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

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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
OSHKOSH CORPORATION SALARIED AND CLERICAL EMPLOYEES' RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 03/01/1972

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)
OSHKOSH CORPORATION

1917 FOUR WHEEL DRIVE
OSHKOSH, WI 54902

2b Employer Identification Number (EIN)
39-0520270

2c Plan Sponsor's telephone number
920-502-3009

2d Business code (see instructions)
336100

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.	10/07/2020	KATHY SLIFE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2020	J. CHRIS FREEDERS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5 Total number of participants at the beginning of the plan year	**5**	1569
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)**	873
a(2) Total number of active participants at the end of the plan year	**6a(2)**	733
b Retired or separated participants receiving benefits	**6b**	352
c Other retired or separated participants entitled to future benefits	**6c**	407
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1492
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	61
f Total. Add lines **6d** and **6e**	**6f**	1553
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 1I 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

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

A Name of plan
OSHKOSH CORPORATION SALARIED AND CLERICAL EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
OSHKOSH CORPORATION

D Employer Identification Number (EIN)
39-0520270

E Type of plan: [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 2019

2 Assets:

a Market value	**2a**	114298134
b Actuarial value	**2b**	118068857

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	399	52352465	52352465
b For terminated vested participants	297	14433067	14433067
c For active participants	873	38922396	39141851
d Total	1569	105707928	105927383

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**	5.61 %
6 Target normal cost	**6**	335876

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

09/17/2020
Signature of actuary — Date

ANGELA J. REELY — 20-07847
Type or print name of actuary — Most recent enrollment number

AON CONSULTING, INC. — 312-381-7279
Firm name — Telephone number (including area code)

200 EAST RANDOLPH STREET
CHICAGO, IL 60601
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	12740436
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	12740436
10	Interest on line 9 using prior year's actual return of -3.11 %	0	-396228
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 5.77 %		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	600000
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	11744208

Part III Funding Percentages

14	Funding target attainment percentage	14	100.37 %
15	Adjusted funding target attainment percentage	15	111.46 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	102.79 %
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:	
3.74 %	5.35 %	6.11 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	61

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

Part VI Miscellaneous Items

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6)	**31a**	335876
b Excess assets, if applicable, but not greater than line 31a	**31b**	335876

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

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.**	**2019** **This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
OSHKOSH CORPORATION SALARIED AND CLERICAL EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OSHKOSH CORPORATION

D Employer Identification Number (EIN)
39-0520270

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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(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)

AON HEWITT ASSOCIATES

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 50	NONE	383689	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WELLS FARGO

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 49 50	NONE	41640	Yes [ ] No [X]	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 [ ]

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:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

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

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
OSHKOSH CORPORATION SALARIED AND CLERICAL EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
OSHKOSH CORPORATION

D Employer Identification Number (EIN)
39-0520270

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: EMPLOYEE RETIREMENT TRUST

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

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)
39-0520270-006	M	130737511

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
OSHKOSH CORPORATION SALARIED AND CLERICAL EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OSHKOSH CORPORATION

D Employer Identification Number (EIN)
39-0520270

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	114298134	130737511
(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	114298134	130737511
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	114298134	130737511

Part II Income and Expense Statement

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		22462788
(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		22462788
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4904375	
(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)		4904375
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	247080	
(4) Other	2i(4)	871956	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1119036
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6023411
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		16439377
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: BAKER TILLY US, LLP **(2)** EIN: 39-0859910

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

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

Part IV Compliance Questions

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

During the plan year:

		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		20000000
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 4222601. (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

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
OSHKOSH CORPORATION SALARIED AND CLERICAL EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OSHKOSH CORPORATION

D Employer Identification Number (EIN)
39-0520270

Part I 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): 39-0520270

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	12

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): _____

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: 23.0 % Investment-Grade Debt: 68.0 % High-Yield Debt: 6.0 % Real Estate: 2.0 % 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):

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

OSHKOSH CORPORATION SALARIED AND CLERICAL EMPLOYEES' RETIREMENT PLAN

FINANCIAL STATEMENTS

Including Independent Auditors' Report

As of and for the Years Ended December 31, 2019 and 2018

OSHKOSH CORPORATION SALARIED AND CLERICAL EMPLOYEES' RETIREMENT PLAN

TABLE OF CONTENTS

Independent Auditors' Report 1 – 2

Financial Statements

Statements of Net Assets Available for Benefits 3

Statements of Changes in Net Assets Available for Benefits 4

Notes to Financial Statements 5 – 14

INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Oshkosh Corporation Salaried and Clerical Employees' Retirement Plan (the Plan) which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018 and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 3, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee, as of and for the years ended December 31, 2019 and 2018, 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.

Baker Tilly US, LLP, trading as Baker Tilly, is a member of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities.

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

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

Baker Tilly US, LLP (formerly known as Baker Tilly Virchow Krause, LLP)
Appleton, Wisconsin
October 2, 2020

OSHKOSH CORPORATION SALARIED AND CLERICAL EMPLOYEES' RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
As of December 31, 2019 and 2018

ASSETS

	2019	2018
INVESTMENTS		
Plan interest in Master Trust – at fair value	$ 130,737,511	$ 114,298,134
NET ASSETS AVAILABLE FOR BENEFITS	$ 130,737,511	$ 114,298,134

See notes to financial statements.

