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| <b>Form 5500</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089               |
|                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>2015</b>                                   |
|                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                |
| For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u> |                                                                                                                                                                                                                                                                                                                                                |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                       |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                                                                                                                      |

|                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                         |
| <b>1a</b> Name of plan<br><u>GARDNER DENVER, INC PENSION PLAN</u>                                                                                                                                                                                                                                                                                             | <b>1b</b> Three-digit plan number (PN) ▶ <u>001</u><br><b>1c</b> Effective date of plan<br><u>01/01/1994</u>                                                                                           |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>GARDNER DENVER, INC.</u><br><br><u>1800 GARDNER EXPRESSWAY</u><br><u>QUINCY, IL 62305</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>76-0419383</u><br><b>2c</b> Plan Sponsor's telephone number<br><u>217-222-5400</u><br><b>2d</b> Business code (see instructions)<br><u>333200</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.

|                                                                                                 |                                                          |                   |                                                              |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                | <u>Filed with authorized/valid electronic signature.</u> | <u>10/04/2016</u> | <u>CARL BECKER</u>                                           |
|                                                                                                 | <b>Signature of plan administrator</b>                   | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                |                                                          |                   |                                                              |
|                                                                                                 | <b>Signature of employer/plan sponsor</b>                | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                |                                                          |                   |                                                              |
|                                                                                                 | <b>Signature of DFE</b>                                  | Date              | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address (include room or suite number) |                                                          |                   | Preparer's telephone number                                  |
|                                                                                                 |                                                          |                   |                                                              |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><b>GARDNER DENVER, INC</b><br><br><b>1800 GARDNER EXPRESSWAY</b><br><b>QUINCY, IL 62305</b>                                                                                                                                                                                                                                                               | <b>3b</b> Administrator's EIN<br><b>76-0419383</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>3c</b> Administrator's telephone number<br><b>217-222-5400</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>4</b> 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:<br><br><b>a</b> Sponsor's name                                                                                                                                                                                                                                      | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                    | <b>5</b> 2100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                                                     | <b>6a(1)</b> 513                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                                          | <b>6a(2)</b> 495                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                                                         | <b>6b</b> 715                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                                                          | <b>6c</b> 675                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                                                | <b>6d</b> 1885                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                                                                                                                                                                                                                                                                                                                                  | <b>6e</b> 72                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                                                    | <b>6f</b> 1957                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                                            | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                                                | <b>6h</b> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                       | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><b>1A 1C 1I</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                  | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                       |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>a Pension Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br><b>(3)</b> <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input type="checkbox"/> <b>0</b> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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|-----------------|-----------------------------------------------------------------------------------|
| <b>Part III</b> | <b>Form M-1 Compliance Information (to be completed by welfare benefit plans)</b> |
|-----------------|-----------------------------------------------------------------------------------|

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**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.

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

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**11c** Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 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 \_\_\_\_\_

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|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>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>2015</div> <div>This Form is Open to Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

▶ 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.

|                                                                                                  |                                                             |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>GARDNER DENVER, INC PENSION PLAN                                        | <b>B</b> Three-digit plan number (PN) ▶ 001                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>GARDNER DENVER, INC. | <b>D</b> Employer Identification Number (EIN)<br>76-0419383 |

**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**

|                                                                                                                                                                                                                 |                            |                           |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month 01 Day 01 Year 2015                                                                                                                                                    |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                           |                          |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b>                  | 65968201                  |                          |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 62815103                  |                          |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | 800                        | 24972419                  | 24972419                 |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | 698                        | 18900932                  | 18900932                 |
| <b>c</b> For active participants .....                                                                                                                                                                          | 526                        | 12072293                  | 12128481                 |
| <b>d</b> Total .....                                                                                                                                                                                            | 2024                       | 55945644                  | 56001832                 |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....                                                                                                                   | <input type="checkbox"/>   |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |                          |
| <b>b</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 ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b>                   | 6.12%                     |                          |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b>                   | 490000                    |                          |

**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.

|                                                   |  |                                        |
|---------------------------------------------------|--|----------------------------------------|
| <b>SIGN HERE</b>                                  |  | 07/15/2016                             |
| Signature of actuary                              |  | Date                                   |
| EDWARD K. WARNER                                  |  | 14-04417                               |
| Type or print name of actuary                     |  | Most recent enrollment number          |
| BUCK CONSULTANTS, LLC                             |  | 314-719-2533                           |
| Firm name                                         |  | Telephone number (including area code) |
| 231 S. BEMISTON, SUITE 400<br>ST. LOUIS, MO 63105 |  |                                        |
| Address of the firm                               |  |                                        |

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

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b>                                                                                                   |                       |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 266002                 |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 266002                 |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>9.71</u> % .....                                                                                 | 0                     | 25829                  |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> 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>6.34</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       |                        |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    |                       |                        |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 291831                 |

| <b>Part III Funding Percentages</b>                                                                                                                                        |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 111.64 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 112.16 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 105.06 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

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

|                                                                                                                                                                                  |            |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                             |            |         |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                                                                             | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                                                               | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....                                                          | <b>19c</b> | 0       |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                      |            |         |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |            |         |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |            |         |
| <b>c</b> 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**

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.72 % | 2nd segment:<br>6.11 % | 3rd segment:<br>6.81 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 62                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 490000             |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 490000             |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           | 0                  |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   | <b>40</b>           | 0                  |               |

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

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

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                             |                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                             | 2015                                    |
|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015 |                                                      |     |
| A Name of plan<br>GARDNER DENVER, INC PENSION PLAN                                         | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>GARDNER DENVER, INC.             | D Employer Identification Number (EIN)<br>76-0419383 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| 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 |
| JPMORGAN CHASE BANK, NA                                                                                    |
| 13-4994650                                                                                                 |

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

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

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

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

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

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

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

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

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

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**(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)

JP MORGAN

71-0930784

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 28 50 51 68         | INVESTMENT MANAGER                                                                                | 259411                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

BUCK/MELLON CONSULTANTS

13-2655989

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 50                  | ACTUARY                                                                                           | 100740                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

RUBINBROWN LLP

43-0765316

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | AUDITOR                                                                                           | 15490                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

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

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

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

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

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

**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<br>(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<br>(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<br>(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 |
|--------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
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|                                                                          |                               |                                                                                     |
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|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                           |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>► <b>File as an attachment to Form 5500.</b></p> | <small>OMB No. 1210-0110</small><br><hr/> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2015</div> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection.</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

|                                                                                                                                |                                                                                               |     |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br><span style="color: blue;">GARDNER DENVER, INC PENSION PLAN</span>                                    | <b>B</b> Three-digit plan number (PN) ►                                                       | 001 |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><span style="color: blue;">GARDNER DENVER, INC.</span> | <b>D</b> Employer Identification Number (EIN)<br><span style="color: blue;">76-0419383</span> |     |

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

|                                                                                                                      |                                                          |                                                                                                                                                |  |  |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">COM PEN TRST FD-INTL EQUITY FUND</span>    |                                                          |                                                                                                                                                |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">JPMORGAN CHASE BANK NA</span>           |                                                          |                                                                                                                                                |  |  |
| <b>c</b> EIN-PN <span style="color: blue;">26-0001051-001</span>                                                     | <b>d</b> Entity code <span style="color: blue;">C</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">4836082</span>  |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">COM PEN TRST FD-CORE BOND</span>           |                                                          |                                                                                                                                                |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">JPMORGAN CHASE BANK NA</span>           |                                                          |                                                                                                                                                |  |  |
| <b>c</b> EIN-PN <span style="color: blue;">20-3847783-001</span>                                                     | <b>d</b> Entity code <span style="color: blue;">C</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">14749616</span> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">COM PEN TRST FD-QUANTITATIVE LG CAP</span> |                                                          |                                                                                                                                                |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">JPMORGAN CHASE BANK NA</span>           |                                                          |                                                                                                                                                |  |  |
| <b>c</b> EIN-PN <span style="color: blue;">20-5374058-001</span>                                                     | <b>d</b> Entity code <span style="color: blue;">C</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">6673237</span>  |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">COM PEN TRST FD-US SM CAP EQ BLEND</span>  |                                                          |                                                                                                                                                |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">JPMORGAN CHASE BANK NA</span>           |                                                          |                                                                                                                                                |  |  |
| <b>c</b> EIN-PN <span style="color: blue;">20-8499834-001</span>                                                     | <b>d</b> Entity code <span style="color: blue;">C</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">952278</span>   |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">COM PEN TRST FD-US SMART INDEX</span>      |                                                          |                                                                                                                                                |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">JPMORGAN CHASE BANK NA</span>           |                                                          |                                                                                                                                                |  |  |
| <b>c</b> EIN-PN <span style="color: blue;">13-3637896-001</span>                                                     | <b>d</b> Entity code <span style="color: blue;">C</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">12006621</span> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">COM PEN TRST FD-INTL OPPORTUNITIES</span>  |                                                          |                                                                                                                                                |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">JPMORGAN CHASE BANK NA</span>           |                                                          |                                                                                                                                                |  |  |
| <b>c</b> EIN-PN <span style="color: blue;">13-4027152-001</span>                                                     | <b>d</b> Entity code <span style="color: blue;">C</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">4836120</span>  |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">COM PEN TRST-US STRAT SM CO EQUITY</span>  |                                                          |                                                                                                                                                |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">JPMORGAN CHASE BANK NA</span>           |                                                          |                                                                                                                                                |  |  |
| <b>c</b> EIN-PN <span style="color: blue;">13-7197335-001</span>                                                     | <b>d</b> Entity code <span style="color: blue;">C</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">2057753</span>  |  |  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: COM PEN TRST FD-LONG CREDIT**b** Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK NA

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 13-4027152-001 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9769421 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: COM PEN TRST FD-STRATEGIC PROPERTY**b** Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK NA

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 13-6038770-001 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2144477 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: COM PEN TRST FD-LIQUIDITY**b** Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK NA

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 13-6285055-001 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 325524 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: COM PEN TRUST US REAL ESTATE SEC**b** Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK NA

