

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2019</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u> |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |

|                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                                     | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                              |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>FORUM ENERGY TECHNOLOGIES INC 401(K) PLAN</u>                                                                                                                                                                                                                                                                                                                         | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>07/01/2006</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                       | <b>1c</b> Effective date of plan<br><u>07/01/2006</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                                           | <u>001</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>07/01/2006</u>                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>FORUM ENERGY TECHNOLOGIES, INC.</u><br><br><u>10344 SAM HOUSTON PARK DRIVE</u><br><u>SUITE 300</u><br><u>HOUSTON, TX 77064</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>61-1488595</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>281-949-2519</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>324110</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>61-1488595</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>281-949-2519</u> | <b>2d</b> Business code (see instructions)<br><u>324110</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>61-1488595</u>                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>281-949-2519</u>                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>324110</u>                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/08/2020 | KAREN GRIEBE                                                 |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/08/2020 | KAREN GRIEBE                                                 |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2019)  
v. 190130

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 3157                                                                                                                                                    |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 2072<br><b>6a(2)</b> 1736<br><b>6b</b> 0<br><b>6c</b> 1213<br><b>6d</b> 2949<br><b>6e</b> 9<br><b>6f</b> 2958<br><b>6g</b> 2937<br><b>6h</b> 3      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7</b>                                                                                                                                                         |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2A 2E 2F 2G 2J 2K 2S 2T<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                  |

|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 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 \_\_\_\_\_

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2019</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

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

|                                                                                                         |                                                                    |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><b>FORUM ENERGY TECHNOLOGIES INC 401(K) PLAN</b>                               | <b>B</b> Three-digit plan number (PN) <b>►</b> <b>001</b>          |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>FORUM ENERGY TECHNOLOGIES, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>61-1488595</b> |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| <b>AMERICAN BEACON</b>                                                                                            |
| <b>75-2401150</b>                                                                                                 |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| <b>AMERICAN CENTURY INVESTMENTS</b>                                                                               |
| <b>44-6006315</b>                                                                                                 |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| <b>AMERICAN FUNDS</b>                                                                                             |
| <b>95-1411037</b>                                                                                                 |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| <b>FIDELITY INVESTMENTS</b>                                                                                       |
| <b>06-1194217</b>                                                                                                 |

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

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INVESCO

58-2287224

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

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JOHN HANCOCK

04-3483032

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

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JP MORGAN

13-2624428

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

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LAZARD

20-4571006

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

---

LORD ABBETT

13-5620131

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

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PIMCO

95-2632339

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

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T ROWE PRICE

52-2264646

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

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VANGUARD

23-1945930

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

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

WELLS FARGO BANK, N.A.

94-1347393

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 37 50<br>62 64      | SERVICE PROVIDER                                                                                  | 195617                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

LPL FINANCIAL

04-3046611

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 50                  | NONE                                                                                              | 73921                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                                                |                                                                            |            |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>FORUM ENERGY TECHNOLOGIES INC 401(K) PLAN</u>                                      | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>001</u> |
|                                                                                                                |                                                                            |            |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>FORUM ENERGY TECHNOLOGIES, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>61-1488595</u>         |            |

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

|                                                                                           |                               |                                                                                                                                                       |
|-------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO STABLE RETURN FUND N</u>    |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>           |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN <u>41-6202499-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>8797332</u></span> |
|                                                                                           |                               |                                                                                                                                                       |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF/ BLACKROCK INTL EQ INDEX TR</u>      |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>           |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN <u>52-2265229-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>241959</u></span>  |
|                                                                                           |                               |                                                                                                                                                       |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF/ BLACKROCK LC GROWTH INDEX TR</u>    |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>           |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN <u>52-2265232-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>5411</u></span>    |
|                                                                                           |                               |                                                                                                                                                       |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF/ BLACKROCK LC VALUE INDEX TR</u>     |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>           |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN <u>52-2265227-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>54529</u></span>   |
|                                                                                           |                               |                                                                                                                                                       |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF BLACKROCK RUSSELL 2000 INDX CIT</u>  |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>           |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN <u>52-2265233-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>757299</u></span>  |
|                                                                                           |                               |                                                                                                                                                       |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF/ BLACKROCK S&amp;P MIDCAP INDEX</u>  |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>           |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN <u>52-2265235-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>1711497</u></span> |
|                                                                                           |                               |                                                                                                                                                       |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF/ BLACKROCK S&amp;P 500 INDEX CIT</u> |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>           |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN <u>94-3224211-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>7034131</u></span> |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WF / BLACKROCK US AGG BD INDEX TR