OSHKOSH CORPORATION SALARIED AND CLERICAL EMPLOYEES' RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years ended December 31, 2019 and 2018

	2019	2018
ADDITIONS		
Additions to net assets attributed to		
Investment income from Plan interest in Master Trust	$ 22,462,788	$ -
Total Additions	22,462,788	-
DEDUCTIONS		
Deductions from net assets attributed to		
Investment loss from Plan interest in Master Trust	-	3,554,539
Benefits paid to participants	4,904,375	4,511,600
Administrative expenses	1,119,036	521,213
Total Deductions	6,023,411	8,587,352
Net Change	16,439,377	(8,587,352)
NET ASSETS AVAILABLE FOR BENEFITS – Beginning of Year	114,298,134	122,885,486
NET ASSETS AVAILABLE FOR BENEFITS – END OF YEAR	$ 130,737,511	$ 114,298,134

See notes to financial statements.

NOTE 1 – Plan Description

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

General

The Plan is a defined benefit plan, which includes all salaried and clerical employees of Oshkosh Corporation, Oshkosh Defense, LLC, Oshkosh Airport Products, LLC and Oshkosh Commercial Products, LLC (collectively the Company) hired prior to September 30, 2012 and not covered by a plan maintained pursuant to a collective bargaining agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan's Investment Committee has overall responsibility for the operations and administration of the Plan and determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Benefits were frozen for all participants effective December 31, 2012. Beginning January 1, 2013, participants no longer earn additional pension benefits, except for vesting purposes.

Contributions

The Company's funding policy is to make contributions to the Plan generally based on amounts required to be funded under provisions of ERISA. No voluntary employee contributions are permitted. The Plan complied with these minimum funding requirements for the years ended December 31, 2019 and 2018.

Vesting

Employees earn one year of vesting service for each year (defined as March 1 through February 28/29) that they provide at least 1,000 hours of service. If an employee transfers to an affiliate of the Company, the employee continues to earn vesting service under the Plan for his or her employment with that affiliate. Participants vest in their accrued benefits if they reach the age of 65 while employed by the Company or an affiliate of the Company, or according to the following schedule:

Years of Vesting Service	Vested Percentage
Less than five	0%
Five or more	100%

NOTE 1 – Plan Description (cont.)

Retirement Benefits

Normal retirement is age 65. Employee participants may elect early retirement between the ages of 55 and 65 with a minimum of five years of vesting service. Benefits are received at normal retirement age or, if elected, at early retirement. Benefits are determined based upon years of benefit service, Social Security benefits, and monthly salary, averaged over the highest five consecutive years of service prior to December 31, 2012. The Plan was frozen on December 31, 2012. A vested participant who terminates for any reason other than retirement, disability, or death is entitled to the monthly vested termination benefits beginning on the participant's normal retirement date in the amount of his or her accrued benefit or early retirement date, in which case benefits will be reduced by multiplying the accrued benefit by the appropriate early retirement factor set forth by the Plan. Participants may elect to receive their distributions, subject to certain Plan provisions, in the following forms: a single life method, a joint and 50% method, a 75% or 100% surviving spouse method, a five-year or ten-year certain and life method, a survivor benefit method and a lump-sum payment. A participant may elect to receive a lump-sum payment when the distribution amount is more than $1,000 but not more than $10,000. If the participant's accrued benefit is more than $1,000 but less than $5,000 and the participant does not affirmatively elect to receive a lump-sum distribution, an automatic rollover to an individual retirement account is established in the participant's name. If the participant's accrued benefit is $1,000 or less, the participant is paid a lump sum. If a participant becomes disabled before retirement, the participant may receive benefit payments at the time the participant qualifies for Social Security Disability Benefits.

Administrative Expenses

Substantially all administrative expenses are paid by the Plan. These expenses include Pension Benefit Guaranty Corporation (PBGC) premiums, investment management fees, and trustee fees. Expenses paid by the Company are excluded from these financial statements.

Termination of Plan

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

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

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

NOTE 2 – Summary of Significant Accounting Policies

Basis of Accounting

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

Accounting Estimates

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

Investment Valuation and Income Recognition

The Plan's primary investment is its interest in the Oshkosh Corporation Employees' Retirement Trust (Master Trust). The Master Trust includes the Plan, the Pierce Manufacturing, Inc. Pension Plan (Pierce Plan), and the Oshkosh Corporation Hourly Employees' Retirement Plan (Hourly Plan). In November 2015, the Plan's assets became segregated from the other assets of the Master Trust as the Plan implemented a liability-driven investment strategy, which caused the Plan to have a divided interest in the Master Trust. The objective of this strategy is to align the pension plan assets more closely with the pension plan liabilities in terms of how both respond to changes in interest rates. Plan assets are allocated to two investment categories: a category containing high quality fixed income securities and another category comprised of traditional securities and alternative asset classes. Assets are managed externally according to guidelines approved by Plan management. Over time, the Plan intends to reduce assets allocated to the return-seeking category and correspondingly increase assets allocated to the high-quality fixed income category to align more closely with the pension plan obligations.