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 13-3966500-001 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1988895 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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  
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
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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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2015</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>GARDNER DENVER, INC PENSION PLAN</u>                                                                                                                                                                                                         | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>001</u>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>GARDNER DENVER, INC.</u>                                                                                                                                                                             | <b>D</b> Employer Identification Number (EIN)<br><u>76-0419383</u>                                                                                                                                                                                                           |                                                                                           |

| Part I   | Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | (a) Beginning of Year | (b) End of Year |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> | 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. <b>Round off amounts to the nearest dollar.</b> 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. |                 |                       |                 |
|          | <b>Assets</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                       |                 |
| <b>a</b> | Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       |                       |                 |
| <b>b</b> | Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
|          | <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1b(1)</b>    |                       |                 |
|          | <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1b(2)</b>    |                       |                 |
|          | <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1b(3)</b>    | 759809                | 1097110         |
| <b>c</b> | General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
|          | <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(1)</b>    | 2119                  | 0               |
|          | <b>(2)</b> U.S. Government securities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(2)</b>    |                       |                 |
|          | <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                       |                 |
|          | <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(3)(A)</b> |                       |                 |
|          | <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(3)(B)</b> |                       |                 |
|          | <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                       |                 |
|          | <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(4)(A)</b> |                       |                 |
|          | <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(4)(B)</b> |                       |                 |
|          | <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(5)</b>    |                       |                 |
|          | <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(6)</b>    |                       |                 |
|          | <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1c(7)</b>    |                       |                 |
|          | <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(8)</b>    |                       |                 |
|          | <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(9)</b>    | 65618344              | 60340024        |
|          | <b>(10)</b> Value of interest in pooled separate accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(10)</b>   |                       |                 |
|          | <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(11)</b>   |                       |                 |
|          | <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(12)</b>   |                       |                 |
|          | <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(13)</b>   |                       |                 |
|          | <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(14)</b>   |                       |                 |
|          | <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 66380272              | 61437134        |

**Liabilities**

|                                                                           |           |        |        |
|---------------------------------------------------------------------------|-----------|--------|--------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |        |        |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 81720  | 88205  |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |        |        |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 330352 | 584196 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 412072 | 672401 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 65968200 | 60764733 |
|-----------------------------------------------------------|-----------|----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> |            |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 67671      |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 67671     |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 0         |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | 293248    |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            |           |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 360919    |

**Expenses**

|                                                                                      |       |         |         |
|--------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 5039921 |         |
| (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) |         | 5039921 |
| 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) | 116230  |         |
| (2) Contract administrator fees .....                                                | 2i(2) | 0       |         |
| (3) Investment advisory and management fees .....                                    | 2i(3) | 259411  |         |
| (4) Other .....                                                                      | 2i(4) | 148824  |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |         | 524465  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |         | 5564386 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | -5203467 |
| 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: RUBINBROWN LLP

(2) EIN: 43-0765316

**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:

|                                                                                                                                                                                                                                                                                                                  | Yes | No | N/A | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|--------|
| <b>a</b> 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.) .....                 |     | X  |     |        |
| <b>b</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.) ..... |     | X  |     |        |

|                                                                                                                                                                                                                         | Yes | No | N/A | Amount   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|----------|
| <b>c</b> 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  |     |          |
| <b>d</b> 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  |     |          |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                      | X   |    |     | 10000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                       |     | X  |     |          |
| <b>g</b> 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  |     |          |
| <b>h</b> 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  |     |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                | X   |    |     |          |
| <b>j</b> 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   |    |     |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                           |     | X  |     |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                            |     | X  |     |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                  |     |    |     |          |
| <b>n</b> 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.                                     |     |    |     |          |
| <b>o</b> Did the plan trust incur unrelated business taxable income?                                                                                                                                                    |     |    |     |          |
| <b>p</b> Were in-service distributions made during the plan year?                                                                                                                                                       |     |    |     |          |

**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

|                                        |                                                     |
|----------------------------------------|-----------------------------------------------------|
| <b>6a</b> Name of trust                | <b>6b</b> Trust's EIN                               |
| <b>6c</b> Name of trustee or custodian | <b>6d</b> Trustee's or custodian's telephone number |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2015</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

|                                                                                              |                                                                    |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>GARDNER DENVER, INC PENSION PLAN</u>                             | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>GARDNER DENVER, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>76-0419383</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u>  |
| <b>2</b> 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):<br><br>EIN(s): <u>13-3795042</u> |          |           |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |           |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> | <u>46</u> |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                             |                                                                                                                         |                             |                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                        | <input type="checkbox"/> Yes                                                                                            | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                        |                                                                                                                         |                             |                                         |
| <b>5</b> 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. |                             |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                              | <b>6a</b>                                                                                                               |                             |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                  | <b>6b</b>                                                                                                               |                             |                                         |
| <b>c</b> 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).....                                                                                                                             | <b>6c</b>                                                                                                               |                             |                                         |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                               |                                                                                                                         |                             |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                          | <input type="checkbox"/> Yes                                                                                            | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <b>8</b> 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? ..... | <input type="checkbox"/> Yes                                                                                            | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                             |                                   |                                   |                               |                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> 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. .... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> 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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                      |            |  |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:                                                                                                                    |            |  |
|           | <b>a</b> The current year .....                                                                                                                                                                                                                      | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year .....                                                                                                                                                                             | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year .....                                                                                                                                                                                                        | <b>14c</b> |  |
| <b>15</b> | 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:                                                                         |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                           | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                 |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                             | <b>16a</b> |  |
|           | <b>b</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 .....                                                                               | <b>16b</b> |  |
| <b>17</b> | 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. .... <input type="checkbox"/> |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | 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 ..... <input type="checkbox"/>           |
| <b>19</b> | If the total number of participants is 1,000 or more, complete lines (a) through (c)                                                                                                                                                                                                                                                                                                                            |
|           | <b>a</b> Enter the percentage of plan assets held as:<br>Stock: <u>59.8</u> % Investment-Grade Debt: <u>34.7</u> % High-Yield Debt: <u>1.7</u> % Real Estate: <u>2.8</u> % Other: <u>1.0</u> %                                                                                                                                                                                                                  |
|           | <b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br><input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input checked="" type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more |
|           | <b>c</b> What duration measure was used to calculate line 19(b)?<br><input checked="" type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify):                                                                                                                                                      |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                                                                                |                                                          |                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| <b>20a</b> Is the plan a 401(k) plan? .....                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |
| <b>20b</b> If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? .....                                                              | <input type="checkbox"/> Design-based safe harbor method | <input type="checkbox"/> ADP/ACP test                    |
| <b>20c</b> If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))? .....                   | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |
| <b>21a</b> Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): .....                                                                                                                                              | <input type="checkbox"/> Ratio percentage test           | <input type="checkbox"/> Average benefit test            |
| <b>21b</b> Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? .....                                                                           | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |
| <b>22a</b> Has the plan been timely amended for all required tax law changes? .....                                                                                                                                                                                            | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No <input type="checkbox"/> N/A |
| <b>22b</b> Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).                                                                            |                                                          |                                                          |
| <b>22c</b> If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____. |                                                          |                                                          |
| <b>22d</b> If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.                                                                           |                                                          |                                                          |
| <b>23</b> Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? .....                               | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |

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***GARDNER DENVER, INC.***  
***PENSION PLAN***  
***FINANCIAL STATEMENTS***  
***DECEMBER 31, 2015***

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### **Financial Statements**

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### **Supplemental Schedules**

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## Independent Auditors' Report

The Benefits Committee  
Gardner Denver, Inc.  
Quincy, Illinois

### Report On The Financial Statements

We were engaged to audit the accompanying financial statements of Gardner Denver, Inc. Pension Plan, which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

### *Management's Responsibility For The Financial Statements*

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, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### *Basis For Disclaimer Of Opinion*

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by JPMorgan Chase 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 December 31, 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.

### ***Emphasis Of Matter***

As discussed in Note 2 to the financial statements, in 2015, Gardner Denver, Inc. Pension Plan adopted new accounting guidance within the Accounting Standards Codification caused by Accounting Standards Update (ASU) 2015-07, *Fair Value Measurement (Topic 820) - Disclosures for Investments in Certain Entities That Calculate Net Asset Value Per Share (or Its Equivalent)* and ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, and (Part III) Measurement Date Practical Expedient*. Our opinion is not modified with respect to these matters.

### ***Other Matter***

The supplemental schedules of assets held at end of year as of December 31, 2015 and of reportable transactions for the year ended December 31, 2015 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis For Disclaimer Of Opinion paragraph, we do not express an opinion on these supplemental schedules.

### **Report On Form And Content In Compliance With DOL Rules And Regulations**

The form and content of the information included in the financial statements and supplemental schedules, 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*RubinBrown LLP*

September 23, 2016

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**GARDNER DENVER, INC. PENSION PLAN**  
**STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS**

---

|                                          | <b>December 31,</b>  |                      |
|------------------------------------------|----------------------|----------------------|
|                                          | <b>2015</b>          | <b>2014</b>          |
| <b>Assets</b>                            |                      |                      |
| <b>Investments - At Fair Value</b>       | <b>\$ 60,340,024</b> | <b>\$ 65,620,463</b> |
| <b>Receivables</b>                       |                      |                      |
| Due from broker for pending trades       | <b>1,097,110</b>     | 759,809              |
| <b>Total Receivables</b>                 | <b>1,097,110</b>     | 759,809              |
| <b>Total Assets</b>                      | <b>61,437,134</b>    | 66,380,272           |
| <b>Liabilities</b>                       |                      |                      |
| Due to broker for pending trades         | <b>584,196</b>       | 330,352              |
| Administrative expenses payable          | <b>88,205</b>        | 81,720               |
| <b>Total Liabilities</b>                 | <b>672,401</b>       | 412,072              |
| <b>Net Assets Available For Benefits</b> | <b>\$ 60,764,733</b> | <b>\$ 65,968,200</b> |

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## GARDNER DENVER, INC. PENSION PLAN

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### STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

|                                                              | For The Years<br>Ended December 31, |                      |
|--------------------------------------------------------------|-------------------------------------|----------------------|
|                                                              | 2015                                | 2014                 |
| <b>Additions To Net Assets Attributed To:</b>                |                                     |                      |
| Other                                                        | \$ 67,671                           | \$ 11,499            |
| <b>Deductions From Net Assets Attributed To:</b>             |                                     |                      |
| Benefits paid directly to participants                       | 5,039,921                           | 5,222,297            |
| Administrative expenses                                      | 524,465                             | 475,929              |
| <b>Total Deductions</b>                                      | <b>5,564,386</b>                    | <b>5,698,226</b>     |
| <b>Investment Income</b>                                     |                                     |                      |
| Net appreciation in fair value of investments                | 291,916                             | 6,073,040            |
| Interest                                                     | 1,332                               | 667                  |
| <b>Net Investment Income</b>                                 | <b>293,248</b>                      | <b>6,073,707</b>     |
| <b>Net Increase (Decrease)</b>                               | <b>(5,203,467)</b>                  | <b>386,980</b>       |
| <b>Net Assets Available For Benefits - Beginning Of Year</b> | <b>65,968,200</b>                   | <b>65,581,220</b>    |
| <b>Net Assets Available For Benefits - End Of Year</b>       | <b>\$ 60,764,733</b>                | <b>\$ 65,968,200</b> |

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**GARDNER DENVER, INC. PENSION PLAN**  
**STATEMENT OF ACCUMULATED PLAN BENEFITS**