**b** Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

**c** EIN-PN 20-5699010-001

**d** Entity code C

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

799644

**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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2019 or fiscal plan year beginning <b>01/01/2019</b> and ending <b>12/31/2019</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><b>FORUM ENERGY TECHNOLOGIES INC 401(K) PLAN</b>                                                                                                                                                                                                | <b>B</b> Three-digit plan number (PN) <b>►</b>                                                                                                                                                                                                                               | <b>001</b>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>FORUM ENERGY TECHNOLOGIES, INC.</b>                                                                                                                                                                  | <b>D</b> Employer Identification Number (EIN)<br><b>61-1488595</b>                                                                                                                                                                                                           |                                                                                                          |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                 |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    | 106866                | 103709          |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    | 42445                 | 84724           |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    | 3952148               | 4367519         |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>    | 17917880              | 19401802        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 76463623              | 92895974        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 98482962              | 116853728       |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |           |
|-----------------------------------------------------------|-----------|----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 98482962 | 116853728 |
|-----------------------------------------------------------|-----------|----------|-----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 5018656    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 8043744    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 1328124    |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 14390524  |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 1268       |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 219043     |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 220311    |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 1210475    |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 1210475   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | 2598168   |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | 17225182  |
| c Other income .....                                                                            | 2c     |            | 15403     |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 35660063  |

**Expenses**

|                                                                                      |       |          |          |
|--------------------------------------------------------------------------------------|-------|----------|----------|
| e Benefit payment and payments to provide benefits:                                  |       |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 17018904 |          |
| (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) |          | 17018904 |
| 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) |          |          |
| (4) Other .....                                                                      | 2i(4) | 270393   |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |          | 270393   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |          | 17289297 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 18370766 |
| 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: BDO USA, LLP

(2) EIN: 13-5381590

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               | Yes | No | Amount  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          |     |    |         |
| <b>4c</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                |     |    |         |
| <b>4d</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 3000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....                                                     |     |    |         |
| <b>4g</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....                                           |     |    |         |
| <b>4h</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                     | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... |     |    |         |
| <b>4j</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     |    |         |
| <b>4k</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             |     |    |         |
| <b>4l</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     |    |         |
| <b>4m</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      |     |    |         |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |         |

**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 \_\_\_\_\_. (See instructions.)

|                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                      | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2019</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>FORUM ENERGY TECHNOLOGIES INC 401(K) PLAN                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>FORUM ENERGY TECHNOLOGIES, INC.                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>61-1488595                                            |
| 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):<br><br>EIN(s): 41-6257133                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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                                                                                               |
| 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>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<br>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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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. <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? <input type="checkbox"/> Yes <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2019 v. 190130                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

|           |                                                                                                                                                                                                                                                      |            |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>14</b> | Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:                                                                                                                    |            |
| <b>a</b>  | The current year .....                                                                                                                                                                                                                               | <b>14a</b> |
| <b>b</b>  | The plan year immediately preceding the current plan year .....                                                                                                                                                                                      | <b>14b</b> |
| <b>c</b>  | The second preceding plan year .....                                                                                                                                                                                                                 | <b>14c</b> |
| <b>15</b> | Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:                                                                         |            |
| <b>a</b>  | The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                         | <b>15a</b> |
| <b>b</b>  | The corresponding number for the second preceding plan year .....                                                                                                                                                                                    | <b>15b</b> |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                 |            |
| <b>a</b>  | Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                      | <b>16a</b> |
| <b>b</b>  | If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....                                                                                        | <b>16b</b> |
| <b>17</b> | If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. .... <input type="checkbox"/> |            |