The Plan's investment in the Master Trust is presented at fair value, which has been determined based on the fair value of the underlying investments of the Master Trust. The fair value of investments in common stocks, bonds and notes, money market funds, and mutual funds are determined by quoted market prices on the last business day of the Plan year. The fair value of investments in common collective funds are determined using the net asset value (NAV) per share (or its equivalent) practical expedient. See Note 4 for a discussion of fair value measurements.

Security transactions are recorded on the trade date. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) include the gains and losses on investments bought and sold as well as held during the year.

Risks and Uncertainties

The Master Trust provides for investments in common stocks, money market funds, mutual funds, and common collective funds. Investment securities are exposed to various risks, including, but not limited to, interest rates, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could be material to the financial statements.

Benefit Payments

Benefit payments to participants are recorded upon distribution.

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

Recent Accounting Pronouncements

In August 2018, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2018-13, *Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement.* ASU 2018-13 modifies the disclosure requirements for fair value measurements in Topic 820, *Fair Value Measurement*. The amendments are based on the concepts in the FASB Concepts Statement, *Conceptual Framework for Financial Reporting – Chapter 8: Notes to the Financial Statements,* which the FASB finalized on August 28, 2018. ASU 2018-13 is effective for fiscal years beginning after December 15, 2019. Early adoption is permitted. The Plan has not yet determined the impact ASU 2018-13 will have on the financial statements.

In February 2017, the FASB issued ASU 2017-06, *Plan Accounting: Defined Benefit Pension Plans (Topic 960); Defined Contribution Pension Plans (Topic 962); Health and Welfare Benefit Plans (Topic 965): Employee Benefit Plan Master Trust Reporting.* The amendments in ASU 2017-06 clarify presentation requirements for a plan's interest in a master trust. ASU 2017-06 is effective for fiscal years beginning after December 15, 2018. The Plan has adopted the provisions of this standard for the year ended December 31, 2019. This standard was retrospectively applied.

Reclassification

For comparability, certain 2018 amounts have been reclassified to conform with classifications adopted in 2019.

NOTE 3 – Information Certified by the Trustee (Unaudited)

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA as of and for the years ended December 31, 2019 and 2018. Accordingly, the trustee of the Plan and Master Trust has certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2019 and 2018 and the related investment activity reported in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2019 and 2018.

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

The fair value of the assets held in the Master Trust and the Plan's divided interest in the assets held in the Master Trust as of December 31, 2019, were as follows:

	Master Trust	Plan
Common stocks	$ 83,906,430	$ -
Money market funds	7,246,316	794,648
Mutual funds	79,245,193	-
Common collective funds	213,622,981	129,941,644
Total Investments at Fair Value	384,020,920	130,736,292
Due to broker	(3,672)	-
Income receivable	89,613	1,219
Total Net Assets	$ 384,106,861	$ 130,737,511

The fair value of the assets held in the Master Trust and the Plan's divided interest in the assets held in the Master Trust as of December 31, 2018, were as follows:

	Master Trust	Plan
Common stocks	$ 66,870,948	$ -
Money market funds	4,376,294	918,967
Mutual funds	65,041,909	-
Common collective funds	187,347,888	113,377,888
Total Investments at Fair Value	323,637,039	114,296,855
Due to broker	(109,898)	-
Income receivable	83,826	1,279
Total Net Assets	$ 323,610,967	$ 114,298,134

The changes in net assets of the Master Trust and of the Plan for the year ended December 31, 2019, were as follows:

	Master Trust	Plan
Net appreciation in fair value of investments	$ 67,951,582	$ 22,443,755
Interest and dividends	2,909,447	19,033
Net transfers	(10,365,135)	(6,023,411)
Net Change	60,495,894	16,439,377
Net Assets:		
Beginning of Period	323,610,967	114,298,134
End of Period	$ 384,106,861	$ 130,737,511

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

The change in net assets of the Master Trust and of the Plan for the year ended December 31, 2018, were as follows:

	Master Trust	Plan
Net depreciation in fair value of investments	$ (18,268,376)	$ (3,572,577)
Interest and dividends	2,722,157	18,038
Net transfers	(8,557,190)	(5,032,813)
Net Change	(24,103,409)	(8,587,352)
Net Assets:		
Beginning of Period	347,714,376	122,885,486
End of Period	$ 323,610,967	$ 114,298,134

NOTE 4 – Fair Value Measurements

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

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

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

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

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

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

The following is a description of the valuation methodologies used to measure the Master Trust's assets at fair value. There have been no changes in the methodologies used as of December 31, 2019 and 2018.

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

NOTE 4 – Fair Value Measurements (cont.)

Common Collective Funds: Valued at fair value based on NAV per share (or its equivalent) practical expedient.

As of December 31, 2019, the fair values of the Master Trust's investments were as follows:

	Level 1	Level 2	Level 3	Total
Investments				
Common stocks	$ 79,706,372	$ 4,200,058	$ -	$ 83,906,430
Money market funds	7,246,316	-	-	7,246,316
Mutual funds	79,245,193	-	-	79,245,193
	$ 166,197,881	$ 4,200,058	$ -	170,397,939
Investments measured at NAV [(a)]				213,622,981
Total Investments at Fair Value				$ 384,020,920

As of December 31, 2018, the fair values of the Master Trust's investments were as follows:

	Level 1	Level 2	Level 3	Total
Investments				
Common stocks	$ 63,612,864	$ 3,258,084	$ -	$ 66,870,948
Money market funds	4,376,294	-	-	4,376,294
Mutual funds	65,041,909	-	-	65,041,909
	$ 133,031,067	$ 3,258,084	$ -	136,289,151
Investments measured at NAV [(a)]				187,347,888
Total Investments at Fair Value				$ 323,637,039

[(a)] In accordance with Subtopic 820-10, certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Notes to Financial Statements.

