC COM STK	49,494	568,314	532,555
	NATHANS FAMOUS INC NEW COM	900	57,310	60,489
	NEWMARK GROUP INC CL A CL A	37,503	337,630	298,899
	NEXSTAR MEDIA GROUP INC COMMON STOCK	6,914	623,629	1,210,157
	NORTHERN TR CORP COM	4,787	355,430	423,602
	NVE CORP COM NEW COM NEW	14,500	862,280	938,875
	O REILLY AUTOMOTIVE INC NEW COM USD0.01	717	243,137	605,170
	OSI SYS INC COM	4,814	365,151	382,809
	OXFORD INDS INC COM	5,228	378,273	487,145
	PAC PREMIER BANCORP COM	26,990	856,781	851,804
	PACWEST BANCORP DEL COM	29,608	901,700	679,504
	PENDRELL CORP CL A PAR \$0.01 NEW CL A PAR \$0.01 NEW SEDOL	1	165,647	150,000
	RESOURCES CONNECTION INC COM	15,500	270,520	284,890
	RPC INC COM	15,500	131,393	137,795
	RPM INTL INC	4,305	307,514	419,522
	RUTHS HOSPITALITY GROUP INC	20,657	395,552	319,770
	SANFILIPPO JOHN B & SON INC COM	16,700	1,245,754	1,358,044

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

EIN: 36-4412642 Plan Number: 001

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

December 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	SILGAN HLDGS INC COM	24,552	490,735	1,272,776
	SMUCKER J M CO COM NEW	2,924	321,127	463,337
	SONOCO PROD CO COM	7,641	359,591	463,885
	SPECTRUM BRANDS HLDGS INC COM USD0.01	10,442	870,203	636,127
	STANDARD MTR PRODS INC COM	45,000	1,759,125	1,566,000
	STERIS PLC ORD USD0.001	2,689	422,707	496,631
	SYLVAMO CORP COM	13,500	537,506	655,965
	TEGNA INC COM	63,000	1,284,040	1,334,970
	TIMKENSTEEL CORP COM NPV "WI"	3,300	59,473	59,961
	TITAN MACHY INC COM	5,200	160,098	206,596
	TRACTOR SUPPLY CO COM	2,070	236,698	465,688
	UFP INDUSTRIES INC COM USD1.00	5,000	349,041	396,250
	UNITED STS LIME & MINERALS INC COM	5,300	501,556	746,028
	VERINT SYS INC COM	21,238	692,774	770,515
	VERRA MOBILITY CORP	55,332	795,752	765,242
	VISHAY INTERTECHNOLOGY INC COM STK	70,000	1,313,180	1,509,900
	WABTEC CORP COM	3,235	215,719	322,885
	WERNER ENTERPRISES INC COM	8,974	334,726	361,293
	WHITE MOUNTAINS INSURANCE GROUP COM STOCK	510	417,781	721,308
	WIDOPENWEST INC COM	36,955	672,084	336,660
	WILEY JOHN & SONS INC CLA	17,787	912,057	712,547
	WILLIAMS SONOMA INC COM	2,741	278,678	314,996
	ZIFF DAVIS INC COM USD0.001	10,652	650,559	842,573
	ZIMMER BIOMET HLDGS INC COM	5,945	670,082	757,988
			\$ 55,758,012	\$ 64,235,512
Cash and Temporary investments:				
	Non interest bearing cash	20,665	\$ 20,665	\$ 20,665
			\$ 20,665	\$ 20,665
Common / collective trusts:				
*	Northern Trust Coltv Short Term Investment Fund	36,343,145	\$ 36,343,145	\$ 36,343,145
			\$ 36,343,145	\$ 36,343,145

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

EIN: 36-4412642 Plan Number: 001

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

December 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Registered investment companies:				
	Community Healthcare TR INC	12,326	\$ 324,620	\$ 441,271
	EQUITY COMMONWEALTH USD0.01(BNF INT)	13,517	\$ 351,139	\$ 337,519
	MEDICAL PPTYS TR INC COM REIT	33,867	\$ 434,408	\$ 377,278
	PHORCYS OPPORTUNITIES I, LLC	16,000,000	\$ 16,000,000	\$ 16,265,043
	STARWOOD PROPERTY TRUST INC COM REIT	39,937	\$ 575,262	\$ 732,045
*	MFO GMO TR EMERGING COUNTRY DEBT FD CL III EMERGING COUNTRY DEBT FUND III	1,270,093	\$ 33,299,617	\$ 22,086,911
			\$ 50,985,046	\$ 40,240,067
Hedge funds:				
	CF MERCATOR FUND CAYMAN LTD CL A SHARES SER 47	6,174	\$ 16,000,000	\$ 14,415,612
	CF ARCUS ABS UNIT 1, ARCUS JAPAN VALUE FUND ABSOLUTE UNIT SERIES 1 FD	18,768	\$ 5,377,464	\$ 7,209,332
	CF SIMCOE PARTNERS OFFSHORE CLASS A SER 1 LTD	10,683	\$ 17,732,271	\$ 32,474,580
	CF VAN BIEMA ASIA VALUE LTD CL C SER 0111 FD	23,721	\$ 24,000,000	\$ 26,148,508
	CF ARGOS ARGONAUT-A-EUR FD	25,434	\$ 6,631,595	\$ 11,444,146
	CF ARGOS ARGONAUT-B-EUR FD	41,298	7,700,697	13,386,396
			\$ 77,442,027	\$ 105,078,574
Limited partnerships:				
	Acacia Capital LP	9,200,000	9,200,000	10,379,897
	MFP Partners, LP	1	1	1,000,500
	Van Biema Global Value Fund, LP	22,700,000	22,700,000	50,946,624
	VB Select European Opportunities Fund LP	10,000,000	10,000,000	10,466,996
	VB SELECT JAPAN ENGAGEMENT FUND, LP	35,021,971	35,021,970	25,273,847
	VB Select Pan-Asia Fund	27,499,209	27,499,209	25,685,791
			\$ 104,421,180	\$ 123,753,655
Publicly traded partnerships:				
	Viper energy Partners LP	13,787	359,613	438,289
			\$ 359,613	\$ 438,289
U.S. Government securities				
	UNITED STATES TREAS BD STRIPPED PRIN PMT15/02/2052 (UNDDATE) BEO SBMX79G0	19,300,000	7,007,637	6,268,280
			\$ 7,007,637	\$ 6,268,280
			\$ 332,337,325	\$ 376,378,187

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

*Party-in-interest.