

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2014 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 03/31/2014	
A This return/report is for:	☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) ☐ a one-participant plan ☐ a foreign plan
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 Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II Basic Plan Information —enter all requested information							
1a Name of plan ROBUSCHI USA INC 401K PLAN	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ►</td> <td>001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/2011</td> </tr> </table>	1b Three-digit plan number (PN) ►	001	1c Effective date of plan 01/01/2011			
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1c Effective date of plan 01/01/2011							
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) ROBUSCHI USA INC 1813 ASSOCIATES LANE, STE E CHARLOTTE, NC 28217	<table border="1"> <tr> <td>2b Employer Identification Number (EIN)</td> <td>20-1591793</td> </tr> <tr> <td>2c Sponsor's telephone number</td> <td>704-424-1018</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td>423800</td> </tr> </table>	2b Employer Identification Number (EIN)	20-1591793	2c Sponsor's telephone number	704-424-1018	2d Business code (see instructions)	423800
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3a Plan administrator's name and address ☒ Same as Plan Sponsor.	<table border="1"> <tr> <td>3b Administrator's EIN</td> <td></td> </tr> <tr> <td>3c Administrator's telephone number</td> <td></td> </tr> </table>	3b Administrator's EIN		3c Administrator's telephone number			
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3c Administrator's telephone number							
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.	<table border="1"> <tr> <td>4b EIN</td> <td></td> </tr> <tr> <td>4c PN</td> <td></td> </tr> </table>	4b EIN		4c PN			
4b EIN							
4c PN							
a Sponsor's name							
5a Total number of participants at the beginning of the plan year	5a 4						
b Total number of participants at the end of the plan year	5b 0						
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c 0						
d(1) Total number of active participants at the beginning of the plan year.....	5d(1)						
d(2) Total number of active participants at the end of the plan year.....	5d(2)						
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	5e						

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	03/18/2015	SHARI BAKER
	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
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	95839	0
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	95839	0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	317	
(2) Participants	8a(2)	607	
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	1410	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		2334
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
i Net income (loss) (subtract line 8h from line 8c)	8i		2334
j Transfers to (from) the plan (see instructions)	8j	-98173	

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		10000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

- 11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) ☐ Yes ☐ No
- 11a** Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 **11a**
- 12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)
- a** 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year.....	12b	
c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).....	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....	☐ Yes ☒ No ☐ N/A	

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☒ Yes ☐ No
c 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.)	
13c(1) Name of plan(s):	13c(2) EIN(s)
GARDNER DENVER INC RETIREMENT SAVINGS PLAN	76-0419383
	13c(3) PN(s)
	002

Part VIII Trust Information (optional)

14a Name of trust	14b Trust's EIN

Robuschi USA, Inc.
1813 Associates Lane, Suite E
Charlotte, NC 28217-2849
Tel: 704-424-1018
Fax: 704-424-1019
Toll Free: 877-424-1020
E-mail: sales@robuschiusa.com
Internet: www.robuschiusa.com



March 10, 2015

United States Department of Labor
200 Constitution Avenue, NW
Washington DC 20210

RE: Reasonable Cause, Late Filing of form 5500
Robuschi USA 401k plan number 222342
Robuschi USA tax id 20-1591793

Dear Sirs,

We are requesting that penalties and any other fees that would be assessed for the late filing of the form 5500 for Robuschi USA 401k plan for 2014 be waived due to the follow circumstances.

Robuschi USA was purchased by Gardner Denver, during 2014 the Robuschi USA 401k plan was merged on March 31, 2014 with the existing Gardner Denver Retirement Savings Plan. At the time of the merger we requested ADP to prepare the final 5500 for the Robuschi USA 401k plan, which was due October 31, 2014. ADP did not prepare the form 5500 by the October 2014 deadline and it was not until after many phone calls and lots of e-mails to prove that ADP was supposed to prepare the final 5500 for the Robuschi USA 401k plan.

Please find attached the Plan Transfer Confirmation Form authorizing ADP to complete the final IRS 5500. ADPs contact is Angie Mattingly at 1-800-929-2170, address Automatic Data Processing, Inc., 71 Hanover Road, Florham Park NJ 07932

Regards,

A handwritten signature in black ink that reads "Shari Baker". The signature is fluid and cursive, with the first name "Shari" and last name "Baker" clearly distinguishable.

Shari Baker

Office Administrator

cc: Ruth Bartlow-Benefits Analyst, Gardner-Denver

Plan Transfer Confirmation Form

ADP will only accept written direction to process a complete transfer of the plan's assets from the Owner, President, or other Chief Executive Officer of the Company. ADP is not responsible for any misrepresentation.

Please complete all the information below:

- Process the Plan Transfer for plan 222342.
- This Transfer is to be effective for March 31, 2014.
- As a result of a merger into another plan will this Plan Transfer result in a change in Employer Identification Number?
→ ☒ YES ☐ NO If so, please indicate the following for accurate completion of your final IRS 5500:
 - New EIN 76-0419383
 - New Plan Name Gardner Denver, Inc. Retirement Savings Plan
 - New IRS Plan Number 002 (3 digits)

If payment of all outstanding fees is not received by ADP by the close of business on March 22, 2014 (or if this date is a Sunday or holiday, by the close of business on the next business day), ADP is hereby directed and authorized by the undersigned to charge all such outstanding amounts against the Plan's trust prior to transfer of the Plan's assets, to be assessed against each participant's account balance on a *pro rata* basis.

You are directing ADP to instruct State Street Bank to liquidate assets to a designated Trustee. Under no circumstance will State Street Bank redeposit any assets that were liquidated based on this instruction.

By your signature on this Confirmation Form, the Client acknowledges and agrees as follows: Client has been informed by ADP of (A) Client's or its designated Plan Administrator's obligation to provide advance notice to affected participants and beneficiaries of a blackout period in connection with the conversion of Client's plan to a new recordkeeper (the "Blackout Period"), and (B) that if Client or its designated Plan Administrator fails to comply with the advance notice requirement, the Department of Labor (DOL) can assess a maximum penalty of up to \$100 per day per each affected Participant or beneficiary from the date of the initial failure to provide the notice through the date that the Blackout Period actually ends. Client or its designated Plan Administrator will provide affected participants and beneficiaries (and, if required, the issuer of employer securities affected by the Blackout Period) with at least 30 but not more than 60 days' advance notice of the Blackout Period, as well as advance notice of any modification thereof, in accordance with regulations issued by the Department of Labor. In addition, Client or its designated Plan Administrator will furnish the required blackout notice to individuals who become affected Participants or beneficiaries after blackout notices have otherwise been furnished as soon as reasonably possible after such individuals become affected Participants or beneficiaries because whether and when any such individual becomes a Participant or beneficiary is unforeseeable and/or beyond the Client's control. All responsibilities relating to furnishing such notice, or advance notice of a modification thereof, are exclusively the responsibilities of Client or its designated Plan Administrator. Client expressly acknowledges that any assistance ADP may provide Client in this regard shall in no way render ADP the "Administrator" or "Plan Administrator" of Client's plan.

In addition, Client hereby confirms that the transferred plan assets will remain subject to the distribution limitations as set forth in the regulations governing 401(k) plans.

Authorized Signature (of the Owner, President, or other Chief Executive Officer of the Company)

Signature: Carl Becker Date: 2/13/14

Print Name: Carl Becker Title: Global Benefits Director

This form must be completed in order to begin the Plan Transfer process. After all blanks are filled in and the authorized signature section is executed and completed, please fax to (973) 845-1617