NOTE 4 – Fair Value Measurements (cont.)

The following table sets forth additional disclosures for the fair value measurement of the fair value of the Master Trust assets that calculate fair value based on NAV per share practical expedient as of December 31.

	2019			
	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Common collective funds	$ 213,622,981	$ -	N/A	15 days

	2018			
	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Common collective funds	$ 187,347,888	$ -	N/A	15 days

There was no change in the fair value of the Master Trust's Level 3 investment assets for the years ended December 31, 2019 and 2018.

NOTE 5 – Actuarial Present Value of Accumulated Benefits

Accumulated plan benefits represent the estimated future periodic payments, including lump-sum distributions, under the Plan's provisions that are attributable to services rendered by the employees through the valuation date. Accumulated plan benefits include benefits expected to be paid to the following: (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on years of benefit service, Social Security benefits and monthly salary, averaged over the highest five consecutive years of service. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered, through the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary, Aon, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Significant actuarial assumptions used in the valuation as of January 1, 2019, were as follows:

- Mortality basis (healthy) – Base table: amounts-weighted aggregate rates from the Pri-2012 mortality study projected generationally from 2012 with Scale MP-2019, including contingent survivor rates for survivors
- Mortality basis (disabled) – Base table: amounts-weighted disabled retiree rates from the Pri-2012 mortality study projected generationally from 2012 using Scale MP-2019
- Actuarial cost method – Standard unit credit cost method
- Normal retirement age – Active Participants: Graduated rates between age 55 and age 65
- Interest rate used in accrued benefit calculations – 4.25%
- Rate of return – 6.25%

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

The foregoing assumptions were made based on the assumption 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.

The interest rate used in accrued benefit calculations changed from 3.90% to 4.25%. The healthy mortality assumption changed from the aggregate 2006 rates from the RP-2014 mortality study projected generationally from 2006 with Scale MP-2018 to the amounts-weighted aggregate rates from the Pri-2012 mortality study projected generationally from 2012 with Scale MP-2019, including contingent survivor rates for survivors. The disabled mortality assumption changed from the 2006 disabled rates from the RP-2014 mortality study projected generationally from 2006 with Scale MP-2018 to the amounts-weighted disabled retiree rates from the Pri-2012 mortality study projected generationally from 2012 with Scale MP-2019. These assumption changes resulted in a decrease of $6,594,577 in actuarial present value of accumulated benefits for the year ended January 1, 2019. The rationales for the assumption change summarized above and for selecting each of the assumptions used in the Plan reporting valuation was to best reflect future anticipated Plan experience.

The actuarial present value of accumulated plan benefits and changes in accumulated plan benefits, as of and for the year ended January 1, 2019 are as follows:

Vested benefits	
Participants and beneficiaries currently receiving benefits	$ 57,140,223
Other participants	67,481,025
Total Vested Benefits	124,621,248
Non-vested benefits	-
Actuarial Present Value of Accumulated Plan Benefits	$ 124,621,248
Actuarial Present Value of Accumulated Plan Benefits, at Beginning of Period	$ 128,445,055
Increase (decrease) during the year attributable to	
Change in actuarial assumptions	(6,594,577)
Benefits paid	(4,511,600)
Interest	4,922,222
Other changes	2,360,148
Net Decrease	(3,823,807)
Actuarial Present Value of Accumulated Plan Benefits, at End of Period	$ 124,621,248

NOTE 6 – Exempt Party-In-Interest Transactions

The Plan's investments are administered under a contract with the trustee of the Plan. Contributions are held and managed by the trustee who invests cash received, interest, and dividend income and makes distributions to participants. These transactions qualify as party-in-interest transactions which are exempt from the prohibited transactions rules of ERISA.

NOTE 7 – Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated May 10, 2017, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter; however, the Company and Plan management believe that the Plan is currently designed and operating in compliance with the applicable requirements of the IRC, and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 8 – Concentrations

As of December 31, 2019 and 2018, the Master Trust had investments of $162,926,531 and $184,900,597 concentrated in two and three funds, respectively. These funds invest in a diversified pool of investments.

NOTE 9 – Subsequent Events

Management of the Plan has evaluated subsequent events through October 2, 2020, which is the date that the financial statements were approved and available to be issued, for events requiring recording or disclosure in the Plan's financial statements.

