

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 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2014</div> 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 <u>03/01/2014</u> and ending <u>02/28/2015</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); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>OSHKOSH CORPORATION SALARIED AND CLERICAL EMPLOYEES' RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>03/01/1972</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>03/01/1972</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>03/01/1972</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>OSHKOSH CORPORATION</u> <u>P. O. BOX 2566</u> <u>OSHKOSH, WI 54903-2566</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>39-0520270</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>920-235-9150</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>336100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>39-0520270</u>	2c Plan Sponsor's telephone number <u>920-235-9150</u>	2d Business code (see instructions) <u>336100</u>	
2b Employer Identification Number (EIN) <u>39-0520270</u>					
2c Plan Sponsor's telephone number <u>920-235-9150</u>					
2d Business code (see instructions) <u>336100</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.	12/14/2015	JANET HOGAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	12/14/2015	JAMES FREEDERS
	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
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 2072
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 1349 6a(2) 1186 6b 296 6c 275 6d 1757 6e 48 6f 1805 6g 6h 49
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 1I 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) ☐ 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 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2014 or fiscal plan year beginning 03/01/2014 and ending 02/28/2015

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 OSHKOSH CORPORATION SALARIED AND CLERICAL EMPLOYEES' RETIREMENT PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF OSHKOSH CORPORATION	D Employer Identification Number (EIN) 39-0520270

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 03 Day 01 Year 2014			
2 Assets:			
a Market value	2a	120455376	
b Actuarial value	2b	111512470	
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	348	41354960	41354960
b For terminated vested participants	375	10796345	10796345
c For active participants	1349	39574992	43005569
d Total	2072	91726297	95156874
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	6.59%	
6 Target normal cost	6	1316082	

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.

<div>SIGN HERE</div>	<div>10/28/2015</div> <div>Signature of actuary</div>	<div>14-07847</div> <div>Date</div>
<div>ANGELA J. REELY</div> <div>Type or print name of actuary</div>	<div>HEWITT ASSOCIATES, LLC</div> <div>Firm name</div>	<div>312-381-7279</div> <div>Most recent enrollment number</div>
<div>200 EAST RANDOLPH STREET CHICAGO, IL 60601</div> <div>Address of the firm</div>	<div>Telephone number (including area code)</div>	

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	8065436
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	8065436
10 Interest on line 9 using prior year's actual return of <u>17.92</u> %	0	1445326
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>6.42</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	9510762

Part III Funding Percentages		
14 Funding target attainment percentage	14	107.19 %
15 Adjusted funding target attainment percentage	15	117.18 %
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	102.10 %
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: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6).....	31a	1316082										
b Excess assets, if applicable, but not greater than line 31a	31b	1316082										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment.....</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment.....	0	0	b Waiver amortization installment	0	0
	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									
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 Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning **03/01/2014** and ending **02/28/2015**

A Name of plan OSHKOSH CORPORATION SALARIED AND CLERICAL EMPLOYEES' RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 OSHKOSH CORPORATION	D Employer Identification Number (EIN) 39-0520270

Part I Service Provider Information (see instructions)

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

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

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

AON HEWITT ASSOCIATES

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	423633	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SYSTEMATIC FINANCIAL MANAGEMENT

22-3367558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	175930	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MACKAY SCHIELDS

13-2631681

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	115267	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)

EARNEST PARTNERS, LLC

58-2386699

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	111458	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREAT LAKE ADVISORS

36-3707782

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	54932	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLS FARGO

94-1347393

(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 50	NONE	52329	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)

ROBERT W. BAIRD

39-6037917

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	48980	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONGRESS ASSET MANAGEMENT COMPANY

04-2848965

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	78985	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

(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?
			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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2014 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 03/01/2014 and ending 02/28/2015

A Name of plan <u>OSHKOSH CORPORATION SALARIED AND CLERICAL EMPLOYEES' RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>OSHKOSH CORPORATION</u>	D Employer Identification Number (EIN) <u>39-0520270</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: OSHKOSH CORPORATION EMPLOYEE RETIR

b Name of sponsor of entity listed in (a): OSHKOSH CORPORATION

c EIN-PN <u>39-0520270-006</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>117237315</u>
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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)
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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)
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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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning 03/01/2014 and ending 02/28/2015		
A Name of plan OSHKOSH CORPORATION SALARIED AND CLERICAL EMPLOYEES' RETIREMENT PLAN	B Three-digit plan number (PN) ► 001	
C Plan sponsor's name as shown on line 2a of Form 5500 OSHKOSH CORPORATION	D Employer Identification Number (EIN) 39-0520270	

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	120455376	117237315
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

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	120455376	117237315

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	120455376	117237315
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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)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		10405021
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		10405021

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	12437520	
(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)		12437520
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	1009185	
(4) Other.....	2i(4)	176377	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1185562
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		13623082

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-3218061
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: **BAKER TILLY VIRCHOW KRAUSE LLP**

(2) EIN: **39-0859910**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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.)		X	
4c			
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.)		X	
4d			
e Was this plan covered by a fidelity bond?	X		500000
4e			
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			
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?	X		10883
4g			
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?		X	
4h			
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			
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			
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			
l Has the plan failed to provide any benefit when due under the plan?		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 03/01/2014 and ending 02/28/2015

A Name of plan <u>OSHKOSH CORPORATION SALARIED AND CLERICAL EMPLOYEES' RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>OSHKOSH CORPORATION</u>	D Employer Identification Number (EIN) <u>39-0520270</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
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): <u>41-6257133</u>		
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	<u>212</u>

