Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
GARDNER DENVER, INC PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1994

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

GARDNER DENVER, INC.

222 E. ERIE STREET, SUITE 500
MILWAUKEE, WI 53202

2b Employer Identification Number (EIN)
76-0419383

2c Plan Sponsor's telephone number
414-212-4764

2d Business code (see instructions)
333200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2018	ANDREW SCHIESL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

GARDNER DENVER, INC

1800 GARDNER EXPRESSWAY
QUINCY, IL 62305

3b Administrator's EIN: 76-0419383

3c Administrator's telephone number: 217-222-5400

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	1861
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	434
a(2) Total number of active participants at the end of the plan year	**6a(2)**	413
b Retired or separated participants receiving benefits	**6b**	721
c Other retired or separated participants entitled to future benefits	**6c**	577
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1711
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	89
f Total. Add lines **6d** and **6e**.	**6f**	1800
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 1C 1I

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	☒	**R** (Retirement Plan Information)
(2)	☐	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	☒	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	☒		**H** (Financial Information)
(2)	☐		**I** (Financial Information – Small Plan)
(3)	☐	0	**A** (Insurance Information)
(4)	☒		**C** (Service Provider Information)
(5)	☒		**D** (DFE/Participating Plan Information)
(6)	☐		**G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

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

A Name of plan
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 or 5500-SF
GARDNER DENVER, INC.

D Employer Identification Number (EIN)
76-0419383

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2017

2 Assets:

a Market value	**2a**	59210440
b Actuarial value	**2b**	59911038

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	770	23736528	23736528
b For terminated vested participants	619	16282548	16282548
c For active participants	434	9287687	9533171
d Total	1823	49306763	49552247

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.69 %
6 Target normal cost	**6**	550000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/28/2018
Date

ROBERT D. FICK
Type or print name of actuary

17-05435
Most recent enrollment number

BUCK GLOBAL, LLC
Firm name

412-281-2506
Telephone number (including area code)

11 STANWIX STREET
SUITE 700
PITTSBURGH, PA 15222
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	293494
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	293494
10	Interest on line 9 using prior year's actual return of 8.25 %	0	24213
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.91%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	317707

Part III Funding Percentages

14	Funding target attainment percentage	14	120.26%
15	Adjusted funding target attainment percentage	15	120.90%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	115.84%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.16%	2nd segment: 5.72%	3rd segment: 6.48%	☐ N/A, full yield curve used
b Applicable month (enter code)			**21b**	4
22 Weighted average retirement age			**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

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

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	550000
b Excess assets, if applicable, but not greater than line 31a	**31b**	550000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
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
GARDNER DENVER, INC.

D Employer Identification Number (EIN)
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).. . . . . [X] 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 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

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 INVESTMENT MANAGEMENT

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 50 51 68	INVESTMENT MANAGER	301735	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

BUCK CONSULTANTS LLC

13-2655989

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	ACTUARY	59511	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CONDUENT HR CONSULTING, LLC

231 S. BEMISTON, SUITE 400
ST. LOUIS, ME 63105

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	ACTUARY/ CONSULTANT	51643	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name: EDWARD K. WARNER

b EIN: 13-3954297

c Position: ENROLLED ACTUARY

d Address: CONDUENT HR CONSULTING LLC
231 S. BEMISTION, SUITE 400
ST. LOUIS, MO 63105

e Telephone: 314-719-2533

Explanation: THE CHANGE IN ACTUARY IS DUE TO THE RETIREMENT OF EDWARD WARNER.

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
GARDNER DENVER, INC PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
GARDNER DENVER, INC.

D Employer Identification Number (EIN)
76-0419383

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

a Name of MTIA, CCT, PSA, or 103-12 IE: COM PEN TRST FD-INTL EQUITY FUND

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK NA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-0001051-001	C	5088785

a Name of MTIA, CCT, PSA, or 103-12 IE: COM PEN TRST FD-CORE BOND

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK NA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-3847783-001	C	12897039

a Name of MTIA, CCT, PSA, or 103-12 IE: COM PEN TRST FD-QUANTITATIVE LG CAP

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK NA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-5374058-001	C	7025261

a Name of MTIA, CCT, PSA, or 103-12 IE: COM PEN TRST FD-US SM CAP EQ BLEND

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK NA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-8499834-001	C	971681

a Name of MTIA, CCT, PSA, or 103-12 IE: COM PEN TRST FD-US SMART INDEX

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK NA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-3637896-001	C	12752543

a Name of MTIA, CCT, PSA, or 103-12 IE: COM PEN TRST FD-INTL OPPORTUNITIES

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK NA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-4027152-001	C	5095797

a Name of MTIA, CCT, PSA, or 103-12 IE: COM PEN TRST-US STRAT SM CO EQUITY

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK NA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-7197335-001	C	2271620

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

c EIN-PN 13-4027152-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10209800

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

c EIN-PN 13-6038770-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6396910

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

c EIN-PN 13-6285055-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 615640

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
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
GARDNER DENVER, INC.