Schedule SB Attachment (Form 5500)—2019 Plan Year
Salaried and Clerical Employees Retirement Plan
EIN: 39-0520270 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2019

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29	1	7								
30-34	8	87	25							
35-39	1	52	79	14						
40-44	1	42	46	34	4					
45-49	6	38	34	14	16	8	1			
50-54	4	39	40	12	7	17	12			
55-59	5	24	34	16	4	8	24	11	1	
60-64	1	18	20	5	4	7	10	10	7	
65-69		5	5	2				1	2	
70+										

N-873

Schedule SB Attachment (Form 5500)—2019 Plan Year
Salaried and Clerical Employees Retirement Plan
EIN: 39-0520270 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of January 2019), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	3.74%
2nd Segment Rate	5.35%
3rd Segment Rate	6.11%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of January 2019), without regard to interest rate stabilization
1st Segment Rate	2.55%
2nd Segment Rate	3.93%
3rd Segment Rate	4.49%
Optional Payment Form Election Percentage	100% life annuity
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy and Disabled	2019 generational mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(d) and IRS Notice 2018-02
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $225,000 and the IRC section 401(a)(17) compensation limit of $280,000.

Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2017 Plan Year	6.25%
2018 Plan Year	6.25%
2019 Plan Year	5.00%
Trust Expenses Included in Target Normal Cost	$335,876. Based on the actual expenses paid from the trust for calendar year 2018.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2019

Schedule SB Attachment (Form 5500)—2019 Plan Year
Salaried and Clerical Employees Retirement Plan
EIN: 39-0520270 PN: 001

Table 1

Retirement Rates

	Years of Service	
Age	**0-29**	**30+**
55	5.00%	5.00%
56	5.00%	5.00%
57	10.00%	10.00%
58	10.00%	10.00%
59	15.00%	15.00%
60	15.00%	15.00%
61	20.00%	20.00%
62	20.00%	20.00%
63	20.00%	20.00%
64	20.00%	20.00%
65	30.00%	100.00%
66	30.00%	100.00%
67	30.00%	100.00%
68	30.00%	100.00%
69+	100.00%	100.00%

Schedule SB Attachment (Form 5500)—2019 Plan Year
Salaried and Clerical Employees Retirement Plan
EIN: 39-0520270 PN: 001

Table 2

Withdrawal Rates

	Years of Service					
Age	**0**	**1**	**2**	**3**	**4**	**5+**
20	10.50%	10.50%	10.50%	10.50%	10.50%	10.50%
21	10.50%	10.50%	10.50%	10.50%	10.50%	10.50%
22	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%
23	9.50%	9.50%	9.50%	9.50%	9.50%	9.50%
24	9.10%	9.10%	9.10%	9.10%	9.10%	9.10%
25	8.60%	8.60%	8.60%	8.60%	8.60%	8.60%
26	8.20%	8.20%	8.20%	8.20%	8.20%	8.20%
27	7.70%	7.70%	7.70%	7.70%	7.70%	7.70%
28	7.60%	7.30%	7.30%	7.30%	7.30%	7.30%
29	7.60%	7.10%	6.90%	6.90%	6.90%	6.90%
30	7.60%	7.10%	6.60%	6.50%	6.50%	6.50%
31	7.60%	7.10%	6.60%	6.10%	6.10%	6.10%
32	7.60%	7.10%	6.60%	6.10%	5.80%	5.80%
33	7.60%	7.10%	6.60%	6.10%	5.70%	5.40%
34	7.60%	7.10%	6.60%	6.10%	5.70%	5.10%
35	7.60%	7.10%	6.60%	6.10%	5.70%	4.70%
36	7.60%	7.10%	6.60%	6.10%	5.70%	4.40%
37	7.60%	7.10%	6.60%	6.10%	5.70%	4.10%
38	7.60%	7.10%	6.60%	6.10%	5.70%	3.90%
39	7.60%	7.10%	6.60%	6.10%	5.70%	3.60%
40	7.60%	7.10%	6.60%	6.10%	5.70%	3.40%
41	7.60%	7.10%	6.60%	6.10%	5.70%	3.10%
42	7.60%	7.10%	6.60%	6.10%	5.70%	2.90%
43	7.60%	7.10%	6.60%	6.10%	5.70%	2.70%
44	7.60%	7.10%	6.60%	6.10%	5.70%	2.50%
45	7.60%	7.10%	6.60%	6.10%	5.70%	2.30%
46	7.60%	7.10%	6.60%	6.10%	5.70%	2.20%
47	7.60%	7.10%	6.60%	6.10%	5.70%	2.00%
48	7.60%	7.10%	6.60%	6.10%	5.70%	1.90%
49	7.60%	7.10%	6.60%	6.10%	5.70%	1.70%
50	7.60%	7.10%	6.60%	6.10%	5.70%	1.60%
51	7.60%	7.10%	6.60%	6.10%	5.70%	1.60%
52	7.60%	7.10%	6.60%	6.10%	5.70%	1.40%
53	7.60%	7.10%	6.60%	6.10%	5.70%	1.40%
54	7.60%	7.10%	6.60%	6.10%	5.70%	1.30%
55+	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Table 3

Disability Rates

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

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial 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) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	2019 This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

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

A Name of plan Oshkosh Corporation Salaried and Clerical Employees Retirement Plan	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Oshkosh Corporation	**D** Employer Identification Number (EIN) 39-0520270

E Type of plan: [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 2019

2 Assets:

a Market value	**2a**	114,298,134
b Actuarial value	**2b**	118,068,857

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	399	52,352,465	52,352,465
b For terminated vested participants	297	14,433,067	14,433,067
c For active participants	873	38,922,396	39,141,851
d Total	1,569	105,707,928	105,927,383