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	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: 67.0% Investment-Grade Debt: 28.0% High-Yield Debt: 0.0% Real Estate: 0.0% Other: 5.0%

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

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

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

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

**OSHKOSH CORPORATION SALARIED AND
CLERICAL EMPLOYEES' RETIREMENT PLAN**

FINANCIAL STATEMENTS

Including Independent Auditors' Report

As of and for the Years Ended February 28, 2015 and 2014

OSHKOSH CORPORATION SALARIED AND CLERICAL EMPLOYEES' RETIREMENT PLAN

TABLE OF CONTENTS

Independent Auditors' Report	1 - 2
-------------------------------------	-------

Financial Statements

Statements of Net Assets Available for Benefits	3
---	---

Statements of Changes in Net Assets Available for Benefits	4
--	---

Notes to Financial Statements	5 - 15
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NOTE: All schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants
Oshkosh Corporation Salaried and Clerical Employees' Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Oshkosh Corporation Salaried and Clerical Employees' Retirement Plan (the "Plan") which comprise the statements of net assets available for benefits as of February 28, 2015 and 2014 and the related statements of changes of net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 3, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee, as of February 28, 2015 and 2014 and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

To the Plan Administrator and Participants
Oshkosh Corporation Salaried and Clerical Employees' Retirement Plan

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

BAKER TILLY VERCHOW KRAUSE, LLP

Appleton, Wisconsin
December 10, 2015

**OSHKOSH CORPORATION SALARIED AND
CLERICAL EMPLOYEES' RETIREMENT PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
As of February 28, 2015 and 2014

	<u>2015</u>	<u>2014</u>
ASSETS		
Plan interest in Master Trust - at fair value	<u>\$117,237,315</u>	<u>\$ 120,455,376</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$117,237,315</u>	<u>\$ 120,455,376</u>

**OSHKOSH CORPORATION SALARIED AND
CLERICAL EMPLOYEES' RETIREMENT PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended February 28, 2015 and 2014

	<u>2015</u>	<u>2014</u>
ADDITIONS		
Additions to net assets attributed to		
Investment income from Plan interest in Master Trust	\$ 10,405,021	\$ 18,664,086
DEDUCTIONS		
Deductions from net assets attributed to		
Benefits paid to participants	12,437,520	3,754,810
Administrative expenses	<u>1,185,562</u>	<u>1,316,082</u>
Total Deductions	<u>13,623,082</u>	<u>5,070,892</u>
Net Change	(3,218,061)	13,593,194
NET ASSETS AVAILABLE FOR BENEFITS - Beginning of Year	<u>120,455,376</u>	<u>106,862,182</u>
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	<u>\$ 117,237,315</u>	<u>\$ 120,455,376</u>

See accompanying notes to financial statements.

OSHKOSH CORPORATION SALARIED AND CLERICAL EMPLOYEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
As of and for the Years Ended February 28, 2015 and 2014

NOTE 1 - Plan Description

The following brief description of the Oshkosh Corporation Salaried and Clerical Employees' Retirement Plan ("Plan") provides only general information. Participants should refer to the plan agreement for more complete information.

General

The Plan is a defined benefit plan, which includes all salaried and clerical employees of Oshkosh Corporation (the "Company") not covered by a plan maintained pursuant to a collective bargaining agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Contributions

The Company's funding policy is to make contributions to the Plan generally based on amounts required to be funded under provisions of ERISA. No voluntary employee contributions are permitted. The Plan was in compliance with these minimum funding requirements for the plan years ended February 28, 2015 and 2014.

Vesting

Employees earn one year of vesting service for each plan year that they provide at least 1,000 hours of service. If an employee transfers to an affiliate of the Company, the employee continues to earn benefit and vesting service under the Plan for his or her employment with that affiliate. Participants vest in their accrued benefits if they reach the age of 65 while employed with the Company or according to the following schedule:

<u>Years of Vesting Service</u>	<u>Vested Percentage</u>
Less than five	0%
Five or more	100%

Retirement Benefits

Normal retirement is age 65. Employee participants may elect early retirement between the ages of 55 and 65 with a minimum of five years of service. Benefits are received at normal retirement age or, if elected, at early retirement. Benefits are determined based upon years of benefit service, Social Security benefits, and monthly salary, averaged over the highest five consecutive years of service, but shall not be less than an amount calculated by taking a dollar multiplier multiplied by years of service. A vested participant who terminates for any reason other than retirement, disability, or death is entitled to the monthly vested termination benefits beginning on the participant's normal retirement date in the amount of his or her accrued benefit or early retirement date, in which case benefits will be reduced by multiplying the accrued benefit by the appropriate early retirement factor set forth by the Plan. Participants may elect to receive their distributions, subject to certain Plan provisions, in the following forms, which include a single life method, a joint and 50% surviving spouse method, a five-year or ten-year certain and life method, a survivor benefit method, and a lump-sum payment. A participant may elect to receive a lump-sum payment when the distribution amount is less than \$10,000 but more than \$1,000. If the participant's accrued benefit is less than \$1,000, the participant is paid a lump sum. If a participant becomes disabled before retirement, the participant may receive benefit payments at the time the participant qualifies for Social Security Disability Benefits.

OSHKOSH CORPORATION SALARIED AND CLERICAL EMPLOYEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
As of and for the Years Ended February 28, 2015 and 2014

NOTE 1 - Plan Description (cont.)