D Employer Identification Number (EIN)
76-0419383

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1048029	698
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	58806175	63325076
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	59854204	63325774
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	99144	0
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	544620	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	643764	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	59210440	63325774

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)	99144	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		99144
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		8436547
(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 **income** amounts in column (b) and enter total	2d		8535691
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3878631	
(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)		3878631
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)	114204	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	301735	
(4) Other	2i(4)	125787	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		541726
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4420357
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4115334
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)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] 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	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		10000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4069666. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
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
GARDNER DENVER, INC.

D Employer Identification Number (EIN)
76-0419383

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 13-3795042

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 40

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

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): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 55.0 % Investment-Grade Debt: 40.5 % High-Yield Debt: 0.0 % Real Estate: 3.5 % Other: 1.0 %

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

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

GARDNER DENVER, INC.
PENSION PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2017

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RubinBrown LLP
Certified Public Accountants & Business Consultants

One North Brentwood
Saint Louis, MO 63105

T 314.290.3300
F 314.290.3400

W rubinbrown.com
E info@rubinbrown.com

Independent Auditors' Report

The Benefits Committee
Gardner Denver, Inc. Pension Plan
Milwaukee, Wisconsin

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, 2017 and 2016, 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 Great-West Trust Company, LLC, 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, 2017 and 2016, 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.

Other Matter

The supplemental schedule of assets held at end of year as of December 31, 2017 is 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 is presented for the purpose of additional analysis and is 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 schedule.

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 schedule, 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

October 15, 2018

GARDNER DENVER, INC. PENSION PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2017	2016
Assets		
Investments - At Fair Value	**$ 63,325,076**	$ 58,806,175
Receivables		
Due from broker for pending trades	**—**	1,048,029
Investment income receivable	**698**	—
Total Receivables	**698**	1,048,029
Total Assets	**63,325,774**	59,854,204
Liabilities		
Due to broker for pending trades	**—**	544,620
Administrative expenses payable	**—**	99,144
Total Liabilities	**—**	643,764
Net Assets Available For Benefits	**$ 63,325,774**	$ 59,210,440

GARDNER DENVER, INC. PENSION PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	For The Years Ended December 31,	
	2017	2016
Additions To Net Assets Attributed To:		
Other	**$ 99,144**	$ 123,098
Deductions From Net Assets Attributed To:		
Benefits paid directly to participants	**3,878,631**	5,729,786
Administrative expenses	**541,726**	580,354
Total Deductions	**4,420,357**	6,310,140
Investment Income		
Net appreciation in fair value of investments	**8,430,335**	4,628,956
Interest	**6,212**	3,793
Net Investment Income	**8,436,547**	4,632,749
Net Increase (Decrease)	**4,115,334**	(1,554,293)
Net Assets Available For Benefits - Beginning Of Year	**59,210,440**	60,764,733
Net Assets Available For Benefits - End Of Year	**$ 63,325,774**	$ 59,210,440

GARDNER DENVER, INC. PENSION PLAN

STATEMENT OF ACCUMULATED PLAN BENEFITS

	December 31,	
	2017	2016
Actuarial Present Value Of Accumulated Plan Benefits		
Vested Benefits		
Participants currently receiving payments	**$ 21,721,779**	$ 21,429,533
Other participants	**20,632,677**	22,034,159
Total Vested Benefits	**42,354,456**	43,463,692
Nonvested Benefits	**240,202**	266,004
Total Actuarial Present Value Of Accumulated Plan Benefits	**$ 42,594,658**	$ 43,729,696

GARDNER DENVER, INC. PENSION PLAN

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

	For The Years Ended December 31,	
	2017	2016
Actuarial Present Value Of Accumulated Plan Benefits - Beginning Of Year	**$ 43,729,696**	$ 49,257,746
Increase (Decrease) During The Year Attributable To:		
Benefits accumulated	**(304,752)**	(459,501)
Benefits paid	**(3,878,631)**	(5,729,786)
Interest	**3,241,559**	3,599,589
Changes in actuarial assumptions	**(193,214)**	(2,938,352)
Net Decrease	**(1,135,038)**	(5,528,050)
Actuarial Present Value Of Accumulated Plan Benefits - End Of Year	**$ 42,594,658**	$ 43,729,696

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:

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

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, 2017 and 2016.