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**	5.61%
6 Target normal cost	**6**	335,876

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 Angela J. Reely AJR — Signature of actuary

9/17/2020 — Date

Angela J. Reely — Type or print name of actuary

2007847 — Most recent enrollment number

Aon Consulting, Inc. — Firm name

312-381-7279 — Telephone number (including area code)

200 East Randolph Street

Chicago IL 60601 — 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	12,740,436
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	12,740,436
10	Interest on line 9 using prior year's actual return of -3.11%	0	-396,228
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 5.77%		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	600,000
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	11,744,208

Part III Funding Percentages

14	Funding target attainment percentage	14	100.37%
15	Adjusted funding target attainment percentage	15	111.46%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	102.79%
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:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	3.74 %	5.35 %	6.11%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	61

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

Part VI Miscellaneous Items

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6)	**31a**	335,876
b Excess assets, if applicable, but not greater than line 31a	**31b**	335,876

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

Schedule SB Attachment (Form 5500)—2019 Plan Year
Salaried and Clerical Employees Retirement Plan
EIN: 39-0520270 PN: 001

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age. Two different groups, participants with under 30 years of service at retirement and participants with 30 or more years of service at retirement, are used to develop the average. Based on the current active population, approximately 60% of the participants retire with 30 or more years of service. Therefore, the estimated weighted average retirement age is 61 (60% x 61.18 + 40% x 61.64).

Service Under 30 Years

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	10.00%	0.9025	5.19
58.5	10.00%	0.8123	4.75
59.5	15.00%	0.7310	6.52
60.5	15.00%	0.6214	5.64
61.5	20.00%	0.5282	6.50
62.5	20.00%	0.4225	5.28
63.5	20.00%	0.3380	4.29
64.5	20.00%	0.2704	3.49
65.5	30.00%	0.2163	4.25
66.5	30.00%	0.1514	3.02
67.5	30.00%	0.1060	2.15
68.5	30.00%	0.0742	1.52
69	100.00%	0.0519	3.58
		Weighted Average	61.64

Service Over 30 Years

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	10.00%	0.9025	5.19
58.5	10.00%	0.8123	4.75
59.5	15.00%	0.7310	6.52
60.5	15.00%	0.6214	5.64
61.5	20.00%	0.5282	6.50
62.5	20.00%	0.4225	5.28
63.5	20.00%	0.3380	4.29
64.5	20.00%	0.2704	3.49
65	100.00%	0.2163	14.06
		Weighted Average	61.18

Schedule SB Attachment (Form 5500)—2019 Plan Year
Salaried and Clerical Employees Retirement Plan
EIN: 39-0520270 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of January 2019), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	3.74%
2nd Segment Rate	5.35%
3rd Segment Rate	6.11%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of January 2019), without regard to interest rate stabilization
1st Segment Rate	2.55%
2nd Segment Rate	3.93%
3rd Segment Rate	4.49%
Optional Payment Form Election Percentage	100% life annuity
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy and Disabled	2019 generational mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(d) and IRS Notice 2018-02
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $225,000 and the IRC section 401(a)(17) compensation limit of $280,000.

Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2017 Plan Year	6.25%
2018 Plan Year	6.25%
2019 Plan Year	5.00%
Trust Expenses Included in Target Normal Cost	$335,876. Based on the actual expenses paid from the trust for calendar year 2018.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2019

Schedule SB Attachment (Form 5500)—2019 Plan Year
Salaried and Clerical Employees Retirement Plan
EIN: 39-0520270 PN: 001

Table 1

Retirement Rates

	Years of Service	
Age	**0-29**	**30+**
55	5.00%	5.00%
56	5.00%	5.00%
57	10.00%	10.00%
58	10.00%	10.00%
59	15.00%	15.00%
60	15.00%	15.00%
61	20.00%	20.00%
62	20.00%	20.00%
63	20.00%	20.00%
64	20.00%	20.00%
65	30.00%	100.00%
66	30.00%	100.00%
67	30.00%	100.00%
68	30.00%	100.00%
69+	100.00%	100.00%

Schedule SB Attachment (Form 5500)—2019 Plan Year
Salaried and Clerical Employees Retirement Plan
EIN: 39-0520270 PN: 001