Administrative Expenses

Substantially all administrative expenses are paid by the Plan. These expenses include Pension Benefit Guaranty Corporation ("PBGC") premiums, investment management fees, and trustee fees.

Plan Amendment

The Plan was amended in April 2014 to provide for a lump sum distribution or immediate monthly annuity option for a limited period to certain terminated vested Plan participants, and to certain surviving spouses, surviving domestic partners and alternate payees. Eligible participants, spouses, domestic partners, and alternate payees had the option to elect a lump sum distribution or immediate monthly annuity during a limited period of time starting in July 2014 and ending approximately September 2014. Those electing the lump sum option forfeited their rights to participate in the Plan, including their rights to any other benefits that may be available through continuing to participate in the Plan.

Plan Freeze

The Plan was closed to new participants as of September 30, 2012 and benefits were frozen for all participants effective December 31, 2012. Beginning January 1, 2013, a participant no longer earns additional pension benefits; however will continue to earn service credit for vesting and eligibility requirements. The benefit multiplier in effect on the date of a participant's retirement, or other termination of employment with the Company (including affiliates of the Company), but no later than December 31, 2012, is the minimum benefit payable to a participant.

Termination of Plan

Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan document.

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, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

OSHKOSH CORPORATION SALARIED AND CLERICAL EMPLOYEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
As of and for the Years Ended February 28, 2015 and 2014

NOTE 2 - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America.

Accounting Estimates

The preparation of these financial statements requires the use of certain estimates by Plan management in determining the Plan's assets, liabilities, and changes therein, and the actuarial present value of accumulated benefits and changes therein at the date of the financial statements. Actual results could differ from those estimates.

Valuation of Investments

The Plan's primary investment is its interest in the Oshkosh Corporation Employees' Retirement Trust (the "Master Trust"). The Master Trust is a multiple-plan trust, ownership of which is divided among individual plans sponsored by the Company and its subsidiaries based on allocated units of participation. Each participation unit has a value equal to the total fair value of the Master Trust's net assets divided by the total participation units outstanding. The Master Trust net assets and net gain or loss is allocated to the individual plans based on units of participation.

The Plan's investment in the Master Trust is presented at fair value, which has been determined based on the fair value of the underlying investments of the Master Trust. Fair value of investments in common stocks, preferred stocks, municipal bonds, corporate bonds and notes, mutual funds, and money market funds are determined by quoted market prices on the last business day of the Plan year. Fair value of investments in government and agency bonds are determined by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit worthiness of the issuer.

Security transactions are recorded on the trade date. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Risks and Uncertainties

The Master Trust invests in common and preferred stocks, bonds, money market funds, mutual funds, and a venture capital closely held limited partnership. Investment securities are exposed to various risks, including, but not limited to, interest rates, market, and credit 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 such changes could materially affect the amounts recorded in the financial statements.

Benefit Payments

Benefit payments to participants are recorded upon distribution.

Retirement Benefits

The Plan's actuarial present value of accumulated benefits includes such increases in the first actuarial valuation after the benefits are effective.

OSHKOSH CORPORATION SALARIED AND CLERICAL EMPLOYEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
As of and for the Years Ended February 28, 2015 and 2014

NOTE 2 - Summary of Significant Accounting Policies (cont.)

Recent Accounting Pronouncements

In July 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965) - I. Fully Benefit-Responsive Investment Contracts; II. Plan Investment Disclosures, and III. Measurement Date Practical Expedient* ("ASU 2015-12"). Part I of the accounting standards update requires fully-benefit responsive investment contracts to be measured, presented, and disclosed only at contract value. Part II of this update requires that investments (both participant-directed and nonparticipant-directed investments) be grouped only by general type, eliminating the need to disaggregate the investments in multiple ways. Part II also eliminates the disclosure of individual investments that represent 5% or more of net assets available for benefits and the disclosure of net appreciation or depreciation for investments by general type, requiring only presentation of net appreciation (depreciation) in investments in the aggregate. Additionally, if an investment is measured using the net asset value ("NAV") per share (or its equivalent) practical expedient in Topic 820 and that investment is a fund that files a U.S. Department of Labor Form 5500, as a direct filing entity, disclosure of that investment's strategy is no longer required. Part III of the update permits plans to measure investments and investment-related accounts (e.g., a liability for a pending trade with a broker) as of a month-end date that is closest to the plan's fiscal year-end, when the fiscal period does not coincide with month-end. The amendments in ASU 2015-12 are effective for fiscal years beginning after December 15, 2015, with early application permitted. The amendments within Parts I and II require retrospective application; whereas, the amendments within Part III should be applied prospectively. Management is currently evaluating the impact of the pending adoption of ASU 2015-12 on the Plan's financial statements.

NOTE 3 - Information Certified by the Trustee (Unaudited)

The assets of the Plan are commingled and are not segregated in the accounts of the Master Trust. Although assets of the Plan are commingled in the Master Trust, the trustee maintains supporting records for the purpose of allocating the net gain or loss of the investment account to the participating plans. The net investment income or loss of the investment assets is allocated by the trustee to each participating plan based on the relationship of the interest of each plan to the total of the interests of the participating plans.

The following is a summary of the unaudited information regarding the Master Trust as of and for the years ended February 28, 2015 and 2014, included in the Plan's financial statements, that was prepared by or derived from information prepared by Wells Fargo Bank, N.A., the trustee of the Master Trust and the Plan, and furnished to the plan administrator. The plan administrator has obtained certifications from the trustee that such information is complete and accurate.