Vesting

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

Years Of Service	Vested Percentage
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.

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 totally 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.

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.

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, 2017 and 2016 are as follows:

Actuarial Cost Method	Pure unit credit method
Discount Rate	7.75% per annum at December 31, 2017 and 2016, compounded annually
Retirement Age	55 to 65
Mortality	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-2016 for 2017 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 2016
Cash Balance Interest Crediting Rate	3.00% per annum at December 31, 2017 3.00% per annum at December 31, 2016

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, 2017 and 2016, 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).

During the year ended December 31, 2017, 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.

Subsequent Events

Management evaluates subsequent events through the date the financial statements are available for issue, which is the date of the Independent Auditors' Report.

3. Investments

Great-West Trust Company, LLC (Great-West) holds the Plan's investments and executed related transactions for the years ended December 31, 2017 and 2016. Financial information related to the assets and earnings from investments as of and for the years ended December 31, 2017 and 2016 are included in the accompanying financial statements and are based on information provided by Great-West. This information, which has not been audited by the Plan's independent auditors, has been certified to as complete and accurate by Great-West.

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.

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

Common Collective Trusts

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. For the Plan years ended December 31, 2017 and 2016, there were no unfunded capital commitments. All common collective trusts file annual report on the 5500 as a direct filing entity.

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.

There have been no changes in the methodology used at December 31, 2017 or 2016.

5. Plan Termination And Pension Benefit Guaranty Corporation Matters

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.

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.

6. Party In Interest Transactions

The Plan invests in funds managed by Great-West, the Trustee as defined by the Plan and, therefore, these transactions qualify as party in interest transactions. The Plan's management believes Great-West'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.

Supplemental Schedule

GARDNER DENVER, INC. PENSION PLAN

E.I.N.: 76-0419383 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2017

Identity Of Issuer	Description Of Investment	Cost	Current Value
Common Collective Trusts			
* JP Morgan	Cash and cash equivalents	$ 615,640	$ 615,640
* JP Morgan	Quantitative Large Cap Enhanced Fund	2,480,714	7,025,261
* JP Morgan	Core Bond Fund	10,125,964	12,897,039
* JP Morgan	International Opportunities Fund	3,259,133	5,095,797
* JP Morgan	International Equity Fund	3,150,901	5,088,785
* JP Morgan	Smart Index Fund	1,578,462	12,752,543
* JP Morgan	Strategic Property Fund	5,102,190	6,396,910
* JP Morgan	US Small Cap Equity Blend Fund	340,008	971,681
* JP Morgan	Long Credit Fund	7,356,868	10,209,800
* JP Morgan	US Strategic Small Company Equity Fund	686,363	2,271,620
Total Investments		$ 34,696,243	$ 63,325,076

* 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
EIN/PN: 76-0419383 / 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	0	0	0	0	0	0	0	0
30-34	0	0	0	15	0	0	0	0	0	0
35-39	0	0	0	12	4	0	0	0	0	0
40-44	0	0	0	14	13	4	0	0	0	0
45-49	0	0	0	13	21	15	4	0	0	0
50-54	0	0	0	22	11	20	14	6	3	0
55-59	0	0	0	27	17	12	29	23	31	2
60-64	0	0	0	10	9	10	16	9	20	16
65-69	0	0	0	3	1	3	1	0	1	2
70+	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	116	76	64	64	38	55	20

Average compensation / cash balances are not shown since the plan has less than 1,000 active participants.

The chart excludes 1 participant on long term disability.

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

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

Prescribed Funding Assumptions and Methods

The following assumptions and methods are prescribed by ERISA.

Funding interest rates

For 2017 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	1.52%	4.16%
Second Segment Rate	3.80%	5.72%
Third Segment Rate	4.79%	6.48%
Effective Rate	3.83%	5.69%

For 2016 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	1.34%	4.43%
Second Segment Rate	4.03%	5.91%
Third Segment Rate	5.06%	6.65%
Effective Rate	4.06%	5.91%

* 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 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/PN: 76-0419383 / 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.