Table 2

Withdrawal Rates

	Years of Service					
Age	**0**	**1**	**2**	**3**	**4**	**5+**
20	10.50%	10.50%	10.50%	10.50%	10.50%	10.50%
21	10.50%	10.50%	10.50%	10.50%	10.50%	10.50%
22	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%
23	9.50%	9.50%	9.50%	9.50%	9.50%	9.50%
24	9.10%	9.10%	9.10%	9.10%	9.10%	9.10%
25	8.60%	8.60%	8.60%	8.60%	8.60%	8.60%
26	8.20%	8.20%	8.20%	8.20%	8.20%	8.20%
27	7.70%	7.70%	7.70%	7.70%	7.70%	7.70%
28	7.60%	7.30%	7.30%	7.30%	7.30%	7.30%
29	7.60%	7.10%	6.90%	6.90%	6.90%	6.90%
30	7.60%	7.10%	6.60%	6.50%	6.50%	6.50%
31	7.60%	7.10%	6.60%	6.10%	6.10%	6.10%
32	7.60%	7.10%	6.60%	6.10%	5.80%	5.80%
33	7.60%	7.10%	6.60%	6.10%	5.70%	5.40%
34	7.60%	7.10%	6.60%	6.10%	5.70%	5.10%
35	7.60%	7.10%	6.60%	6.10%	5.70%	4.70%
36	7.60%	7.10%	6.60%	6.10%	5.70%	4.40%
37	7.60%	7.10%	6.60%	6.10%	5.70%	4.10%
38	7.60%	7.10%	6.60%	6.10%	5.70%	3.90%
39	7.60%	7.10%	6.60%	6.10%	5.70%	3.60%
40	7.60%	7.10%	6.60%	6.10%	5.70%	3.40%
41	7.60%	7.10%	6.60%	6.10%	5.70%	3.10%
42	7.60%	7.10%	6.60%	6.10%	5.70%	2.90%
43	7.60%	7.10%	6.60%	6.10%	5.70%	2.70%
44	7.60%	7.10%	6.60%	6.10%	5.70%	2.50%
45	7.60%	7.10%	6.60%	6.10%	5.70%	2.30%
46	7.60%	7.10%	6.60%	6.10%	5.70%	2.20%
47	7.60%	7.10%	6.60%	6.10%	5.70%	2.00%
48	7.60%	7.10%	6.60%	6.10%	5.70%	1.90%
49	7.60%	7.10%	6.60%	6.10%	5.70%	1.70%
50	7.60%	7.10%	6.60%	6.10%	5.70%	1.60%
51	7.60%	7.10%	6.60%	6.10%	5.70%	1.60%
52	7.60%	7.10%	6.60%	6.10%	5.70%	1.40%
53	7.60%	7.10%	6.60%	6.10%	5.70%	1.40%
54	7.60%	7.10%	6.60%	6.10%	5.70%	1.30%
55+	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Table 3

Disability Rates

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

Schedule SB Attachment (Form 5500)—2019 Plan Year
Salaried and Clerical Employees Retirement Plan
EIN: 39-0520270 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	The plan was established effective March 1, 1972. Amended and restated effective March 1, 2001. The plan was frozen effective December 31, 2012. Effective December 22, 2016, the plan year has been changed to the calendar year. This change resulted in a short plan year from March 1, 2016 to December 31, 2016.
Covered Employees	All salaried and clerical employees. Employees covered by a plan maintained pursuant to a collective bargaining agreement and Directors are excluded from participation. The plan was amended for immediate participation as of March 1, 2004. The plan was closed to new entrants effective September 30, 2012 and frozen effective December 31, 2012.
Transfers	Transfers in and out of the plan will accrue vesting and benefit service earned before and after transfer (but not after December 31, 2012), but compensation will be limited to the time actually covered by the plan (but not after December 31, 2012). The accrued benefit will be offset by the benefit accrued under other plan(s).
Normal Retirement	
Eligibility	An employee is eligible for normal retirement benefits at the end of the month in which age 65 is attained.
Benefit	The monthly normal retirement benefit is equal to the larger of (a) and (b) where: (a) Is 50% of average monthly compensation less 45% of primary Social Security, multiplied by 1/30 for each benefit accrual year of service (maximum 30 years); and (b) Is the multiplier in effect for Oshkosh Truck Corporation Hourly Employees Pension Plan times each year of benefit service (maximum 45 years). The multiplier is $31 as of October 1, 2012. The normal retirement benefit will in no event be less than the largest early retirement benefit.

All benefit accruals are frozen effective December 31, 2012.

Early Retirement

Eligibility

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

Benefit

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

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

(1) The number of years of benefit service at date of retirement.

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

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

(c) Is equal to 1.00; minus

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

(2) 1/360 for each month that payments commence prior to age 60.

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

All benefit accruals are frozen effective December 31, 2012.

Late Retirement

Eligibility

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

Benefit

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

Disability Retirement	
Eligibility	An employee is eligible if, after having completed five years of service, he is unable to perform his employment duties.
Benefit	The monthly benefit commencing immediately is equal to the actuarial equivalent of his vested accrued normal retirement benefit. This benefit is calculated in the same manner as for early retirement using service at date of disability in the proration factor.
Vesting	
Eligibility	Five years of continuous service.
Benefit	The monthly benefit is equal to the vested accrued normal retirement benefit earned to the date of termination. This benefit is calculated in the same manner as for early retirement using service at date of termination in the proration factor. In no event shall payments commence prior to age 55.
Preretirement Surviving Spouse's Benefit	
Eligibility	Active employees must have completed five years of continuous service at death and married at least one year.
Benefit	For employees eligible for early retirement, the benefit is equal to 50% of the amount the participant would have received had the participant retired on the day before his death and elected the 50% spouse's annuity. For employees not eligible for early retirement, the benefit is equal to 50% of the amount the participant would have received had the participant terminated on the date of death, survived to his early retirement age and retired with an immediate 50% spouse's annuity. The spouse's benefit will begin on the date the participant would have reached his early retirement age.
Normal Form of Payment	Life annuity for single participants, and an actuarially equivalent 50% joint and survivor annuity for married participants.
Optional Form of Payment	Optional forms provided are: Five year certain and life, 10-year certain and life, 66⅔%, 75% and 100% joint and survivor annuities.
Source of Contribution	The company pays the entire contribution.