OSHKOSH CORPORATION SALARIED AND CLERICAL EMPLOYEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
As of and for the Years Ended February 28, 2015 and 2014

NOTE 3 - Information Certified by the Trustee (Unaudited) (cont.)

The fair value of the assets held in the Master Trust as of February 28, 2015 and 2014, is as follows:

	2015	2014
Common stocks	\$ 112,998,908	\$ 206,369,585
Preferred stocks	1	1
Bonds and notes	80,185,215	84,560,507
Money market funds	10,982,361	13,117,183
Mutual funds	103,765,236	-
Venture capital closely held limited partnership	28,644	75,057
Due from broker	-	1,685,139
Due to broker	(356,683)	-
Income receivable	962,819	1,058,458
	<u> </u>	<u> </u>
Total Net Assets of the Master Trust	<u>\$ 308,566,501</u>	<u>\$ 306,865,930</u>

Allocation of the assets of the Master Trust to participating plans as of February 28, 2015 and 2014 is as follows:

	2015		2014	
	Amount	Percent	Amount	Percent
Oshkosh Corporation Salaried and Clerical Employees' Retirement Plan	\$ 117,237,315	38	\$ 120,455,376	39
Oshkosh Corporation Hourly Employees' Retirement Plan	102,447,355	33	98,781,211	32
Pierce Manufacturing Inc. Pension Plan	88,881,831	29	87,629,343	29
	<u> </u>		<u> </u>	
Total Net Assets of the Master Trust	<u>\$ 308,566,501</u>	<u>100</u>	<u>\$ 306,865,930</u>	<u>100</u>

OSHKOSH CORPORATION SALARIED AND CLERICAL EMPLOYEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
As of and for the Years Ended February 28, 2015 and 2014

NOTE 3 - Information Certified by the Trustee (Unaudited) (cont.)

Master Trust investment income for the years ended February 28, 2015 and 2014 is as follows:

	<u>2015</u>	<u>2014</u>
Interest and Dividends	\$ 8,044,692	\$ 6,979,783
Realized and unrealized appreciation (depreciation) in the fair value of investments - by type:		
Common stocks	9,635,291	42,975,272
Bonds and notes	907,255	(2,620,509)
Mutual funds	8,587,297	-
Venture capital closely held limited partnership	<u>(12,761)</u>	<u>39,461</u>
Net realized and unrealized appreciation	<u>19,117,082</u>	<u>40,394,224</u>
 Total Master Trust Investment Income	 <u>\$ 27,161,774</u>	 <u>\$ 47,374,007</u>

Allocation of Master Trust investment income to participating plans for the years ended February 28, 2015 and 2014 is as follows:

	<u>2015</u>	<u>2014</u>
Oshkosh Corporation Salaried and Clerical Employees' Retirement Plan	\$ 10,405,021	\$ 18,664,086
Oshkosh Corporation Hourly Employees' Retirement Plan	8,966,380	15,251,620
Pierce Manufacturing Inc. Pension Plan	<u>7,790,373</u>	<u>13,458,301</u>
 Total Master Trust Investment Income	 <u>\$ 27,161,774</u>	 <u>\$ 47,374,007</u>

OSHKOSH CORPORATION SALARIED AND CLERICAL EMPLOYEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
As of and for the Years Ended February 28, 2015 and 2014

NOTE 4 - Fair Value Measurement (Unaudited)

The FASB Accounting Standards Codification ("ASC") Topic 820, *Fair Value Measurements and Disclosures*, defines fair value as the price that would be received to sell an asset or paid to transfer a liability (i.e., exit price) in an orderly transaction between market participants at the measurement date. ASC Topic 820 requires disclosures that categorize assets and liabilities measured at fair value into one of three different levels depending on the assumptions (i.e. inputs) used in the valuation. Level 1 provides the most reliable measure of fair value, while Level 3 generally requires significant management judgment. The three levels are defined as follows:

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

Level 2 - Observable inputs other than quoted prices included in Level 1, such as quoted prices for similar assets or liabilities in active markets or quoted prices for identical assets or liabilities in inactive markets

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

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

Plan management is responsible for the determination of fair value. Accordingly, Plan management performs periodic analysis on prices received from the pricing services to determine whether the prices are reasonable estimates of fair value. As a result of these reviews, Plan management has not historically adjusted the prices obtained from the pricing services.

The following is a description of the valuation methodologies used to measure the Master Trust's assets at fair value. There have been no changes in the methodologies used at February 28, 2015 and 2014.

Common Stocks, Preferred Stocks, Municipal Bonds, Money Market Funds, Mutual Funds, and Corporate Bonds and Notes: Valued at fair value based on quoted market prices on the last business day of the Plan year.

Government and Agency Bonds: Valued at fair value based on discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

Venture Capital Closely Held Limited Partnership: These investments finance new and rapidly growing companies and do not have readily determinable market values given the specific investment structures involved and the nature of the underlying investments. Valuation is determined by various sources such as issuer, investment manager, etc.

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

OSHKOSH CORPORATION SALARIED AND CLERICAL EMPLOYEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
As of and for the Years Ended February 28, 2015 and 2014

NOTE 4 - Fair Value Measurement (Unaudited) (cont.)