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

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>19</b> | <p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p><b>a</b> Enter the percentage of plan assets held as:<br/> Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%</p> <p><b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br/> <input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more</p> <p><b>c</b> What duration measure was used to calculate line 19(b)?<br/> <input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____</p>                                                                                                                                                                   |
| <b>20</b> | <p><b>PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.</p> <p><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>b</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:<br/> <input type="checkbox"/> Yes.<br/> <input type="checkbox"/> 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.<br/> <input type="checkbox"/> 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.<br/> <input type="checkbox"/> No. Other. Provide explanation _____</p> |



# **FORUM ENERGY TECHNOLOGIES, INC. 401(k) PLAN**

## **Financial Statements (and Supplemental Schedule)**

**As of December 31, 2019 and 2018, and for the  
Year Ended December 31, 2019**

**FORUM ENERGY TECHNOLOGIES, INC. 401(k) PLAN**

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Financial Statements  
(and Supplemental Schedule)

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

# FORUM ENERGY TECHNOLOGIES, INC. 401(k) PLAN

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All schedules other than those listed above have been omitted since the information is either disclosed elsewhere in the financial statements or not required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended.



## **Independent Auditor's Report**

To the Benefits Committee and Participants of  
Forum Energy Technologies, Inc. 401(k) Plan  
Houston, Texas

### ***Report on the Financial Statements***

We were engaged to audit the accompanying financial statements of Forum Energy Technologies, Inc. 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

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

### ***Auditor's Responsibility***

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

### ***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by 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 a certification from the trustee as of December 31, 2019 and 2018, and for the year ended December 31, 2019, that the information provided to the plan administrator by the trustee is complete and accurate.

### ***Disclaimer of Opinion***

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



***Other Matter***

The supplemental schedule, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2019 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*BDO USA, LLP*

September 28, 2020

## Financial Statements

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# FORUM ENERGY TECHNOLOGIES, INC. 401(k) PLAN

## Statements of Net Assets Available for Benefits

| <i>December 31,</i>                      | 2019                  | 2018                 |
|------------------------------------------|-----------------------|----------------------|
| <b>Assets</b>                            |                       |                      |
| <b>Investments, at Fair Value</b>        |                       |                      |
| Interest bearing cash                    | \$ 84,724             | \$ 42,445            |
| Common/collective trusts                 | 19,401,802            | 17,917,880           |
| Mutual funds                             | 92,895,974            | 76,463,623           |
| <b>Total Investments</b>                 | <b>112,382,500</b>    | <b>94,423,948</b>    |
| <b>Receivables</b>                       |                       |                      |
| Notes Receivable from participants       | 4,367,519             | 3,952,148            |
| Employer contributions                   | 103,709               | 106,866              |
| <b>Total Receivables</b>                 | <b>4,471,228</b>      | <b>4,059,014</b>     |
| <b>Net Assets Available for Benefits</b> | <b>\$ 116,853,728</b> | <b>\$ 98,482,962</b> |

*See accompanying notes to the financial statements.*

# FORUM ENERGY TECHNOLOGIES, INC. 401(k) PLAN

## Statement of Changes in Net Assets Available for Benefits

| <i>Year Ended December 31,</i>                               | <b>2019</b>       |
|--------------------------------------------------------------|-------------------|
| <b>Additions to Net Assets</b>                               |                   |
| <b>Investment Income</b>                                     |                   |
| Net appreciation in common/collective trusts                 | \$ 2,598,168      |
| Net appreciation in mutual funds                             | 17,240,585        |
| Interest and dividend income                                 | 1,211,743         |
| <b>Total Investment Income</b>                               | <b>21,050,496</b> |
| <b>Interest Income on notes receivable from participants</b> | <b>219,043</b>    |
| <b>Contributions</b>                                         |                   |
| Plan sponsor contributions                                   | 5,018,656         |
| Participant contributions                                    | 8,043,744         |
| Rollovers                                                    | 1,328,124         |
| <b>Total Contributions</b>                                   | <b>14,390,524</b> |
| <b>Total Additions to Net Assets</b>                         | <b>35,660,063</b> |
| <b>Deductions from Net Assets</b>                            |                   |
| Benefit payments to participants                             | 17,018,904        |
| Administrative expenses                                      | 270,393           |
| <b>Total Deductions from Net Assets</b>                      | <b>17,289,297</b> |
| <b>Net Increase in Net Assets Available for Benefits</b>     | <b>18,370,766</b> |
| <b>Net Assets Available for Benefits</b>                     |                   |
| Beginning of year                                            | 98,482,962        |
| End of year                                                  | \$ 116,853,728    |