---

|                                                                   | <b>December 31,</b>  |                      |
|-------------------------------------------------------------------|----------------------|----------------------|
|                                                                   | <b>2015</b>          | <b>2014</b>          |
| <b>Actuarial Present Value Of Accumulated Plan Benefits</b>       |                      |                      |
| <b>Vested Benefits</b>                                            |                      |                      |
| Participants currently receiving payments                         | \$ 22,196,190        | \$ 23,894,248        |
| Other participants                                                | 26,844,235           | 28,183,117           |
| <b>Total Vested Benefits</b>                                      | <b>49,040,425</b>    | <b>52,077,365</b>    |
| <b>Nonvested Benefits</b>                                         | <b>217,321</b>       | <b>244,602</b>       |
| <b>Total Actuarial Present Value Of Accumulated Plan Benefits</b> | <b>\$ 49,257,746</b> | <b>\$ 52,321,967</b> |

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**GARDNER DENVER, INC. PENSION PLAN**

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**STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS**

---

|                                                                                     | <b>For The Years<br/>Ended December 31,</b> |                      |
|-------------------------------------------------------------------------------------|---------------------------------------------|----------------------|
|                                                                                     | <b>2015</b>                                 | <b>2014</b>          |
| <b>Actuarial Present Value Of Accumulated<br/>Plan Benefits - Beginning Of Year</b> | <b>\$ 52,321,967</b>                        | <b>\$ 52,165,647</b> |
| <b>Increase (Decrease) During The Year Attributable To:</b>                         |                                             |                      |
| Benefits accumulated                                                                | <b>(1,393,104)</b>                          | (412,607)            |
| Benefits paid                                                                       | <b>(5,039,921)</b>                          | (5,222,297)          |
| Interest                                                                            | <b>3,863,299</b>                            | 3,844,249            |
| Changes in actuarial assumptions                                                    | <b>(494,495)</b>                            | 1,946,975            |
| <b>Net Increase (Decrease)</b>                                                      | <b>(3,064,221)</b>                          | 156,320              |
| <b>Actuarial Present Value Of Accumulated<br/>Plan Benefits - End Of Year</b>       | <b>\$ 49,257,746</b>                        | <b>\$ 52,321,967</b> |

# **GARDNER DENVER, INC. PENSION PLAN**

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## **NOTES TO FINANCIAL STATEMENTS**

**December 31, 2015 And 2014**

### **1. Description Of The Plan**

The following description of Gardner Denver, Inc. Pension Plan (the Plan) provides only general information. Participants should refer to the Plan Document for a complete description of the Plan's provisions.

#### **General**

The Plan is a noncontributory defined benefit plan, which covers eligible employees of Gardner Denver, Inc. (the Company) who are not receiving contributions in another Company-sponsored defined benefit retirement plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan also covers participants from the following former plans:

| <b>Plan Name</b>                                                                                                  | <b>Plan Merger Date</b> |
|-------------------------------------------------------------------------------------------------------------------|-------------------------|
| Lamson Corporation Pension Plan<br>for Salaried Employees (Lamson)                                                | 1997                    |
| Invensys Salaried Pension Plan (Invensys)                                                                         | 2001                    |
| Gardner Denver, Inc. Hourly Pension Plan (Hourly)                                                                 | 2002                    |
| Lamson Corporation Hourly Employee<br>Pension Plan (Lamson Hourly Plan)                                           | 2006                    |
| TI Pneumotive Hourly Pension Plan                                                                                 | 2007                    |
| Welch Vacuum Technology, Inc. Pension<br>Plan for Hourly Employees (Skokie Plan)                                  | 2007                    |
| Gardner Denver Thomas, Inc. at Sheboygan,<br>Wisconsin and the IBEW Local Union No. 1060,<br>AFL-CIO Pension Plan | 2007                    |
| LeRoi International, Inc. Pension Plan<br>for Union Employees                                                     | 2011                    |

In March 2005, Nash Elmo Industries, LLC (Nash Elmo) employees became eligible to participate in the Plan. The Plan recognizes service credited under the former Nash Elmo Industries, LLC Pension Plan.

Effective November 1, 2006, the Plan was frozen. No additional employees were eligible for Plan participation after October 31, 2006. No further basic credits have been credited to a participant's account after October 31, 2006 and no further additional credits have been credited to a participant's account after November 14, 2006.

## **GARDNER DENVER, INC. PENSION PLAN**

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### Notes To Financial Statements (*Continued*)

#### **Contributions**

Contributions from the Company are based upon amounts required to be funded under provisions of ERISA. Employee contributions are not permitted. The Plan is in compliance with applicable ERISA minimum funding requirements for the Plan years ended December 31, 2015 and 2014.

#### **Vesting**

Participants vest in their accrued benefits according to the following schedule:

| <u>Years Of Service</u> | <u>Vested<br/>Percentage</u> |
|-------------------------|------------------------------|
| Less than 3 years       | 0%                           |
| 3 years or more         | 100%                         |

Participants, who are current employees, become fully vested at the normal retirement age of 65, upon becoming totally disabled, or upon death. If participants terminate before vesting, they forfeit the right to receive the portion of their accumulated plan benefits.

#### **Retirement Benefits**

Participants (other than those of Lamson, Invensys and Hourly) may elect early retirement between the ages of 55 and 65. Benefits are received at normal retirement age or, if elected, at a reduced amount at early retirement. Participants have a choice between various forms of payment, including annuities or a lump-sum payment. Benefit amounts between \$1,000 and \$5,000 are transferred to an Individual Retirement Account (IRA) in the participant's name (unless distribution of the benefit is requested). Benefit amounts less than \$1,000 are paid directly to the participant. Participants electing early retirement can choose to receive a payment of their accumulated plan benefit, if it is between \$5,000 and \$10,000. Benefit amounts that are over \$10,000 are held in the Plan until the participant reaches retirement age.

## **GARDNER DENVER, INC. PENSION PLAN**

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### Notes To Financial Statements (*Continued*)

Lamson participants may elect early retirement between the ages of 50 and 65. The age at which full, unreduced benefits are available depends on the length of the participant's service. Participants have a choice between various forms of payment. Benefit amounts between \$1,000 and \$5,000 are transferred to an IRA in the participant's name (unless distribution of the benefit is requested). Benefit amounts less than \$1,000 are paid directly to the participant. Participants electing early retirement can choose to receive a payment of their accumulated plan benefit, if it is between \$5,000 and \$10,000. Benefit amounts greater than \$10,000 are held in the Plan until the participant reaches normal retirement age.

Invensys participants may elect early retirement between 62 and 65. Benefits are received at normal retirement age or, if elected, at a reduced amount at early retirement. Benefit amounts between \$1,000 and \$5,000 are transferred to an IRA in the participant's name (unless distribution of the benefit is requested). Benefit amounts less than \$1,000 are paid directly to the participant.

Hourly participants may elect early retirement between the ages of 55 and 65. Benefits are received at normal retirement age or, if elected, at a reduced amount at early retirement. Participants have a choice between various forms of payment, including annuities or a lump-sum payment. Benefit amounts between \$1,000 and \$5,000 are transferred to an IRA account in the participant's name (unless distribution of the benefit is requested). Benefit amounts less than \$1,000 are paid directly to the participant. Employees who were participants as of October 1, 2002, the date the Hourly Pension Plan merged into the Plan, may receive a lump sum payment at any time, regardless of the accumulated plan benefit amount.

The Plan allows for benefit payments to a designated beneficiary in the event of a participant's death. Upon becoming total disabled after reaching one year of service, a participant may receive a lump sum or annuity payment for benefits earned.

## **2. Summary Of Significant Accounting Policies**

### **Basis Of Accounting**

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting.

## **GARDNER DENVER, INC. PENSION PLAN**

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### Notes To Financial Statements *(Continued)*

#### **Estimates And Assumptions**

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

#### **Valuation Of Investments And Income Recognition**

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are reflected on a trade-date basis. Dividends are recorded on the ex-dividend date. The net appreciation in fair value of investments in the accompanying statement of changes in net assets available for benefits includes realized gains and losses and unrealized appreciation.

#### **Actuarial Present Value Of Accumulated Plan Benefits**

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

## **GARDNER DENVER, INC. PENSION PLAN**

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### Notes To Financial Statements (*Continued*)

The actuarial present value of accumulated plan benefits has been actuarially determined and is that amount which 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 significant actuarial assumptions used in the valuations as of December 31, 2015 and 2014 are as follows:

|                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Actuarial Cost Method</b>                | Projected unit credit method with accrued liabilities for members with cash balance accounts based on current balances                                                                                                                                                                                                                                                                                                                       |
| <b>Discount Rate</b>                        | 7.75% per annum at December 31, 2015 and 2014, compounded annually                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Retirement Age</b>                       | 55 to 65                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Mortality</b>                            | RP-2014 Total Employee and Healthy Annuitant Mortality Tables (and the RP-2014 Disabled Retiree Mortality Table for disableds) rolled back to 2006 and projected with Mortality Improvement Scale MP-2015 for 2015<br><br>RP-2014 Total Employee and Healthy Annuitant Mortality Tables (and the RP-2014 Disabled Retiree Mortality Table for disableds) rolled back to 2006 and projected with Mortality Improvement Scale MP-2015 for 2014 |
| <b>Cash Balance Interest Crediting Rate</b> | 5.5% per annum at December 31, 2015 and 2014                                                                                                                                                                                                                                                                                                                                                                                                 |

The foregoing assumptions are based on the presumption 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.

As of December 31, 2015 and 2014, the interest rates and mortality tables were updated to those applicable to the current plan year in accordance with the Highway and Transportation Funding Act of 2014 (HATFA).

## **GARDNER DENVER, INC. PENSION PLAN**

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### Notes To Financial Statements (*Continued*)

During the year ended December 31, 2015, the expense load added to the Target Normal Cost was updated to be based on the actual non-Pension Benefit Guaranty Corp expenses for the prior year, adjusted for inflation using year over year December CPI-U, plus the current year's PBGC premium, rounded to the nearest \$10,000.

#### **Administrative Expenses**

Salaries and related benefits of employees who administer the Plan are provided by the Company. All other administrative expenses are paid by the Plan. These expenses include investment management, trustee, and accounting fees.

#### **Payment Of Benefits**

Benefit payments to participants are recorded when paid.

#### **Recent Accounting Pronouncements**

In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-07, *Fair Value Measurement (Topic 820) - Disclosures for Investments in Certain Entities That Calculate Net Asset Value Per Share (or Its Equivalent)*. The ASU removes the requirement to include within the fair value hierarchy leveling table those investments that measure fair value using the practical expedient available for investments that calculate a net asset value per share (or NAV equivalent, for example member units or an ownership interest in partners' capital to which a proportionate share of net assets is attributed). Even though these investments are removed from the fair value hierarchy, plans should provide or disclose the total amount of investments measured using the net asset value per share (or its equivalent) practical expedient in order to permit reconciliation of fair value of investments included in the fair value hierarchy to the line items presented in the statement of net asset available for benefits. The guidance contained in the ASU is effective for fiscal years beginning after December 15, 2016, with early adoption permitted. Management has elected to adopt the guidance resulting from this ASU early. The guidance has been applied retrospectively.