As of February 28, 2015, the fair values of the Master Trust's investments are as follows:

	Level 1	Level 2	Level 3	Total
Investments				
Common stocks	\$ 105,965,144	\$ 7,033,764	\$ -	\$ 112,998,908
Preferred stocks	-	-	1	1
Bonds and notes				
Government and agency bonds	7,075,910	25,882,496	-	32,958,406
Corporate bonds and notes	-	47,226,656	153	47,226,809
Total Bonds and Notes	7,075,910	73,109,152	153	80,185,215
Money market funds	10,982,361	-	-	10,982,361
Mutual funds	103,765,236	-	-	103,765,236
Venture capital closely held limited partnership	-	-	28,644	28,644
Total Investments - At Fair Value	<u>\$ 227,788,651</u>	<u>\$ 80,142,916</u>	<u>\$ 28,798</u>	<u>\$ 307,960,365</u>

As of February 28, 2014, the fair values of the Master Trust's investments are as follows:

	Level 1	Level 2	Level 3	Total
Investments				
Common stocks	\$ 192,564,566	\$ 13,805,019	\$ -	\$ 206,369,585
Preferred stocks	-	-	1	1
Bonds and notes				
Government and agency bonds	8,920,170	28,399,978	-	37,320,148
Corporate bonds and notes	-	47,240,106	253	47,240,359
Total Bond and Notes	8,920,170	75,640,084	253	84,560,507
Money market funds	13,117,183	-	-	13,117,183
Venture capital closely held limited partnership	-	-	75,057	75,057
Total Investments - At Fair Value	<u>\$ 214,601,919</u>	<u>\$ 89,445,103</u>	<u>\$ 75,311</u>	<u>\$ 304,122,333</u>

The change in the fair value of the Master Trust's Level 3 investment assets for the years ended February 28, 2015 and 2014 was not significant.

OSHKOSH CORPORATION SALARIED AND CLERICAL EMPLOYEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
As of and for the Years Ended February 28, 2015 and 2014

NOTE 5 - Actuarial Present Value of Accumulated Benefits

Accumulated plan benefits represent the estimated future periodic payments, including lump-sum distributions, under the Plan's provisions that are attributable to services rendered by the employees through the valuation date. Accumulated plan benefits include benefits expected to be paid to the following: (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on years of benefit service, Social Security benefits, and monthly salary, averaged over the highest five consecutive years of service. 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 the Plan's actuary, Aon Hewitt, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The Plan elected to adopted new retirement plan ("RP") 2014 mortality tables, replacing the RP-2000 mortality tables used in prior periods, for purposes of the determination of the actuarial present value of accumulated benefit and changes in accumulated plan benefits for the year ended March 1, 2014. The RP-2014 mortality tables were finalized by the Society of Actuaries on October 27, 2014 and are expected to improve the accuracy of the actuarial estimates for defined benefit plans. On October 8, 2015 the Society of Actuaries released an updated set of mortality improvement assumptions, Mortality Improvement Scale MP-2015 ("MP-2015"), which the plan has adopted. The RP-2014, as adjusted for the MP-2015, mortality tables were considered in the actuarial present value of the accumulated plan benefits of the Plan as of March 1, 2014. The consideration of the updated mortality table's impact is reflected in the summary of changes in the present value of the accumulated plan benefits of the Plan for the year ended March 1, 2014 as a change in the actuarial assumptions which amounted to a \$5,512,470 increase.

Significant actuarial assumptions used in the valuation as of March 1, 2014, are as follows:

- > Mortality basis - Generational mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(d).
- > Actuarial cost method - Standard unit credit cost method
- > Normal retirement age - Active Participants: Graduated rates between age 55 and age 65
- Terminated Vested Participants: Age 62
- > Interest rate used in accrued benefit calculations - 4.50% (5.05% as of March 1, 2013)

The foregoing assumptions are based on the assumption that the Plan will continue. 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.

OSHKOSH CORPORATION SALARIED AND CLERICAL EMPLOYEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
As of and for the Years Ended February 28, 2015 and 2014

NOTE 5 - Actuarial Present Value of Accumulated Benefits (cont.)

The actuarial present value of accumulated plan benefits and changes in accumulated plan benefits, as of and for the year ended March 1, 2014, are as follows:

Vested benefits	
Participants and beneficiaries currently receiving benefits	\$ 50,854,177
Other participants	<u>76,358,796</u>
Total Vested Benefits	127,212,973
 Nonvested benefits	 <u>4,895,543</u>
 Actuarial Present Value of Accumulated Plan Benefits	 \$ <u>132,108,516</u>
 Actuarial Present Value of Accumulated Benefits, at the Beginning of Year	 \$ <u>114,754,093</u>
 Increase (decrease) during the year attributable to	
Benefits accumulated	(86,897)
Change in actuarial assumptions	15,494,690
Benefits paid	(3,754,810)
Interest	<u>5,701,440</u>
Net Increase	<u>17,354,423</u>
 Actuarial Present Value of Accumulated Benefits, at the End of Year	 \$ <u>132,108,516</u>

The effect of past Plan amendments on accumulated plan benefits is recognized during the year in which such amendment provisions become effective.

NOTE 6 - Exempt Party-In-Interest Transactions

Certain Plan investments are managed by Wells Fargo Bank, N.A. Wells Fargo Bank, N.A., is the trustee as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions. The Plan paid Wells Fargo Bank, N.A. \$53,065 and \$63,925 for trustee fees for the years ended February 28, 2015 and 2014, respectively.