*See accompanying notes to the financial statements.*

# FORUM ENERGY TECHNOLOGIES, INC. 401(k) PLAN

## Notes to Financial Statements

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### 1. Description of Plan

The following description of the Forum Energy Technologies, Inc. 401(k) Plan (the “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 contribution plan established by Forum Energy Technologies, Inc. in July 2006 and has been adopted by certain of its affiliates (collectively referred to herein as the “Plan Sponsor” or “Forum”). The Plan is designed and intended to operate as a safe harbor plan as defined by the plan document. The purpose of the Plan is to offer eligible employees of the Plan Sponsor a means to adopt a regular savings program and to provide a supplement to their retirement income. The Plan is administered by a benefits committee and an investments committee, both established by the Forum Board of Directors. The Plan is subject to the provisions of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (“ERISA”), and any subsequent amendments.

#### *Administration*

The Plan Sponsor is the Plan Administrator and is responsible for the administration and operation of the Plan. Wells Fargo Bank, N.A. (“Wells Fargo” or the “Trustee”) is responsible for the custody and management of the Plan’s assets while Wells Fargo & Trust Company Institutional Retirement & Trust also provides recordkeeping and administrative services to the Plan.

#### *Eligibility*

An employee is eligible to participate in the Plan upon completing 30 days of continuous employment. Union employees, leased employees, non-resident aliens, interns, contractors, residents of Puerto Rico, and temporary employees are not eligible to participate in the Plan.

#### *Participant Contributions*

Participants in the Plan may elect to have up to 75% of their eligible compensation, as defined in the plan document, deferred on a before tax basis, subject to the federal tax law limits including Internal Revenue Code (“IRC”) Section 402(g) limits of \$19,000 in 2019. Participants who have attained the age of 50 before the close of the plan year may make an additional before tax catch-up contribution of up to \$6,000 for 2019. A participant electing to make such contributions is allowed to further elect to have some or all of such contributions designated as Roth contributions made on an after tax basis and also subject to IRC Section 402(g) limits.

#### *Automatic Deferrals*

Any employee who is eligible to make contributions to the Plan on a before tax basis will be automatically enrolled in the Plan and deemed to make elective deferrals equal to 3% of his or her compensation beginning on the first day of the first full payroll period beginning on or immediately after 30 days after the date of such participant’s entry date. The participant can affirmatively elect to opt out of the Plan or change the deferral percentage. A participant’s automatic deferrals shall be invested in the Plan’s default investment fund, unless the participant makes his or her own investment elections with respect to such deferrals.

# FORUM ENERGY TECHNOLOGIES, INC. 401(k) PLAN

## Notes to Financial Statements

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### ***Plan Sponsor Contributions***

The Plan Sponsor makes matching contributions to each participant's account in an amount equal to 100% of the first 3% of compensation deferred by the employee and 50% of next 2% of compensation deferred by the employee. During 2020, the Plan Sponsor suspended the matching contributions to participant's accounts (see Note 7). The Plan Sponsor in its sole discretion may make a profit sharing contribution to participants' accounts at an amount determined by the Plan Sponsor. No profit sharing contributions were authorized for 2019.

### ***Participant Accounts***

Each participant's account is credited with the participant's contributions, Plan Sponsor matching contributions, plan earnings or losses, and any Plan Sponsor discretionary profit sharing contribution. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings or account balances, as defined in the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may allocate their contributions at any time to any or all of the Plan's investment options in multiples of one percent. Subject to certain conditions, participants may rollover and transfer amounts distributed or distributable from another individual retirement arrangement or another qualified retirement plan to the Plan.