## **GARDNER DENVER, INC. PENSION PLAN**

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### Notes To Financial Statements (*Continued*)

In July 2015, the FASB issued ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. Part II eliminates the requirements to disclose individual investments that represent 5% or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Additionally, Part II permits plans to eliminate the disclosure of significant investment strategies for any investment measured using the net asset value per share (or its equivalent) practical expedient, provided that the investment fund files an annual report on Form 5500 as a direct filing entity. Parts I and III are not applicable to the Plan. The guidance contained in the ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Management has elected to adopt the guidance resulting from Part II early. The guidance has been applied retrospectively.

There were no impacts on the statement of net assets available for benefits or the statement of changes in net assets available for benefits as of or for the years ended December 31, 2015 or 2014.

#### **Subsequent Events**

Management has evaluated subsequent events through September 23, 2016, the date which the financial statements were available for issue.

### **3. Investments**

JPMorgan Chase Bank, N.A. (JPMorgan) holds the Plan's investments and executed related transactions for the years ended December 31, 2015 and 2014. Financial information related to the assets and earnings from investments as of and for the years ended December 31, 2015 and 2014 are included in the accompanying financial statements and are based on information provided by JPMorgan. This information, which has not been audited by the Plan's independent auditors, has been certified to as complete and accurate by JPMorgan.

**4. Fair Value Measurements**

The Plan utilizes an established framework for measuring fair value of investments. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

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

Level 2      Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

## **GARDNER DENVER, INC. PENSION PLAN**

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### Notes To Financial Statements (*Continued*)

Following is a description of the valuation methodology used for assets measured at fair value:

#### **Commingled Funds**

Valued based on the net asset value (NAV) as calculated by the trustee. The NAV is not publicly available but is published to existing clients and service providers. The Plan uses the NAV as a practical expedient to estimate fair value, which is based upon the fair value of the underlying investments. The investments are redeemable at the adjusted NAV; however, it is possible that the redemption rights may be restricted or eliminated in the future. Due to the nature of the investments, changes in market conditions, liquidity requirements and the economic environment the NAV and consequently the fair value of the Plan's investments may be affected.

All Plan investments are measured at fair value using the net asset value per share (or its equivalent) practical expedient and, therefore, have not been categorized in the fair value hierarchy.

The method described above may produce fair value calculations that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation method is 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.

The investment strategies of the comingled funds are:

- 1) Bond funds include common stocks of a wide variety of companies in a wide variety of industry segments with a focus on long-term growth of capital. The funds in this category are redeemable daily.
- 2) Equity funds invest primarily in higher yielding corporate debt securities and money market instruments and other fixed income securities of corporations, government and other entities, domestic and foreign. The funds in this category are redeemable daily.
- 3) Fixed income funds invest primarily in securities of foreign countries, with the goal of providing liquidity and preservation of capital while maximizing return on assets. The funds in this category are redeemable daily.

## **GARDNER DENVER, INC. PENSION PLAN**

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### Notes To Financial Statements (*Continued*)

- 4) International funds invest in traditional money market investments, with the goal of providing liquidity and preservation of capital while maximizing return on assets. The funds in this category are redeemable daily.
- 5) Liquidity funds seek to acquire and hold real estate investments owned directly or through partnership interests and mortgage loans. Properties have dominant competitive characteristics in markets with attractive demographics providing for broad diversification, both geographically and by sector. Assets are traditionally held long-term with an average period of seven to ten years. All properties are appraised on an annual basis. Fund participants may withdraw from the fund once per quarter subject to available cash. A written withdrawal request is required 45 days prior to quarter end.

There have been no changes in the methodology used at December 31, 2015 or 2014.

### **5. Plan Termination And Pension Benefit Guaranty Corporation Matters**

In the event of termination of the Plan, the Plan's assets shall be used and applied first for the benefit of retired employees and employees who have reached their normal retirement date and second for the benefit of all other employees based on their accrued retirement benefits at the date of termination of the Plan in amounts proportionate to the actuarially determined present values of their retirement benefits at the date of termination of the Plan. Any balance remaining after satisfaction of all liabilities of the Plan shall be returned to the Company.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (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. The PBGC guarantees up to a statutory ceiling on the amount of an individual's monthly pension benefit each year for plan terminations occurring during the year. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Company and the level of benefits guaranteed by the PBGC.

## **GARDNER DENVER, INC. PENSION PLAN**

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### Notes To Financial Statements (*Continued*)

While it has not expressed any intention to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions set forth in ERISA.

#### **6. Party In Interest Transactions**

The Plan invests in funds managed by JPMorgan, the Trustee as defined by the Plan and, therefore, these transactions qualify as party in interest transactions. The Plan's management believes JPMorgan's fees are based on customary and reasonable fees, and are paid by the Plan. These party in interest transactions are allowable under ERISA regulations.

#### **7. Risks And Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, 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 that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

#### **8. Income Tax Status**

The Plan received a favorable determination letter from the Internal Revenue Service (the IRS), dated February 6, 2015, indicating that the Plan, as then designed, was in compliance with the requirements of the Internal Revenue Code (the IRC). The Plan has been amended since receiving the determination letter. However, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently operating in compliance with the applicable requirements of the IRC. The Plan's federal tax returns for tax years 2012 and later remain subject to examination by taxing authorities.

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## Supplemental Schedules

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# GARDNER DENVER, INC. PENSION PLAN

E.I.N.: 76-0419383      PLAN NUMBER: 001  
SCHEDULE OF ASSETS HELD AT END OF YEAR  
December 31, 2015

| Identity Of Issuer       | Description Of Investment              | Cost          | Current Value |
|--------------------------|----------------------------------------|---------------|---------------|
| <b>Commingled Funds</b>  |                                        |               |               |
| * JP Morgan              | Quantitative Large Cap Enhanced Fund   | \$ 3,190,733  | \$ 6,673,237  |
| * JP Morgan              | Core Bond Fund                         | 12,268,266    | 14,749,616    |
| * JP Morgan              | International Opportunities Fund       | 3,779,343     | 4,836,120     |
| * JP Morgan              | International Equity Fund              | 3,945,800     | 4,836,082     |
| * JP Morgan              | Smart Index Fund                       | 1,920,243     | 12,006,621    |
| * JP Morgan              | Liquidity Fund                         | 325,524       | 325,524       |
| * JP Morgan              | Strategic Property Fund                | 972,719       | 2,144,477     |
| * JP Morgan              | US Real Estate Securities Fund         | 1,860,579     | 1,988,895     |
| * JP Morgan              | US Small Cap Equity Blend Fund         | 486,446       | 952,278       |
| * JP Morgan              | Long Credit Fund                       | 8,595,032     | 9,769,421     |
| * JP Morgan              | US Strategic Small Company Equity Fund | 874,564       | 2,057,753     |
| <b>Total Investments</b> |                                        | \$ 38,219,249 | \$ 60,340,024 |

\* Represents a party in interest allowable under ERISA regulations.

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4i.

# GARDNER DENVER, INC. PENSION PLAN

## E.I.N.: 76-0419383      PLAN NUMBER: 001 SCHEDULE OF REPORTABLE TRANSACTIONS For The Year Ended December 31, 2015

| Type Of Investment                                        | Number Of<br>Purchase<br>Transactions | Total<br>Value Of<br>Purchases | Number<br>Of Sales<br>Transactions | Total Net<br>Selling<br>Price | Expenses<br>Incurred In<br>Transactions | Total<br>Cost Of<br>Assets<br>Sold | Current<br>Value Of<br>Assets On<br>Transaction<br>Date | Net<br>Loss |
|-----------------------------------------------------------|---------------------------------------|--------------------------------|------------------------------------|-------------------------------|-----------------------------------------|------------------------------------|---------------------------------------------------------|-------------|
| Series Of Transactions In Excess Of 5% Of Plan Net Assets |                                       |                                |                                    |                               |                                         |                                    |                                                         |             |
| * JP Morgan Quantitative Large Cap Enhanced Fund          |                                       |                                |                                    |                               |                                         |                                    |                                                         |             |
| Purchases                                                 | —                                     | \$ —                           | —                                  | \$ —                          | \$ —                                    | \$ —                               | \$ —                                                    | \$ —        |
| Sales                                                     | —                                     | —                              | 5                                  | 3,873,957                     | —                                       | 1,952,884                          | 3,873,957                                               | (1,921,073) |
| * JP Morgan Smart Index Fund                              |                                       |                                |                                    |                               |                                         |                                    |                                                         |             |
| Purchases                                                 | —                                     | —                              | —                                  | —                             | —                                       | —                                  | —                                                       | —           |
| Sales                                                     | —                                     | —                              | 8                                  | 4,128,392                     | —                                       | 5,951,836                          | 4,128,392                                               | (1,823,444) |
| * JP Morgan Liquidity                                     |                                       |                                |                                    |                               |                                         |                                    |                                                         |             |
| Purchases                                                 | 61                                    | 2,304,905                      | —                                  | —                             | —                                       | —                                  | 2,304,905                                               | —           |
| Sales                                                     | —                                     | —                              | 40                                 | 2,473,902                     | —                                       | 2,473,902                          | 2,473,902                                               | —           |

\* Represents a party in interest transaction allowable under ERISA regulations.

The above information is a required disclosure of IRS Form 5500, Schedule H, Part IV, line 4j.

**Gardner Denver, Inc. Pension Plan**  
**EIN: 76-0419383 / PN: 001**

**Schedule SB, Line 26 - Schedule of Active Participant Data**

| Age      | Under 1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ |
|----------|---------|-----|-----|-------|-------|-------|-------|-------|-------|-----|
| Under 25 | 0       | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0   |
| 25-29    | 0       | 0   | 3   | 0     | 0     | 0     | 0     | 0     | 0     | 0   |
| 30-34    | 0       | 0   | 16  | 7     | 0     | 0     | 0     | 0     | 0     | 0   |
| 35-39    | 0       | 0   | 12  | 6     | 7     | 0     | 0     | 0     | 0     | 0   |
| 40-44    | 0       | 0   | 9   | 8     | 15    | 5     | 1     | 0     | 0     | 0   |
| 45-49    | 0       | 0   | 15  | 17    | 13    | 22    | 5     | 2     | 0     | 0   |
| 50-54    | 0       | 0   | 18  | 17    | 8     | 18    | 24    | 25    | 6     | 0   |
| 55-59    | 0       | 0   | 15  | 17    | 12    | 17    | 26    | 31    | 29    | 4   |
| 60-64    | 0       | 0   | 6   | 6     | 10    | 6     | 15    | 5     | 16    | 11  |
| 65-69    | 0       | 0   | 3   | 1     | 1     | 2     | 1     | 2     | 2     | 5   |
| 70+      | 0       | 0   | 0   | 1     | 0     | 0     | 0     | 0     | 0     | 0   |
| TOTAL    | 0       | 0   | 97  | 80    | 66    | 70    | 72    | 65    | 53    | 20  |

Average compensation and average cash balance are not shown in any age/service cell since the plan has less than 1,000 active participants. Table does not include 3 Deferred Disabled participants that are reflected in line 3c(1) of the 2015 SB.