Cash Balance interest crediting rate

Current and Future Years:	3.00%
Prior Year:	5.50%

This assumption is based on an expectation of future yields on the 30 year treasuries consistent with the rates used to discount liabilities.

Expenses

Expected plan administrative and investment expenses were added to the Target Normal Cost, and were based on the actual non-PBGC plan administrative 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 (equal to $550,000 for the 2017 valuation).

Frequency of optional payment forms

Current and future terminated vested participants without cash balances are assumed to elect a life annuity upon retirement.

Actives and current terminated vested participants with cash balances are assumed to elect according to the following schedule upon retirement:

Option	Assumption
Immediate Lump Sum	85.00%
Immediate Annuity	15.00%

Future terminated vested participants with cash balances are assumed to elect according to the following schedule upon termination:

Option	Assumption
Immediate Lump Sum	20.00%
Deferred Lump Sum (to age 62)	68.00%
Deferred Annuity (to age 62)	12.00%

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

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

Non-Prescribed Funding Assumptions and Methods (continued)

Given an annuity election is chosen (for cash balance participants), the assumed form is as follows:

Option	Assumption
Life Annuity	55.00%
10 Year Certain and Life Annuity	6.00%
50% Joint and Survivor Annuity	15.00%
75% Joint and Survivor Annuity	2.00%
100% Joint and Survivor Annuity	22.00%

The frequency of optional payment forms assumption is based on an experience study covering the years 2011 through 2015.

Marital Percentage

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

Retirement rates

Age	Assumption (Actives)	Assumption (TVDs with cash balances)
55	3.50%	20.00%
56	3.50%	20.00%
57	3.50%	20.00%
58	3.50%	20.00%
59	5.00%	20.00%
60	7.50%	25.00%
61	7.50%	25.00%
62	10.00%	30.00%
63	15.00%	30.00%
64	15.00%	30.00%
65	100.00%	100.00%

The rates shown above apply for active and deferred vested participants with cash balance accounts. Deferred vested participants without cash balance accounts are assumed to commence payment at age 62 if eligible, otherwise age 65.

The retirement rates assumption is based on an experience study covering the years 2011 through 2015.

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

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

Non-Prescribed Funding Assumptions and Methods (continued)

Disability rates

Age	Assumption
25	0.09%
35	0.13%
45	0.33%
55	1.02%

Withdrawal rates for active participants not eligible for retirement

Sample rates as follows:

Age	Assumption
30	11.30%
35	12.80%
40	11.20%
45	9.70%
50	7.80%
55	0.00%

The withdrawal rates assumption is based on an experience study covering the years 2011 through 2015.

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
2017 Expected Return	7.75%	6.48%	6.48%
2016 Expected Return	8.00%	6.65%	6.65%
2015 Expected Return	8.00%	6.81%	6.81%

Future actuarial measurements

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

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶ ☐

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
GARDNER DENVER, INC PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1994

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

Gardner Denver, Inc.

222 E. Erie Street, Suite 500

Milwaukee WI 53202

2b Employer Identification Number (EIN)
76-0419383

2c Plan Sponsor's telephone number
414-212-4764

2d Business code (see instructions)
333200

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

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

SIGN HERE		10/15/2018	Andrew Schiesl
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

GARDNER DENVER, INC

1800 GARDNER EXPRESSWAY

QUINCY IL 62305

3b Administrator's EIN: 76-0419383

3c Administrator's telephone number: 217-222-5400

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1,861
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	434
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	413
b	Retired or separated participants receiving benefits	**6b**	721
c	Other retired or separated participants entitled to future benefits	**6c**	577
d	Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	1,711
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	89
f	Total. Add lines **6d** and **6e**	**6f**	1,800
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 1C 1I

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ ___ **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

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

A Name of plan
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 or 5500-SF
GARDNER DENVER, INC.