NOTE 7 - Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated June 12, 2012, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code. The Plan has been amended since receiving the determination letter; however, the Company and Plan management believe that the Plan is currently designed and operated in compliance with the applicable requirements of the Internal Revenue Code, and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

OSHKOSH CORPORATION SALARIED AND CLERICAL EMPLOYEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
As of and for the Years Ended February 28, 2015 and 2014

NOTE 7 - Tax Status (cont.)

Accounting principles generally accepted in the United States of America require Plan management evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of February 28, 2015 and 2014, there were no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Plan management believes it is no longer subject to income tax examinations for tax returns filed in years prior to 2012.

NOTE 8 - Subsequent Events

Management of the Plan has evaluated subsequent events through December 10, 2015, which is the date that the financial statements were approved and available to be issued, for events requiring recording or disclosure in the Plan's financial statements.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 03/01/2014 and ending 02/28/2015

► **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 Oshkosh Corporation Salaried and Clerical Employees Retirement Plan	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Oshkosh Corporation	D Employer Identification Number (EIN) 39-0520270	
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>3</u> Day <u>1</u> Year <u>2014</u>			
2 Assets:			
a Market value	2a	120,455,376	
b Actuarial value	2b	111,512,470	
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.....	348	41,354,960	41,354,960
b For terminated vested participants.....	375	10,796,345	10,796,345
c For active participants.....	1,349	39,574,992	43,005,569
d Total.....	2,072	91,726,297	95,156,874
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		6.59 %
6 Target normal cost	6		1,316,082

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	<div style="text-align: center;"> Signature of actuary </div> <div style="text-align: center;"> Angela J. Reely Type or print name of actuary </div> <div style="text-align: center;"> Hewitt Associates, LLC Firm name </div> <div style="text-align: center;"> 200 East Randolph Street Chicago IL 60601 Address of the firm </div>	<div style="text-align: center;"> <div style="font-size: 1.2em;">10/28/2015</div> Date </div> <div style="text-align: center;"> 14-07847 Most recent enrollment number </div> <div style="text-align: center;"> (312) 381-7279 Telephone number (including area code) </div>
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2014
v. 140124

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	8,065,436
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	8,065,436
10 Interest on line 9 using prior year's actual return of <u>17.92%</u>	0	1445326
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>6.42%</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	9510762

Part III Funding Percentages

14 Funding target attainment percentage	14	107.19 %
15 Adjusted funding target attainment percentage	15	117.18 %
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	102.10 %
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	(4) 4th

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

21 Discount rate:			
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....	21b		0
22 Weighted average retirement age	22		61
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	1,316,082	
b Excess assets, if applicable, but not greater than line 31a	31b	1,316,082	
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 Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Schedule SB Attachment (Form 5500)—2014 Plan Year
Salaried and Clerical Employees Retirement Plan
EIN: 39-0520270 PN: 001

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age. Two different groups, participants with under 30 years of service at retirement and participants with 30 or more years of service at retirement, are used to develop the average. Based on the current active population, approximately 60% of the participants retire with 30 or more years of service. Therefore, the estimated weighted average retirement age is 61 (60% x 60.73 + 40% x 61.91).

Service Under 30 Years

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	15.00%	0.7738	7.02
61.5	15.00%	0.6577	6.07
62.5	25.00%	0.5591	8.74
63.5	20.00%	0.4193	5.33
64.5	20.00%	0.3354	4.33
65	100.00%	0.2683	17.44
Weighted Average			61.91

Service Over 30 Years

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	15.00%	0.7738	7.02
61.5	15.00%	0.6577	6.07
62	100.00%	0.5591	34.66
Weighted Average			60.73

Schedule SB Attachment (Form 5500)—2014 Plan Year
Salaried and Clerical Employees Retirement Plan
EIN: 39-0520270 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of March 1, 2014

Attained Age	Number of Participants and Average Frozen Benefit									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	1	14	1							
25-29	15	136 \$1,281	39 \$2,285							
30-34	7	96 \$1,760	103 \$3,614	15						
35-39	7	66 \$2,814	62 \$4,738	42 \$7,344	3					
40-44	14	63 \$3,464	46 \$6,713	21 \$8,679	21 \$16,167	9	1			
45-49	8	59 \$3,386	56 \$7,598	17	9	19	12			
50-54	7	43 \$3,703	46 \$7,887	18	7	13	32 \$21,794	13	1	
55-59	2	29 \$4,002	29 \$8,101	13	6	12	17	22 \$24,210	12	
60-64	2	19	16	8	2	2	2	5	4	
65-69		2	1			1				
70+	1									

N-1,349

Schedule SB Attachment (Form 5500)—2014 Plan Year
Salaried and Clerical Employees Retirement Plan
EIN: 39-0520270 PN: 001

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

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of March 2014), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.99%
2nd Segment Rate	6.32%
3rd Segment Rate	6.99%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of March 2014), without regard to interest rate stabilization
1st Segment Rate	1.20%
2nd Segment Rate	4.06%
3rd Segment Rate	5.10%
Salary Increases	
Minimum Funding Target Normal Cost	N/A
Maximum Tax Expected Benefit Increase	N/A
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 4.00% per year.
Social Security COLA Increases	3.00%
Optional Payment Form Election Percentage	100% life annuity
Optional Payment Form Conversion Interest Rate	N/A
Optional Payment Form Conversion Mortality	N/A
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62

Schedule SB Attachment (Form 5500)—2014 Plan Year
Salaried and Clerical Employees Retirement Plan
EIN: 39-0520270 PN: 001

For ERISA Requirements

Mortality Rates

Healthy and Disabled

Generational mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(d)

Withdrawal Rates

See Table 2

Disability Rates

See Table 3

Decrement Timing

Middle of year decrements, with 100% retirement occurring at beginning of year

Surviving Spouse Benefit

It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.

Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$210,000 and the IRC section 401(a)(17) compensation limit of \$260,000.

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2012 Plan Year

7.00%

2013 Plan Year

6.25%

Schedule SB Attachment (Form 5500)—2014 Plan Year
Salaried and Clerical Employees Retirement Plan
EIN: 39-0520270 PN: 001

For ERISA Requirements

Trust Expenses Included in Target Normal Cost	\$1,316,082. Based on the actual expenses paid from the trust for the prior year.
Actuarial Method	Standard unit credit cost method
Valuation Date	March 1, 2014

Schedule SB Attachment (Form 5500)—2014 Plan Year
Salaried and Clerical Employees Retirement Plan
EIN: 39-0520270 PN: 001

Table 1

Retirement Rates

Age	Years of Service	
	0-29	30+
55	5.00%	5.00%
56	5.00%	5.00%
57	5.00%	5.00%
58	5.00%	5.00%
59	5.00%	5.00%
60	15.00%	15.00%
61	15.00%	15.00%
62	25.00%	100.00%
63	20.00%	100.00%
64	20.00%	100.00%
65+	100.00%	100.00%

Schedule SB Attachment (Form 5500)—2014 Plan Year
Salaried and Clerical Employees Retirement Plan
EIN: 39-0520270 PN: 001

Table 2—Page 1 of 2

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
18	10.50%	10.50%	10.50%	10.50%	10.50%	10.50%
19	10.50%	10.50%	10.50%	10.50%	10.50%	10.50%
20	10.50%	10.50%	10.50%	10.50%	10.50%	10.50%
21	10.50%	10.50%	10.50%	10.50%	10.50%	10.50%
22	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%
23	9.50%	9.50%	9.50%	9.50%	9.50%	9.50%
24	9.10%	9.10%	9.10%	9.10%	9.10%	9.10%
25	8.60%	8.60%	8.60%	8.60%	8.60%	8.60%
26	8.20%	8.20%	8.20%	8.20%	8.20%	8.20%
27	7.70%	7.70%	7.70%	7.70%	7.70%	7.70%
28	7.60%	7.30%	7.30%	7.30%	7.30%	7.30%
29	7.60%	7.10%	6.90%	6.90%	6.90%	6.90%
30	7.60%	7.10%	6.60%	6.50%	6.50%	6.50%
31	7.60%	7.10%	6.60%	6.10%	6.10%	6.10%
32	7.60%	7.10%	6.60%	6.10%	5.80%	5.80%
33	7.60%	7.10%	6.60%	6.10%	5.70%	5.40%
34	7.60%	7.10%	6.60%	6.10%	5.70%	5.10%
35	7.60%	7.10%	6.60%	6.10%	5.70%	4.70%
36	7.60%	7.10%	6.60%	6.10%	5.70%	4.40%
37	7.60%	7.10%	6.60%	6.10%	5.70%	4.10%
38	7.60%	7.10%	6.60%	6.10%	5.70%	3.90%
39	7.60%	7.10%	6.60%	6.10%	5.70%	3.60%
40	7.60%	7.10%	6.60%	6.10%	5.70%	3.40%
41	7.60%	7.10%	6.60%	6.10%	5.70%	3.10%
42	7.60%	7.10%	6.60%	6.10%	5.70%	2.90%
43	7.60%	7.10%	6.60%	6.10%	5.70%	2.70%
44	7.60%	7.10%	6.60%	6.10%	5.70%	2.50%
45	7.60%	7.10%	6.60%	6.10%	5.70%	2.30%
46	7.60%	7.10%	6.60%	6.10%	5.70%	2.20%
47	7.60%	7.10%	6.60%	6.10%	5.70%	2.00%

Schedule SB Attachment (Form 5500)—2014 Plan Year
Salaried and Clerical Employees Retirement Plan
EIN: 39-0520270 PN: 001

Table 2—Page 2 of 2

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
48	7.60%	7.10%	6.60%	6.10%	5.70%	1.90%
49	7.60%	7.10%	6.60%	6.10%	5.70%	1.70%
50	7.60%	7.10%	6.60%	6.10%	5.70%	1.60%
51	7.60%	7.10%	6.60%	6.10%	5.70%	1.60%
52	7.60%	7.10%	6.60%	6.10%	5.70%	1.40%
53	7.60%	7.10%	6.60%	6.10%	5.70%	1.40%
54	7.60%	7.10%	6.60%	6.10%	5.70%	1.30%
55+	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2014 Plan Year
Salaried and Clerical Employees Retirement Plan
EIN: 39-0520270 PN: 001