**Gardner Denver, Inc. Pension Plan**  
**EIN: 76-0419383 / PN: 001**

**Schedule SB, Part V - Statement of Actuarial Assumptions/Methods**

**Prescribed Funding Assumptions and Methods**

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

**Funding interest rates**

For 2015 Plan Year: Segment Rates with four month lookback, constrained in accordance with HATFA as follows:

|                     | Unconstrained Rates* | Rates Reflecting HATFA Corridor** |
|---------------------|----------------------|-----------------------------------|
| First Segment Rate  | 1.15%                | 4.72%                             |
| Second Segment Rate | 4.06%                | 6.11%                             |
| Third Segment Rate  | 5.15%                | 6.81%                             |

Effective Interest Rate:  
Based on HATFA rates 6.12%

For 2014 Plan Year: Segment Rates with four month lookback, constrained in accordance with HATFA as follows:

|                     | Unconstrained Rates* | Rates Reflecting HATFA Corridor |
|---------------------|----------------------|---------------------------------|
| First Segment Rate  | 1.37%                | 4.99%                           |
| Second Segment Rate | 4.05%                | 6.32%                           |
| Third Segment Rate  | 5.06%                | 6.99%                           |

Effective Interest Rate:  
Based on HATFA rates 6.34%

\* Used for maximum tax-deduction purposes

\*\* Used for minimum funding and benefit restriction purposes

**Mortality**

Mortality tables mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis, projected 7 years from the valuation date for annuitants and 15 years for non-annuitants.

**Actuarial cost method**

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

**Gardner Denver, Inc. Pension Plan**  
**EIN: 76-0419383 / PN: 001**

**Schedule SB, Part V - Statement of Actuarial Assumptions/Methods**  
**(continued)**

**Non-Prescribed Funding Assumptions and Methods**

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under PPA 2006.

**Salary increase assumption**

None assumed since benefit is frozen.

**Cost-of-living**

None assumed since benefit is frozen.

**Social security**

None assumed since benefit is frozen.

**Cash Balance interest crediting rate**

|                           |       |
|---------------------------|-------|
| Current and Future Years: | 5.50% |
| Prior Year:               | 5.50% |

This assumption is based on average yield for 30-year US Treasury Bonds for months in which they were issued beginning January, 1990.

**Expenses**

Expected administrative and investment expenses equal to the actual expenses for the prior year rounded up to the next \$10,000 were added to the Target Normal Cost (equal to \$490,000 for the 2015 valuation).

**Frequency of optional payment forms**

Actives who become terminated vested participants are assumed to elect a life annuity upon commencement of benefits.

For the former Thomas plans (Pneumotive, Sheboygan, and Welch), actives who retire are assumed to take a life annuity upon retirement.

**Other Plans (actives who retire)**

60% of participants are assumed to elect a lump sum distribution of their accrued benefit upon retirement.

20% of participants are assumed to elect a life annuity upon retirement.

5% of participants are assumed to elect a 50% joint and survivor annuity upon retirement.

10% of participants are assumed to elect a 100% joint and survivor annuity upon retirement.

5% of participants are assumed to elect a 10 year certain and life annuity upon retirement.

**Marital Percentage**

85% of participants are assumed to be married at death. Husbands are assumed to be three years older than their wives.

**Gardner Denver, Inc. Pension Plan**  
**EIN: 76-0419383 / PN: 001**

**Schedule SB, Part V - Statement of Actuarial Assumptions/Methods**  
**(continued)**

**Non-Prescribed Funding Assumptions and Methods (continued)**

**Retirement rates**

| Age | Assumption | Former Thomas Plans Assumptions |
|-----|------------|---------------------------------|
| 55  | 5%         | —                               |
| 56  | 5%         | —                               |
| 57  | 5%         | —                               |
| 58  | 5%         | —                               |
| 59  | 5%         | —                               |
| 60  | 10%        | —                               |
| 61  | 15%        | —                               |
| 62  | 30%        | 25%                             |
| 63  | 15%        | 15%*                            |
| 64  | 15%        | 15%*                            |
| 65  | 100%       | 100%                            |

\* For the former Welch Plan, the retirement rate assumptions at ages 63 and 64 are 25%.  
Deferred vested participants eligible for early retirement are assumed to commence payment at 62.

**Disability rates**

| Age | Rate  |
|-----|-------|
| 25  | 0.09% |
| 35  | 0.13% |
| 45  | 0.33% |
| 55  | 1.02% |

**Withdrawal rates**

Based on age. Sample rates as follows:

| Age | Male  | Female |
|-----|-------|--------|
| 25  | 10.9% | 17.4%  |
| 30  | 6.9%  | 9.9%   |
| 35  | 4.9%  | 7.4%   |
| 40  | 2.8%  | 4.9%   |
| 45  | 1.6%  | 3.3%   |
| 50  | 0.4%  | 1.7%   |
| 55  | 0.0%  | 0.4%   |

**Gardner Denver, Inc. Pension Plan**  
**EIN: 76-0419383 / PN: 001**

**Schedule SB, Part V - Statement of Actuarial Assumptions/Methods**  
**(continued)**

In addition, for terminated vested members with account balances, a retirement assumption of 30% per year starting at age 55 was applied. For terminated vested members from the former Lamson Hourly Plan, the retirement assumption is 0% prior to Normal Retirement Age and 100% at Normal Retirement Age.

**Non-Prescribed Funding Assumptions and Methods (continued)**

**Asset valuation method**

The Actuarial Value of Assets is Market Value as of the valuation date, including discounted receivable contributions, reduced by decreasing fractions, 2/3 and 1/3, of the of the gain/(loss) in each of the prior 2 years, respectively. The gain/(loss) for each period is determined as the actual return on Market Value during the period less the expected return on Market Value based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third segment rate. The resulting value is constrained to be within a corridor of 90% to 110% of Market Value, including discounted receivable contributions.

|                      | Actuary's Assumption | Third Segment Rate | Reflecting PPA Limit |
|----------------------|----------------------|--------------------|----------------------|
| 2015 Expected Return | 8.00%                | 6.81%              | 6.81%                |
| 2014 Expected Return | 8.00%                | 6.99%              | 6.99%                |
| 2013 Expected Return | 8.00%                | 6.76%              | 6.76%                |

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

**Summary of Changes from the January 1, 2014 Valuation**

- The interest rates and mortality tables were updated to those applicable to the current plan year in accordance with PPA and HATFA. The impact of these changes increased the Funding Target by approximately \$1.7M.

# GARDNER DENVER, INC. PENSION PLAN

## E.I.N.: 76-0419383      PLAN NUMBER: 001 SCHEDULE OF REPORTABLE TRANSACTIONS For The Year Ended December 31, 2015

| Type Of Investment                                        | Number Of<br>Purchase<br>Transactions | Total<br>Value Of<br>Purchases | Number<br>Of Sales<br>Transactions | Total Net<br>Selling<br>Price | Expenses<br>Incurred In<br>Transactions | Total<br>Cost Of<br>Assets<br>Sold | Current<br>Value Of<br>Assets On<br>Transaction<br>Date | Net<br>Loss |
|-----------------------------------------------------------|---------------------------------------|--------------------------------|------------------------------------|-------------------------------|-----------------------------------------|------------------------------------|---------------------------------------------------------|-------------|
| Series Of Transactions In Excess Of 5% Of Plan Net Assets |                                       |                                |                                    |                               |                                         |                                    |                                                         |             |
| * JP Morgan Quantitative Large Cap Enhanced Fund          |                                       |                                |                                    |                               |                                         |                                    |                                                         |             |
| Purchases                                                 | —                                     | \$ —                           | —                                  | \$ —                          | \$ —                                    | \$ —                               | \$ —                                                    | \$ —        |
| Sales                                                     | —                                     | —                              | 5                                  | 3,873,957                     | —                                       | 1,952,884                          | 3,873,957                                               | (1,921,073) |
| * JP Morgan Smart Index Fund                              |                                       |                                |                                    |                               |                                         |                                    |                                                         |             |
| Purchases                                                 | —                                     | —                              | —                                  | —                             | —                                       | —                                  | —                                                       | —           |
| Sales                                                     | —                                     | —                              | 8                                  | 4,128,392                     | —                                       | 5,951,836                          | 4,128,392                                               | (1,823,444) |
| * JP Morgan Liquidity                                     |                                       |                                |                                    |                               |                                         |                                    |                                                         |             |
| Purchases                                                 | 61                                    | 2,304,905                      | —                                  | —                             | —                                       | —                                  | 2,304,905                                               | —           |
| Sales                                                     | —                                     | —                              | 40                                 | 2,473,902                     | —                                       | 2,473,902                          | 2,473,902                                               | —           |

\* Represents a party in interest transaction allowable under ERISA regulations.

The above information is a required disclosure of IRS Form 5500, Schedule H, Part IV, line 4j.

|                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration<br/>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2015</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>                                  |                                                                                                                                                         |
| ► 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.                   |                                                                                                                                                         |
| <b>A</b> Name of plan<br>GARDNER DENVER, INC PENSION PLAN                                                                                 | <b>B</b> Three-digit plan number (PN) <u>001</u>                                                                                                        |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>GARDNER DENVER, INC                                           | <b>D</b> Employer Identification Number (EIN)<br>76-0419383                                                                                             |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                          |                            |                           |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>Part I Basic Information</b>                                                                                                                                                                          |                            |                           |                          |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2015</u>                                                                                                                        |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                         |                            |                           |                          |
| a Market value .....                                                                                                                                                                                     | <b>2a</b>                  | 65,968,201                |                          |
| b Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 62,815,103                |                          |
| <b>3</b> 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 .....                                                                                                                                     | 800                        | 24,972,419                | 24,972,419               |
| b For terminated vested participants .....                                                                                                                                                               | 698                        | 18,900,932                | 18,900,932               |
| c For active participants .....                                                                                                                                                                          | 526                        | 12,072,293                | 12,128,481               |
| d Total .....                                                                                                                                                                                            | 2,024                      | 55,945,644                | 56,001,832               |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                         |                            |                           |                          |
| a Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |                          |
| 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 ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                   | <b>5</b>                   | 6.12%                     |                          |
| <b>6</b> Target normal cost .....                                                                                                                                                                        | <b>6</b>                   | 490,000                   |                          |