### ***Vesting***

Participants are immediately vested in all participant contributions, Plan Sponsor matching contributions and earnings thereon. Vesting in discretionary profit sharing contributions is based on years of service starting with 20% at the end of year one and increasing by 20% each year thereafter until full vesting is achieved after five years. The Plan takes into account a participant's service with companies acquired by Forum and includes certain special provisions for vesting and distributions for certain employees who were formerly participants in plans that were merged with the Plan.

### ***Forfeitures***

Forfeitures of non-vested accounts are first used to offset plan expenses and/or restore previously forfeited account balances, if necessary, and any remaining forfeitures are used to reduce Plan Sponsor contributions. During 2019, no forfeitures were used to reduce plan expenses. During 2019, \$39,022 of forfeitures were used to fund Plan Sponsor matching contributions. At December 31, 2019 and 2018, forfeitures of non-vested accounts totaled \$34,225 and \$39,757, respectively.

### ***Notes Receivable from Participants***

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. A participant may have no more than two outstanding loans at any given time. Loan terms require repayment for a period not to exceed five years at a rate determined by the Plan Sponsor in accordance with the plan document. The notes receivable from participants include loans initiated by the participants from merged plans, which also include loans that had terms of five years or more if used to purchase a primary residence. Loans are repaid ratably through payroll deductions. Upon termination of employment, a participant's loan is due in full. If the loan is not paid in full at termination, the outstanding balance will be considered a taxable distribution and may be subject to penalty.

# FORUM ENERGY TECHNOLOGIES, INC. 401(k) PLAN

## Notes to Financial Statements

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### ***Benefit Payments to Participants***

Distributions and withdrawals from the Plan are governed by applicable Internal Revenue Service (“IRS”) regulations and provisions of ERISA. Penalties may apply in certain instances. The full value of a participant’s account becomes available upon retirement, full and permanent disability, or death. Upon termination of employment, a participant is entitled to receive the vested portion of his or her account balance. Participants may also receive in-service withdrawals from the Plan once they have attained age 59½ or if they are able to demonstrate a severe financial need, subject to certain provisions in the plan document. A participant’s deferrals are suspended for six months after each hardship withdrawal.

### ***Plan Termination***

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the plan document to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested in their employer contributions.

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

### ***Basis of Accounting***

The 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”).

### ***Investment Valuation and Income Recognition***

The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price). See Note 6 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the Plan’s gains and losses on investments that were purchased and sold as well as held during the year.

### ***Benefit Payments to Participants***

Benefit payments to participants are recorded when paid and as a reduction to net assets available for benefits upon distribution.

### ***Use of Estimates***

The preparation of financial statements, in conformity with U.S. GAAP, requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

### ***Notes Receivable from Participants***

Notes receivable from participants is measured at their unpaid principal balance plus any accrued, but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent participant loans are recorded as distributions and are recorded as a reduction to net assets available for benefits. No allowance for credit losses have been recorded as of December 31, 2019 and 2018.

# FORUM ENERGY TECHNOLOGIES, INC. 401(k) PLAN

## Notes to Financial Statements

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### ***Risk and Uncertainties***

The Plan provides for various investment options in a variety of investment securities. Investment securities are exposed to various risks, such as interest rate risk, financial market risk and credit risk. Due to the level of risk associated with investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participant's account balances and the amounts reported in the Plan's financial statements.

### ***Administrative Expenses***

The Plan's expenses are paid either by the Plan or the Plan Sponsor, as provided by the plan document. Expenses that are paid directly by the Plan Sponsor are excluded from these financial statements. Fees related to the administration of notes receivable from participants and other participant-directed expenses are charged directly to the participant's account and are included in expenses of the Plan. Investment related expenses are included in net appreciation of fair value of investments.