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

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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

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

Schedule SB Attachment (Form 5500)—2019 Plan Year
Salaried and Clerical Employees Retirement Plan
EIN: 39-0520270 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in the unlimited expected rate of return on plan assets from 6.25% to 5.00%.

This change was made to better reflect the anticipated plan experience. This assumption change did not reduce the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5); as such, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2019 Plan Year
Salaried and Clerical Employees Retirement Plan
EIN: 39-0520270 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2019

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29	1	7								
30-34	8	87	25							
35-39	1	52	79	14						
40-44	1	42	46	34	4					
45-49	6	38	34	14	16	8	1			
50-54	4	39	40	12	7	17	12			
55-59	5	24	34	16	4	8	24	11	1	
60-64	1	18	20	5	4	7	10	10	7	
65-69		5	5	2				1	2	
70+										

N-873

Schedule SB Attachment (Form 5500)—2019 Plan Year
Salaried and Clerical Employees Retirement Plan
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Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age. Two different groups, participants with under 30 years of service at retirement and participants with 30 or more years of service at retirement, are used to develop the average. Based on the current active population, approximately 60% of the participants retire with 30 or more years of service. Therefore, the estimated weighted average retirement age is 61 (60% x 61.18 + 40% x 61.64).

Service Under 30 Years

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	10.00%	0.9025	5.19
58.5	10.00%	0.8123	4.75
59.5	15.00%	0.7310	6.52
60.5	15.00%	0.6214	5.64
61.5	20.00%	0.5282	6.50
62.5	20.00%	0.4225	5.28
63.5	20.00%	0.3380	4.29
64.5	20.00%	0.2704	3.49
65.5	30.00%	0.2163	4.25
66.5	30.00%	0.1514	3.02
67.5	30.00%	0.1060	2.15
68.5	30.00%	0.0742	1.52
69	100.00%	0.0519	3.58
		Weighted Average	61.64

Service Over 30 Years

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	10.00%	0.9025	5.19
58.5	10.00%	0.8123	4.75
59.5	15.00%	0.7310	6.52
60.5	15.00%	0.6214	5.64
61.5	20.00%	0.5282	6.50
62.5	20.00%	0.4225	5.28
63.5	20.00%	0.3380	4.29
64.5	20.00%	0.2704	3.49
65	100.00%	0.2163	14.06
		Weighted Average	61.18

Schedule SB Attachment (Form 5500)—2019 Plan Year
Salaried and Clerical Employees Retirement Plan
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Schedule SB, Part V—Summary of Plan Provisions

Effective Date	The plan was established effective March 1, 1972. Amended and restated effective March 1, 2001. The plan was frozen effective December 31, 2012. Effective December 22, 2016, the plan year has been changed to the calendar year. This change resulted in a short plan year from March 1, 2016 to December 31, 2016.
Covered Employees	All salaried and clerical employees. Employees covered by a plan maintained pursuant to a collective bargaining agreement and Directors are excluded from participation. The plan was amended for immediate participation as of March 1, 2004. The plan was closed to new entrants effective September 30, 2012 and frozen effective December 31, 2012.
Transfers	Transfers in and out of the plan will accrue vesting and benefit service earned before and after transfer (but not after December 31, 2012), but compensation will be limited to the time actually covered by the plan (but not after December 31, 2012). The accrued benefit will be offset by the benefit accrued under other plan(s).
Normal Retirement	
Eligibility	An employee is eligible for normal retirement benefits at the end of the month in which age 65 is attained.
Benefit	The monthly normal retirement benefit is equal to the larger of (a) and (b) where: (a) Is 50% of average monthly compensation less 45% of primary Social Security, multiplied by 1/30 for each benefit accrual year of service (maximum 30 years); and (b) Is the multiplier in effect for Oshkosh Truck Corporation Hourly Employees Pension Plan times each year of benefit service (maximum 45 years). The multiplier is $31 as of October 1, 2012. The normal retirement benefit will in no event be less than the largest early retirement benefit.

All benefit accruals are frozen effective December 31, 2012.

Early Retirement

Eligibility

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

Benefit

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

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

(1) The number of years of benefit service at date of retirement.

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

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

(c) Is equal to 1.00; minus

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

(2) 1/360 for each month that payments commence prior to age 60.

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

All benefit accruals are frozen effective December 31, 2012.

Late Retirement

Eligibility

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

Benefit

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

Disability Retirement	
Eligibility	An employee is eligible if, after having completed five years of service, he is unable to perform his employment duties.
Benefit	The monthly benefit commencing immediately is equal to the actuarial equivalent of his vested accrued normal retirement benefit. This benefit is calculated in the same manner as for early retirement using service at date of disability in the proration factor.
Vesting	
Eligibility	Five years of continuous service.
Benefit	The monthly benefit is equal to the vested accrued normal retirement benefit earned to the date of termination. This benefit is calculated in the same manner as for early retirement using service at date of termination in the proration factor. In no event shall payments commence prior to age 55.
Preretirement Surviving Spouse's Benefit	
Eligibility	Active employees must have completed five years of continuous service at death and married at least one year.
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