Table 3

Disability Rates

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

Schedule SB Attachment (Form 5500)—2014 Plan Year
Salaried and Clerical Employees Retirement Plan
EIN: 39-0520270 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	The plan was established effective March 1, 1972. Amended and restated effective March 1, 2001. The plan was frozen effective December 31, 2012.
Covered Employees	<p>All salaried and clerical employees. Employees covered by a plan maintained pursuant to a collective bargaining agreement and Directors are excluded from participation. The plan was amended for immediate participation as of March 1, 2004.</p> <p>The plan was closed to new entrants effective September 30, 2012 and frozen effective December 31, 2012.</p>
Transfers	Transfers in and out of the plan will accrue vesting and benefit service earned before and after transfer (but not after December 31, 2012), but compensation will be limited to the time actually covered by the plan (but not after December 31, 2012). The accrued benefit will be offset by the benefit accrued under other plan(s).
Normal Retirement Eligibility	An employee is eligible for normal retirement benefits at the end of the month in which age 65 is attained.
Benefit	<p>The monthly normal retirement benefit is equal to the larger of (a) and (b) where:</p> <p>(a) Is 50% of average monthly compensation less 45% of primary Social Security, multiplied by 1/30 for each benefit accrual year of service (maximum 30 years); and</p> <p>(b) Is the multiplier in effect for Oshkosh Truck Corporation Hourly Employees Pension Plan times each year of benefit service (maximum 45 years). The multiplier is \$31 as of October 1, 2012.</p> <p>The normal retirement benefit will in no event be less than the largest early retirement benefit.</p> <p>All benefit accruals are frozen effective December 31, 2012.</p>

Schedule SB Attachment (Form 5500)—2014 Plan Year
Salaried and Clerical Employees Retirement Plan
EIN: 39-0520270 PN: 001

Early Retirement
Eligibility

An employee is eligible for early retirement upon attainment of age 55 if he has a minimum of five years of service.

Benefit

The monthly benefit is equal to the normal retirement benefit based on service projected to age 65 multiplied by the product of (a), (b) and (c) where:

(a) Is a fraction equal to (1) divided by (2) below:

- (1) The number of years of benefit service at date of retirement.
- (2) The number of years of benefit service the employee would have had at age 65 if he had remained in service.

(b) Is equal to the participant's vested percentage; and

(c) Is equal to 1.00; minus

- (1) 1/180 for each month that payments commence prior to age 65 (but in no event more than 60 months); plus
- (2) 1/360 for each month that payments commence prior to age 60.

However, for a participant who retires on or after age 62 and has completed at least 30 years of benefit accrual service, the reductions in (c) above are at the rate of 1/360 for each month that payments commence prior to age 65.

All benefit accruals are frozen effective December 31, 2012.

Late Retirement
Eligibility

Retirement after age 65, but not beyond age 70.5 except with the consent of the employer.

Benefit

Benefits will be calculated at age 65 and will increase actuarially thereafter. Retirement benefits will not be paid if an employee continues to work at Oshkosh Corporation.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Salaried and Clerical Employees Retirement Plan
EIN: 39-0520270 PN: 001

Disability Retirement
Eligibility

An employee is eligible if, after having completed five years of service, he is unable to perform his employment duties.

Benefit

The monthly benefit commencing immediately is equal to the actuarial equivalent of his vested accrued normal retirement benefit. This benefit is calculated in the same manner as for early retirement using service at date of disability in the proration factor.

Vesting
Eligibility

Five years of continuous service

Benefit

The monthly benefit is equal to the vested accrued normal retirement benefit earned to the date of termination. This benefit is calculated in the same manner as for early retirement using service at date of termination in the proration factor. In no event shall payments commence prior to age 55.

Preretirement Surviving Spouse's Benefit
Eligibility

Active employees must have completed five years of continuous service at death and married at least one year.

Benefit

For employees eligible for early retirement, the benefit is equal to 50% of the amount the participant would have received had the participant retired on the day before his death and elected the 50% spouse's annuity.

For employees not eligible for early retirement, the benefit is equal to 50% of the amount the participant would have received had the participant terminated on the date of death, survived to his early retirement age and retired with an immediate 50% spouse's annuity. The spouse's benefit will begin on the date the participant would have reached his early retirement age.

Normal Form of Payment

Life annuity for single participants, and an actuarially equivalent 50% joint and survivor annuity for married participants.

Optional Form of Payment

Optional forms provided are: five year certain and life, 10-year certain and life, 66⅔%, 75% and 100% joint and survivor annuities.

Source of Contribution

The company pays the entire contribution.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Salaried and Clerical Employees Retirement Plan
EIN: 39-0520270 PN: 001

Compensation	Compensation is the amount reported on Internal Revenue Service Form W-2, including section 125 and section 401(k) deferrals and excluding bonuses and income from restricted stocks. The earnings are limited each year by the IRS Code section 401(a)(17) limit on recognizable pay. Compensation after December 31, 2012 is not recognized.
Average Monthly Compensation	Average monthly compensation is the sum of the highest five consecutive completed calendar years' compensation prior to the participant's normal retirement age or other date of termination, divided by 60.
Hours of Service	For purposes of this plan, hours of service will be determined on the basis of actual hours for which an employee is paid or entitled to payment.
Year of Service	For purposes of eligibility, vesting, and benefit accrual, 1,000 hours will constitute a year of service. Years of service for purposes of benefit accruals are frozen effective December 31, 2012.
Primary Social Security Benefit	Based on law in effect at earlier of date of termination of employment or normal retirement date. Estimates of amounts payable at normal retirement age will assume that earnings continue to age 65 at the same rate as was in effect at date of termination.
Limit on Benefits	All benefits are limited by IRS Code section 415.
Actuarial Equivalence Small-Amount Cashouts	Section 417(e)(3) "applicable mortality table" and the "applicable interest rate".
Annuity Payment Forms	6.00% interest and the RP2000CH table projected to 2028, weighted 85% male.

Plan Changes Since the Prior Year
The valuation does not reflect any plan changes.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Salaried and Clerical Employees Retirement Plan
EIN: 39-0520270 PN: 001

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

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