**Statement by Enrolled Actuary**

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div style="border: 1px solid black; padding: 5px; display: inline-block;">SIGN HERE</div> <div style="margin-left: 20px;"> <br/>           Signature of actuary<br/>           Edward K. Warner<br/>           Type or print name of actuary<br/>           BUCK CONSULTANTS, LLC<br/>           Firm name<br/>           231 S. Bemiston, Suite 400<br/>           St. Louis MO 63105<br/>           Address of the firm         </div> | <div style="font-size: 2em; margin-bottom: 10px;">7/15/16</div> <div>           Date<br/>           1404417<br/>           Most recent enrollment number<br/>           314-719-2533<br/>           Telephone number (including area code)         </div> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                                                              | 0                     | 266,002                |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 266,002                |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>9.71</u> % .....                                                                                 | 0                     | 25,829                 |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year).....                                                                                       |                       | 0                      |
| <b>b(1)</b> 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>6.34</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance.....                                                                                                       |                       |                        |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    |                       |                        |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 291,831                |

**Part III Funding Percentages**

|                                                                                                                                                                           |           |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                      | <b>14</b> | 111.64% |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                             | <b>15</b> | 112.16% |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 105.06% |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                       | <b>17</b> | %       |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
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|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b> 0                  |

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

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

|                                                                                                                                                                                              |                       |                       |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.72% | 2nd segment:<br>6.11% | 3rd segment:<br>6.81%                               |
|                                                                                                                                                                                              |                       |                       | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                       |                       | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                       |                       | <b>22</b> 62                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                                                     |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 490,000            |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 490,000            |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           | 0                  |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                         | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

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

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

**Gardner Denver, Inc. Pension Plan**  
**EIN: 76-0419383 / PN: 001**

**Schedule SB, Line 22 – Description of Weighted Average Retirement Age**

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

| (1)<br>Age                                                | (2)<br>Expected Active<br>Headcount | (3)<br>Retirement<br>Rate | (4)<br>Expected<br>Retirements<br>(2)*(3) | (5)<br>Weighted Age<br>(1)*(4) |
|-----------------------------------------------------------|-------------------------------------|---------------------------|-------------------------------------------|--------------------------------|
| 55                                                        | 259.97                              | 0.05                      | 12.35                                     | 679.10                         |
| 56                                                        | 277.50                              | 0.05                      | 13.03                                     | 729.81                         |
| 57                                                        | 290.81                              | 0.05                      | 13.61                                     | 775.70                         |
| 58                                                        | 300.97                              | 0.05                      | 13.98                                     | 810.85                         |
| 59                                                        | 312.16                              | 0.05                      | 14.51                                     | 855.91                         |
| 60                                                        | 319.16                              | 0.09                      | 29.55                                     | 1773.16                        |
| 61                                                        | 303.52                              | 0.14                      | 41.60                                     | 2537.60                        |
| 62                                                        | 273.61                              | 0.29                      | 80.65                                     | 5000.36                        |
| 63                                                        | 192.85                              | 0.15                      | 29.00                                     | 1827.05                        |
| 64                                                        | 169.19                              | 0.15                      | 25.43                                     | 1627.64                        |
| 65                                                        | 148.38                              | 1.00                      | 148.38                                    | 9644.48                        |
| 66                                                        | 7.00                                | 1.00                      | 7.00                                      | 462.00                         |
| 67                                                        | 1.00                                | 1.00                      | 1.00                                      | 67.00                          |
| 68                                                        | 2.00                                | 1.00                      | 2.00                                      | 136.00                         |
| 69                                                        | 1.00                                | 1.00                      | 1.00                                      | 69.00                          |
| 70                                                        | 0.00                                | 1.00                      | 0.00                                      | 0.00                           |
| 71                                                        | 1.00                                | 1.00                      | <u>1.00</u>                               | <u>71.00</u>                   |
| <b>Total</b>                                              |                                     |                           | <b>434.09</b>                             | <b>27,066.66</b>               |
| <b>Weighted Average Retirement Age = 27,066.66/434.09</b> |                                     |                           |                                           | <b>62.35</b>                   |
| <b>Rounded Weighted Average Retirement Age</b>            |                                     |                           |                                           | <b>62.00</b>                   |

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

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

## **Gardner Denver, Inc. Pension Plan**

### **EIN: 76-0419383 / PN: 001**

## **Schedule SB, Part V – Summary of Plan Provisions**

### **Gardner Denver, Inc. Pension Plan**

The Gardner Denver, Inc. Pension Plan became effective on January 1, 1994, and was restated January 1, 2001. The assets and liabilities of the frozen Hoffman Salaried Plan were merged into the Gardner Denver Plan in 2001. The Gardner Denver Hourly Plan and Hoffman Hourly Plan were merged into the Gardner Denver Plan effective October 1, 2002. The Lamson Corporation Hourly Employees Pension Plan was merged into the Gardner Denver Plan effective January 15, 2006. The three former Thomas Industries plans (Sheboygan, Welch and Pneumotive) were merged into the Gardner Denver Plan effective January 1, 2007. The LeROI International, Inc. Pension Plan for Union Employees was merged into the Gardner Denver Plan effective August 22, 2011. The following summary describes the main membership, benefit, and contribution provisions of the Plan as interpreted for the valuation.

### **Eligibility**

All employees who were members of the prior plan on December 31, 1993 are members of this plan. Other eligible employees become members immediately. Employees who were employed at the Tulsa, OK facility as of September 1, 1996 are members at September 1, 1996. Employees who were employed at the Manteca, CA facility; Princeton, IL facility; or 20<sup>th</sup> Century Mfg. & Supply Co. in Fort Worth, TX as of February 1, 1998 are members at February 1, 1998. Employees at the Indianapolis, IN, Sedalia, MO and Memphis, TN locations covered by the Gardner Denver Hourly Plan and members of the Hoffman Hourly Plan merged into the Gardner Denver Plan effective October 1, 2002. Employees acquired as part of the Nash acquisition as of April 1, 2005 are members at April 1, 2005. Participants of Lamson Corporation represented by Federal Labor Union No. 21664 for collective bargaining purposes merged into the Gardner Denver Plan effective January 15, 2006. Participants covered under a bargaining agreement between the employer and I.B.E.W. Local No. 1060, AFL-CIO merged into the Gardner Denver Plan effective January 1, 2007. Participants at the Skokie Plant who are covered by a collective bargaining agreement merged into the Gardner Denver Plan effective January 1, 2007. Participants in the TI Pneumotive Hourly Pension Plan merged into the Gardner Denver Plan effective January 1, 2007. Participants in the LeROI International, Inc. Pension Plan for Union Employees merged into the Gardner Denver Plan effective August 22, 2011. No additional employees shall become eligible for Plan participation after October 31, 2006.

### **Accounts**

An Account shall be established and maintained for each member to which each or all of the following may be a part:

#### **Initial Balance**

A member who was a member in the prior plan as of July 1, 1986 shall have an amount which is the single sum value of his Prior Plan accrued benefit credited to his account.

#### **Basic Credits**

Each member shall have credited to his account 4% of his compensation not in excess of the Social Security Wage Base plus 8% of his compensation in excess of the Social Security Wage Base. No further credits shall be credited to his account after October 31, 2006.

**Gardner Denver, Inc. Pension Plan**  
**EIN: 76-0419383 / PN: 001**

**Schedule SB, Part V – Summary of Plan Provisions (continued)**

**Gardner Denver, Inc. Pension Plan (continued)**

**Transitional Credits**

A member who was a prior plan member as of July 1, 1986 is credited with an additional percentage of his compensation for a period from one to five years, with both the percentage and duration dependent upon his age and credited service as of July 1, 1986.

**Additional Credits**

All members who were active members in the prior plan as of October 1, 1989 are credited with additional monthly contributions. The additional credits are based on the member's year of birth. Members age 50 or over elect a period of up to five years of medical coverage (cliff plan) based on service at retirement or no retiree medical coverage (no cliff). The additional credits are set forth in the following schedule:

| Employee's Year of Birth | Additional Monthly Contribution | Employee's Year of Birth | Additional Monthly Contribution |
|--------------------------|---------------------------------|--------------------------|---------------------------------|
| 1964 or later            | \$10                            | 1949                     | \$44                            |
| 1963                     | \$11                            | 1948                     | \$48                            |
| 1962                     | \$13                            | 1947                     | \$52                            |
| 1961                     | \$15                            | 1946                     | \$54                            |
| 1960                     | \$17                            | 1945                     | \$60                            |
|                          |                                 |                          |                                 |
| 1959                     | \$19                            | 1944                     | \$65                            |
| 1958                     | \$21                            | 1943                     | \$70                            |
| 1957                     | \$23                            | 1942                     | \$75                            |
| 1956                     | \$25                            | 1941                     | \$80                            |
| 1955                     | \$27                            | 1940                     | \$90                            |
|                          |                                 |                          |                                 |
| 1954                     | \$29                            |                          |                                 |
| 1953                     | \$31                            |                          |                                 |
| 1952                     | \$34                            |                          |                                 |
| 1951                     | \$37                            |                          |                                 |
| 1950                     | \$40                            |                          |                                 |

| Employee's Year of Birth | Additional Monthly Contribution |               |
|--------------------------|---------------------------------|---------------|
|                          | With Cliff                      | Without Cliff |
| 1939                     | \$60                            | \$105         |
| 1938                     | \$60                            | \$110         |
| 1937                     | \$65                            | \$115         |
| 1936                     | \$65                            | \$120         |
| 1935                     | \$70                            | \$125         |
| 1934 or earlier          | \$75                            | \$130         |

No further credits shall be credited to a member's account after November 14, 2006.

# Gardner Denver, Inc. Pension Plan

## EIN: 76-0419383 / PN: 001

### Schedule SB, Part V – Summary of Plan Provisions (continued)

#### Gardner Denver, Inc. Pension Plan (continued)

##### Interest Credits

The account grows each year with a periodic interest adjustment in addition to the basic, transitional and additional credits. The interest adjustment is based on the 30-Year U.S. Treasury bonds for the December of the prior plan year.

##### Benefits

##### Normal Retirement Pension

###### Condition for Pension

Age 65.

###### Amount of Pension

A member's account balance is payable in the form of an annuity providing monthly benefits or a lump sum. A monthly minimum benefit of \$15 per year of service through January 1, 1994 is payable as a single life annuity if greater than the benefit the account balance would provide.

##### Early Retirement Pension

###### Condition for Pension

Age 55.

###### Amount of Pension

A member's account balance is payable in the form of an annuity providing monthly benefits or a lump sum. A monthly minimum benefit of \$15 per year of service through January 1, 1994 is payable as a single life annuity if greater than the benefit the account balance would provide. The minimum benefit is adjusted for early commencement.

##### Disability Retirement Pension

###### Condition for Pension

Receipt of benefits under the Long-Term Disability Plan.

###### Amount of Pension

Each disabled member's account will be credited with interest credits, basic credits, transitional credits, and additional credits (if applicable). In general, at age 65 a monthly benefit or an equivalent lump sum becomes payable. No further basic or additional credits will be credited to a member's account after October 31, 2006.