D Employer Identification Number (EIN)
76-0419383

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2017

2 Assets:

a Market value	2a	59,210,440
b Actuarial value	2b	59,911,038

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	770	23,736,528	23,736,528
b For terminated vested participants	619	16,282,548	16,282,548
c For active participants	434	9,287,687	9,533,171
d Total	1,823	49,306,763	49,552,247

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	5.69%
6 Target normal cost	6	550,000

Statement by Enrolled Actuary

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

SIGN HERE Robert D. Fick
Signature of actuary

9/28/2018
Date

Robert D. Fick
Type or print name of actuary

1705435
Most recent enrollment number

Buck Global, LLC
Firm name

412-281-2506
Telephone number (including area code)

11 Stanwix Street
Suite 700
Pittsburgh PA 15222
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	293,494
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	293,494
10 Interest on line 9 using prior year's actual return of 8.25%	0	24,213
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.91%		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	317,707

Part III Funding Percentages

14 Funding target attainment percentage	14	120.26%
15 Adjusted funding target attainment percentage	15	120.90%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	115.84%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.16%	5.72%	6.48%	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	31a	550,000
b Excess assets, if applicable, but not greater than line 31a	31b	550,000

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	42	
43 Excess installment acceleration amount to be carried over to future plan years	43	

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

Schedule SB, Line 22 – Description of Weighted Average Age

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

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	129.6370	0.0333	4.3221	237.7165
56	146.7715	0.0328	4.8194	269.8860
57	183.0254	0.0325	5.9524	339.2896
58	203.4236	0.0321	6.5330	378.9126
59	218.6423	0.0460	10.0572	593.3719
60	227.7537	0.0690	15.7113	942.6788
61	233.7141	0.0686	16.0344	978.0985
62	234.8439	0.1000	23.4844	1,456.0322
63	223.1415	0.1500	33.4712	2,108.6871
64	194.3017	0.1500	29.1453	1,865.2964
65	162.1420	1.0000	162.1420	10,539.2330
66	6.0000	1.0000	6.0000	396.0000
67	0.0000	1.0000	0.0000	0.0000
68	3.0000	1.0000	3.0000	204.0000
69	1.0000	1.0000	1.0000	69.0000
70	129.6370	0.0333	4.3221	237.7165
Total			**321.6727**	**20,378.2027**
Weighted Average Retirement Age = 20,378.2027/ 321.6727				**63.35**
Rounded Weighted Average Retirement Age				**63**

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.

General note: The table presents values rounded to fewer significant digits than used in the calculation.

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

Schedule SB, Part V – Summary of Plan Provisions

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 20th 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 whom 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.

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.

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

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

Gardner Denver, Inc. Pension Plan (continued)

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		

	Additional Monthly Contribution	
Employee's Year of Birth	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/PN: 76-0419383 / 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.

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

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

Gardner Denver, Inc. Pension Plan (continued)

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%

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.

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

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

Gardner Denver, Inc. Pension Plan (continued)

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.

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.

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

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

Former Lamson Hourly Plan (continued)

Late Retirement Benefit

Age

No maximum age.

Form

Same as Normal Retirement Benefit.

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/PN: 76-0419383 / 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 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.

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

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

Former Sheboygan Plan (continued)

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.

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/PN: 76-0419383 / 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 ½% 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.

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

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

Former Welch Plan (continued)

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.

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/PN: 76-0419383 / 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

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.

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

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

Former Pneumotive Plan (continued)

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/PN: 76-0419383 / 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/PN: 76-0419383 / 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, 2016 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, 2017

Identity Of Issuer	Description Of Investment	Cost	Current Value
Common Collective Trusts			
* JP Morgan	Cash and cash equivalents	$ 615,640	$ 615,640
* JP Morgan	Quantitative Large Cap Enhanced Fund	2,480,714	7,025,261
* JP Morgan	Core Bond Fund	10,125,964	12,897,039
* JP Morgan	International Opportunities Fund	3,259,133	5,095,797
* JP Morgan	International Equity Fund	3,150,901	5,088,785
* JP Morgan	Smart Index Fund	1,578,462	12,752,543
* JP Morgan	Strategic Property Fund	5,102,190	6,396,910
* JP Morgan	US Small Cap Equity Blend Fund	340,008	971,681
* JP Morgan	Long Credit Fund	7,356,868	10,209,800
* JP Morgan	US Strategic Small Company Equity Fund	686,363	2,271,620
Total Investments		$ 34,696,243	$ 63,325,076

* 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
EIN/PN: 76-0419383 / 001

Schedule SB, Line 24 – Change in Actuarial Assumptions

- The interest rates and mortality tables were updated to those applicable to the current plan year in accordance with relevant legislation.
- The retirement rates, termination rates, and payment election assumptions were updated based on an experience study covering the years 2011 through 2015.
- The cash balance interest crediting rate was changed from 5.50% to 3.00% to better reflect anticipated plan experience.
- The expected return on assets was changed from 8.00% to 7.75% to better reflect the plan's anticipated investment returns.
- The assumption changes listed above decreased the funding target by approximately $0.7M.