##### Vested Termination Pension

###### Condition for Pension

The initial account balance is 100% vested upon completion of 5 years of service. All other credits vest according to the following schedule:

| Full Years of Vesting Service | Vested Interest |
|-------------------------------|-----------------|
| Less than 3 years             | 0%              |
| 3 years or more               | 100%            |

## **Gardner Denver, Inc. Pension Plan**

### **EIN: 76-0419383 / PN: 001**

## **Schedule SB, Part V – Summary of Plan Provisions (continued)**

Vested members who terminated on or before June 30, 1986 and whose pension value is \$10,000 or more may receive their pension benefits only in the form of a monthly annuity at Normal or Early Retirement Date.

Members who commence their monthly annuities prior to age 60 will receive reduced monthly payments.

For members who terminate after June 30, 1986, a lump-sum form of payment option (generally limited to \$10,000 in lump-sum value) is available in addition to the monthly forms of payment.

For former members of the Gardner Denver Hourly Plan, the lump-sum form of payment option is available on an unlimited basis.

### **Pre-Retirement Surviving Spouse's Benefit**

#### **Condition for Benefit**

Upon the death of an active member prior to his retirement, his spouse is entitled to a spouse's benefit. The account balances of all members who die in active service immediately become 100% vested.

Upon the death of an inactive member prior to his retirement but after completing 3 years of service, his spouse is entitled to a spouse's benefit.

#### **Amount of Benefit**

The value of the member's vested account payable immediately to the surviving spouse as a lump sum or annuity equivalent.

### **"Grandfather" Provisions**

A member who leaves the company between July 1, 1986 and July 1, 1991 having met the eligibility requirements for early retirement or any employee remaining in service but having met the eligibility requirements for early retirement by July 1, 1991, shall be guaranteed a minimum of the single sum value of his prior plan dynamic accrued benefit determined as if he had continued in the prior plan for up to five years after July 1, 1986.

### **Normal Form of Pension**

If unmarried, benefit is payable as a single life annuity. If married, benefit is payable as in the form of a 50% joint and survivor annuity.

### **Optional Benefits in Lieu of Regular Benefits**

In lieu of the normal form, a member may elect prior to his retirement to have his benefits paid in any of the following forms: a lump sum, a single life annuity with or without a full cash refund feature, a ten-year or fifteen-year term certain and continuous annuity, a joint and 50%, 75% or 100% annuity, with or without a full cash refund feature, or a social security level income option with or without a full cash refund feature.

### **Members of Former Lamson Salaried, Hoffman Salaried, Hoffman Hourly, and Lamson Hourly**

Active members who have frozen accrued benefits or terminated members who have benefits in the Lamson Salaried, Hoffman Salaried, Hoffman Hourly, or Lamson Hourly Plans have benefits based on their service in these plans and will receive benefits in accordance with the terms of these plans.

### **Contributions**

All contributions for the support of the Plan are made by the Company.

## **Gardner Denver, Inc. Pension Plan**

**EIN: 76-0419383 / PN: 001**

### **Schedule SB, Part V – Summary of Plan Provisions (continued)**

#### **Former Lamson Hourly Plan**

The Lamson Corporation Hourly Employees Pension Plan was merged into this plan effective January 15, 2006. The plan provisions for this plan follow.

The Lamson Corporation Hourly Employees Pension Plan became effective on February 16, 1970, was restated effective February 1, 1989 and was last amended effective February 1, 2002. The following summary describes the main membership, benefit, and contribution provisions of the Plan as interpreted for the valuation.

#### **Plan Eligibility**

##### **Class**

Represented by Federal Labor Union No. 21664 for collective bargaining purposes.

#### **Normal Retirement Benefit**

##### **Age**

The earliest of:

- a) attained age 65,
- b) attained age 62 with five years of service,
- c) attained age 58 with 30 years of service.

##### **Form**

Monthly annuity payable for life (optional forms may be elected in advance of retirement).

##### **Amount (Accrued Benefit)**

Effective May 12, 1994, \$18.50 times years of service (maximum 33 years).

Retirement benefits will be reduced for each year the employee elects to receive the survivor annuity death benefit.

#### **Early Retirement Benefit**

##### **Age**

Attained age 60.

##### **Service**

Ten years of service.

##### **Form**

Same as Normal Retirement Benefit.

##### **Amount**

Accrued Benefit on Early Retirement Date reduced by 5/9 of 1% for each month that Early Retirement Date precedes age 62.

#### **Late Retirement Benefit**

##### **Age**

No maximum age.

##### **Form**

Same as Normal Retirement Benefit.

**Gardner Denver, Inc. Pension Plan**  
**EIN: 76-0419383 / PN: 001**

**Schedule SB, Part V – Summary of Plan Provisions (continued)**

**Former Lamson Hourly Plan (continued)**

**Amount**

Greater of Accrued Benefit on Normal Retirement Date actuarially increased to Late Retirement Date or Accrued Benefit on Late Retirement Date.

**Termination Benefit**

**Vesting Percentage**

100% after five years.

**Form**

Same as Normal Retirement Benefit with income deferred until Normal Retirement Date.

**Amount**

Accrued Benefit on date of termination multiplied by the Vesting Percentage.

**Disability Benefit**

**Service**

15 years of service.

**Form**

Monthly income payable until Normal Retirement, death, or recovery and a deferred annuity payable at the Normal Retirement Date.

**Amount**

Accrued Benefit on Date of disability.

**Survivor Annuity Death Benefit**

**Eligibility**

Qualified married member fully or partially vested in an accrued benefit.

**Form**

Monthly annuity payable to spouse, deferred to participant's Earliest Retirement Date if later than the date of death.

**Amount**

If death occurs, the amount paid to the surviving spouse is equal to the amount that would have been paid had the member terminated employment on the date of death and survived to his earliest retirement age, retired with a qualified joint and 50% survivor annuity in effect, then died the next day.

Retirement benefits will be reduced for each year the member elects to receive the survivor annuity death benefit.

## Gardner Denver, Inc. Pension Plan

EIN: 76-0419383 / PN: 001

### Schedule SB, Part V – Summary of Plan Provisions (continued)

#### Former Sheboygan Plan

Following is a summary of the major plan provisions used to determine the plan's financial position. It should not be used in determining plan benefits.

#### Effective Date

October 1, 1967; amended and restated October 1, 1976 and January 1, 1989; last amended by the twenty-fourth amendment adopted June 6, 2003. Effective July 1, 2006, all current accrued benefits are fully vested. Effective January 1, 2007, this Plan was merged into the Gardner Denver Pension Plan.

#### Eligibility Requirements

Any hourly employee covered under a bargaining agreement between the employer and I.B.E.W. Local No. 1060, AFL-CIO who has successfully completed his probation period is eligible for plan membership.

#### Normal Form

The normal form is a monthly benefit payable for life.

#### Normal Retirement

Employees may retire at age 65 with five years of participation (or five years of service, if earlier) and receive an immediate monthly benefit equal to \$20.50 times years of credited service.

#### Early Retirement

A member who has completed 10 years of service and is within three years of his Normal Retirement Date may retire and receive an immediate monthly benefit equal to his accrued benefit reduced for early commencement of payment. Reduction percentages are as follows:

| Years Prior to<br>Normal Retirement Date | Percentage of Benefit |
|------------------------------------------|-----------------------|
| 0                                        | 100.00%               |
| 1                                        | 91.20                 |
| 2                                        | 83.50                 |
| 3                                        | 76.70                 |

#### Late Retirement

A member may remain employed past his Normal Retirement Date and continue to accrue credited service.

#### Disability Retirement

On determination of total and permanent disability after reaching age 50 with 10 years of service, a member may receive \$200.00 per month payable until his Normal Retirement Date and then receive his accrued benefit, thereafter.

#### Pre-Retirement Death Benefits

If a member should die within three years of his Normal Retirement Date and with 10 years of service, the spouse is entitled to a monthly benefit as if the member had retired early and chosen the joint and 50% survivor form of payment. If a member dies prior to satisfying the above eligibility requirements but with five years of service, the spouse is entitled to a deferred monthly benefit as if the member had terminated employment and chose the joint and 50% survivor form of payment upon becoming eligible for retirement.

**Gardner Denver, Inc. Pension Plan**  
**EIN: 76-0419383 / PN: 001**

**Schedule SB, Part V – Summary of Plan Provisions (continued)**

**Former Sheboygan Plan (continued)**

**Termination Benefits**

If a member terminates after completing five years of service, he will be entitled to a monthly benefit equal to his accrued benefit at termination payable at his Normal Retirement Date.

**Employee Contributions**

None.

**Payment of Pension**

**Normal Form**

Unmarried Participant – Single Life Annuity

Married Participant – 50% Joint and Survivor Annuity

**Optional Forms**

50% Joint and Survivor Annuity

66 2/3% Joint and Survivor Annuity

100% Joint and Survivor Annuity

Level Income Option

Lump Sum (Under \$10,000)

## **Gardner Denver, Inc. Pension Plan**

### **EIN: 76-0419383 / PN: 001**

## **Schedule SB, Part V – Summary of Plan Provisions (continued)**

### **Former Welch Plan**

Following is a summary of the major plan provisions used to determine the plan's financial position. It should not be used in determining plan benefits.

### **Effective Date**

January 1, 1970; amended and restated January 1, 1984 and most recently amended June 6, 2003. Effective May 10, 2006, all current accrued benefits are fully vested. Effective January 1, 2007, this Plan was merged into the Gardner Denver Pension Plan.

### **Eligibility Requirements**

Any hourly employee at the Skokie Plan who is covered by a collective bargaining agreement is eligible for plan participation on the January 1 or July 1 after 12 months of employment and upon completion of 1,000 hours of service in a 12-month period.

### **Normal Form**

The normal form is a monthly benefit payable for life.

### **Normal Retirement**

A member may retire at age 65 or at age 62 with 30 years of credited service, and receive an immediate monthly benefit equal to a) \$25.00 times years of benefit service after January 1, 1970 plus b) the value of the benefits provided through 1969 under the Prior Pension Plan and the Prior Profit Sharing Plans.

### **Early Retirement**

A member who is age 55 and has completed 15 years of credited service may retire and receive an immediate monthly benefit equal to his accrued benefit reduced by  $\frac{1}{2}\%$  for each month that payments commence prior to Normal Retirement.

### **Late Retirement**

A member may remain employed past his Normal Retirement Date and continue to accrue benefit service to his Late Retirement Date.

### **Disability Retirement**

On determination of total and permanent disability after 15 years of service, a member may receive an immediate monthly benefit equal to his unreduced accrued benefit payable for life.

### **Pre-Retirement Death Benefits**

If a member should die after age 55 and with 15 years of service, the spouse is entitled to a monthly benefit as if the member had retired early and chosen the joint and 50% survivor form of payment. If a member dies prior to satisfying the above eligibility requirements but with 5 years of service, the spouse is entitled to a deferred monthly benefit as if the member had terminated employment and chose the joint and 50% survivor form of payment upon becoming eligible for retirement.

### **Terminated Benefits**

If a member terminates after completing 5 years of service, he will be entitled to a monthly benefit equal to his accrued benefit at termination payable at his Normal Retirement Date.

**Gardner Denver, Inc. Pension Plan**  
**EIN: 76-0419383 / PN: 001**

**Schedule SB, Part V – Summary of Plan Provisions (continued)**

**Former Welch Plan (continued)**

**Employee Contributions**

None.

**Payment of Pension**

**Normal Form**

Unmarried Participant – Single Life Annuity

Married Participant – 50% Joint and Survivor Annuity

**Optional Forms**

50% Joint and Survivor Annuity

100% Joint and Survivor Annuity

Life with 10 Years Guaranteed

Lump Sum (for retirements only)

# Gardner Denver, Inc. Pension Plan

## EIN: 76-0419383 / PN: 001

### Schedule SB, Part V – Summary of Plan Provisions (continued)

#### Former Pneumotive Plan

Following is a summary of the major plan provisions used to determine the plan's financial position. It should not be used in determining plan benefits.

#### Effective Date

April 1, 2001 and last amended June 6, 2003. Effective January 1, 2007, this Plan was merged into the Gardner Denver Pension Plan.

#### Eligibility Requirements

Any hourly employee hired on or before March 6, 1993 is eligible for plan membership on the first day of the month following attainment of age 21 and completion of 12 months of service.

#### Normal Form

The normal form is a monthly benefit payable for life.

#### Normal Retirement

Group 1 employees may retire at age 65 and receive an immediate monthly benefit based on final 30 years of service and the following benefit schedule.

| Period of Service     | Per Year of Service |
|-----------------------|---------------------|
| 3/1/1971 to 3/7/1986  | \$ 8.00             |
| 3/8/1986 to 3/7/1987  | 8.50                |
| 3/8/1987 to 3/5/1989  | 9.00                |
| 3/6/1989 to 3/4/1990  | 9.50                |
| 3/5/1990 to 3/3/1991  | 10.00               |
| 3/4/1991 to 3/1/1992  | 10.50               |
| 3/2/1992 to 3/5/1993  | 11.00               |
| 3/6/1993 to 3/6/1994  | 11.75               |
| 3/7/1994 to 3/5/1995  | 12.25               |
| 3/6/1995 to 3/3/1996  | 12.75               |
| 3/4/1996 to 3/17/1997 | 13.50               |
| 3/18/1997 to 3/8/1998 | 13.75               |
| 3/9/1998 to 3/8/1999  | 14.00               |
| 3/9/1999 to 3/5/2000  | 14.25               |
| 3/6/2000 to 3/2/2001  | 14.50               |
| 3/3/2001 to 3/3/2002  | 15.00               |
| 3/4/2002 to 3/2/2003  | 15.50               |
| 3/3/2003 to 2/29/2004 | 16.00               |
| 3/1/2004 and later    | 16.50               |

## **Gardner Denver, Inc. Pension Plan**

### **EIN: 76-0419383 / PN: 001**

## **Schedule SB, Part V – Summary of Plan Provisions (continued)**

### **Former Pneumotive Plan (continued)**

Group 2 employees may retire at age 65 and receive an immediate monthly benefit using the benefit schedule shown above for service prior to March 2, 1992 and using the \$11.00 benefit multiplier for service on and after March 2, 1992 and based on 10 years of total service but no less than service earned as of March 7, 1994.

Group 3 employees may retire at age 65 and receive an immediate monthly benefit using the benefit schedule shown above for service prior to March 2, 1992 and using the \$11.00 benefit multiplier for service on and after March 2, 1992 and based on the lesser of final 30 years of service and service earned as of March 7, 1994.

### **Early Retirement**

A member who is age 60 and has completed 10 years of service may retire and receive an immediate monthly benefit equal to his accrued benefit reduced by 1/180th for each month that payments commence prior to Normal Retirement.

### **Late Retirement**

A member may remain employed past age 65 and continue to accrue benefit service to his Late Retirement Date.

### **Disability Retirement**

On determination of total and permanent disability after reaching age 60 with 10 years of service, a member may receive his accrued monthly benefit (minimum \$55) payable immediately. Prior to age 65, this disability benefit is reduced by the company provided Public Disability Benefit.

### **Pre-Retirement Death Benefits**

If a member should die within five years of his Normal Retirement Date and with 10 years of service, the spouse is entitled to a monthly benefit as if the member had retired early and chosen the joint and 50% survivor form of payment. If a member dies prior to satisfying the above eligibility requirements but with five years of service, the spouse is entitled to a deferred monthly benefit as if the member had terminated employment and chose the joint and 50% survivor form of payment upon becoming eligible for retirement.

### **Terminated Benefits**

If a member terminates after completing five years of service, he will be entitled to a monthly benefit equal to his accrued benefit at termination payable at age 65.

### **Employee Contributions**

None.

### **Payment of Pension**

#### **Normal Form**

Unmarried Participant – Single Life Annuity

Married Participant – 50% Joint and Survivor Annuity

#### **Optional Forms**

50% Joint and Survivor Annuity

66 2/3% Joint and Survivor Annuity

100% Joint and Survivor Annuity

Level Income Option

## **Gardner Denver, Inc. Pension Plan**

### **EIN: 76-0419383 / PN: 001**

## **Schedule SB, Part V – Summary of Plan Provisions (continued)**

### **Former LeROI Plan**

Following is a summary of the major plan provisions used to determine the plan's financial position. It should not be used in determining plan benefits.

#### **Effective Date**

October 1, 1991 and last amended December 31, 2009. Effective August 22, 2011, this Plan was merged into the Gardner Denver Pension Plan.

#### **Eligibility Requirements**

An employee who was a Member of the Predecessor Plan on the date before the Effective Date is automatically a Member as of the Effective Date. Any other employee who was not a Member of the Predecessor Plan but is a Member of the Union shall become a Member of the Plan. Effective January 1, 1993, newly hired employees and employees on layoff status will not participate in the Plan.

#### **Credited Service**

Years of Credited Service shall be determined in completed full years and completed fractions of years (each full twelve months of service constituting a completed full year of Credited Service and any period of service which is less than a full year or greater than a full year shall be counted to the nearest fractional one-twelfth of a year). Effective March 31, 2000, no further benefits will accrue in the Plan.

#### **Continuous Service**

Years of Continuous Service shall be determined in completed full years and completed fractions of years (each full twelve months of service constituting a completed full year of Continuous Service and any period of service which is less than a full year or greater than a full year shall be counted to the nearest fractional one-twelfth of a year) following the later of October 1, 1991 or date of hire.

#### **Normal Form**

The Normal Form is a monthly benefit payable for life.

#### **Normal Retirement**

A Member may retire at age 65 and receive an immediate monthly retirement benefit equal to \$18.00 multiplied by Years of Credited Service.

#### **Early Retirement**

A Member who has attained age 55 and completed at least 10 Years of Continuous Service may retire and receive an immediate monthly benefit equal to his normal retirement benefit reduced by 0.5% for each month that his early retirement date precedes his 62nd birthday.

#### **Late Retirement**

Retirement may be deferred beyond normal retirement date. In this case, payment of the Member's retirement benefit shall be deferred until his actual retirement.

**Gardner Denver, Inc. Pension Plan**  
**EIN: 76-0419383 / PN: 001**

**Schedule SB, Part V – Summary of Plan Provisions (continued)**

**Former LeROI Plan (continued)**

**Death Benefits**

If a Member dies before attaining early retirement eligibility, the spouse is entitled to 50% of the Member's accrued benefit as of date of death, but reduced as if the Member had elected to receive benefits in the form of the 50% Joint and Survivor Annuity. Monthly payments to the surviving spouse commence on the date on which the Member would have reached the earliest Early Retirement Date under the provisions of the plan. Such payments shall be reduced for early commencement and are to continue throughout the remaining lifetime of the spouse.

If a Member dies after attaining early retirement eligibility, the spouse is entitled to 40% of the Member's accrued benefit as of date of death, unreduced for early commencement, but not less than the benefit the spouse would have received under the provisions above that apply to death prior to meeting the requirements for an early retirement benefit. Monthly payments to the surviving spouse commence on the first day of the month following the month of the Member's death and are to continue throughout the remaining lifetime of the spouse.

**Terminated Benefits**

A Member who has been credited with at least 5 Years of Continuous Service as of date of termination is entitled to a monthly benefit which is computed in the same manner as the normal retirement benefit, but based on the Member's Years of Credited Service as of his date of termination. The benefit commences on the Member's normal retirement date; however, if he has been credited with at least 10 Years of Continuous Service, he may elect to receive an actuarially reduced benefit commencing on the first day of any month coinciding with or otherwise next following his 55th birthday, but prior to his normal retirement date.

**Employee Contributions**

None.

**Payment of Pension**

**Normal Form**

Unmarried Participant – Single Life Annuity

Married Participant – 50% Joint and Survivor Annuity

**Optional Forms**

66-2/3% Joint and Survivor Annuity

75% Joint and Survivor Annuity

100% Joint and Survivor Annuity

Life with 10 Years Guaranteed

**Summary of Changes from the January 1, 2014 Valuation**

None.

# GARDNER DENVER, INC. PENSION PLAN

E.I.N.: 76-0419383      PLAN NUMBER: 001  
SCHEDULE OF ASSETS HELD AT END OF YEAR  
December 31, 2015

| Identity Of Issuer       | Description Of Investment              | Cost          | Current Value |
|--------------------------|----------------------------------------|---------------|---------------|
| <b>Commingled Funds</b>  |                                        |               |               |
| * JP Morgan              | Quantitative Large Cap Enhanced Fund   | \$ 3,190,733  | \$ 6,673,237  |
| * JP Morgan              | Core Bond Fund                         | 12,268,266    | 14,749,616    |
| * JP Morgan              | International Opportunities Fund       | 3,779,343     | 4,836,120     |
| * JP Morgan              | International Equity Fund              | 3,945,800     | 4,836,082     |
| * JP Morgan              | Smart Index Fund                       | 1,920,243     | 12,006,621    |
| * JP Morgan              | Liquidity Fund                         | 325,524       | 325,524       |
| * JP Morgan              | Strategic Property Fund                | 972,719       | 2,144,477     |
| * JP Morgan              | US Real Estate Securities Fund         | 1,860,579     | 1,988,895     |
| * JP Morgan              | US Small Cap Equity Blend Fund         | 486,446       | 952,278       |
| * JP Morgan              | Long Credit Fund                       | 8,595,032     | 9,769,421     |
| * JP Morgan              | US Strategic Small Company Equity Fund | 874,564       | 2,057,753     |
| <b>Total Investments</b> |                                        | \$ 38,219,249 | \$ 60,340,024 |

\* Represents a party in interest allowable under ERISA regulations.

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4i.