### **3. Information Certified by the Trustee**

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate.

| <i><b>December 31,</b></i>                                     | <b>2019</b>  | <b>2018</b> |
|----------------------------------------------------------------|--------------|-------------|
| Interest bearing cash                                          | \$ 84,724    | \$ 42,445   |
| Common/collective trusts                                       | 19,401,802   | 17,917,880  |
| Mutual funds                                                   | 92,895,974   | 76,463,623  |
| Notes receivable from participants                             | 4,367,519    | 3,952,148   |
| <hr/>                                                          |              |             |
| <i><b>Year Ended December 31,</b></i>                          | <b>2019</b>  |             |
| Net appreciation in fair value of common/<br>collective trusts | \$ 2,598,168 |             |
| Net appreciation in fair value of mutual funds                 | 17,240,585   |             |
| Interest and dividend income                                   | 1,211,743    |             |
| Interest income on notes receivable from participants          | 219,043      |             |

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information with related information included in the financial statements and supplemental schedule.

# FORUM ENERGY TECHNOLOGIES, INC. 401(k) PLAN

## Notes to Financial Statements

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### 4. Party-In-Interest Transactions

Certain plan investments are shares of funds managed by the Trustee. The Trustee receives certain fees paid by participants, which are included in the Plan. Fees paid by the Plan include an annual trustee fee, annual participant fee, investment advisory fees, distribution fees and new loan set-up fees. Notes receivable from participants also qualify as party-in-interest transactions. The Plan's management has approved these activities and transactions. Fees paid by the Plan to the Trustee were \$197,103 for the year ended December 31, 2019. Additionally, for the year ended December 31, 2019, there was \$73,290 paid by the Plan to another party-in-interest for investment, enrollment, and relationship management services.

### 5. Income Tax Status

The IRS has determined and informed the Plan Sponsor by an original letter dated May 2, 2011, and updated letter dated June 19, 2017, that the Plan is designed in accordance with applicable sections of the IRC. The Plan has since been amended; however, the Plan Sponsor believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax 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. The Plan Sponsor believes the Plan is no longer subject to income tax examinations for years prior to 2016.

### 6. Fair Value Measurements

U.S. GAAP defines fair value as the price that would be received in the sale of an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. U.S. GAAP also establishes a framework for measuring fair value, and expands disclosures about fair value measurements. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 inputs) and the lowest priority to unobservable inputs (level 3 inputs). The three levels of the fair value hierarchy under U.S. GAAP are described as follows:

- *Level 1* - Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.
- *Level 2* - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:
  - a. Quoted prices for similar assets or liabilities in active markets;
  - b. Quoted prices for identical or similar assets or liabilities in inactive markets;
  - c. Inputs other than quoted prices that are observable for the asset or liability;
  - d. Inputs that are derived principally from or corroborated by observable market data; and by correlation or other means.

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

- *Level 3* - Inputs that are unobservable inputs for the asset or liability.

# FORUM ENERGY TECHNOLOGIES, INC. 401(k) PLAN

## Notes to Financial Statements

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In some cases, a valuation technique used to measure fair value includes inputs from multiple levels of the fair value hierarchy. The asset 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 maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible.

The following is a description for the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2019 and 2018.

- *Interest bearing cash*: Stated at cost, which approximates fair value as the applicable interest rate is comparable to market interest rates.
- *Common/collective trusts*: The fair values of common/collective trusts ("CCT") are stated at net asset value ("NAV"), as provided by Wells Fargo, which is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund (less its liabilities) in relation to the total number of units outstanding. The common/collective trusts are pooled investment vehicles sponsored and maintained by Wells Fargo. The principal value of these contracts is not expected to experience price fluctuations in most economic or interest rate environments. The funds invest primarily in equities, fixed income, mutual funds, pooled separate accounts, other collective investment trusts, or exchange traded funds. Participant transactions (purchases and sales) may occur daily. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.
- *Mutual funds*: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the SEC. These funds are required to publish their daily fair value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

There were no transfers between levels for the years ended December 31, 2019 and 2018.

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

# FORUM ENERGY TECHNOLOGIES, INC. 401(k) PLAN

## Notes to Financial Statements

The following fair value hierarchy table presents information about the Plan's investments measured at fair value on a recurring basis as of December 31, 2019 and 2018:

| <i>December 31, 2019</i>                | Level 1       | Level 2 | Level 3 | Total                 |
|-----------------------------------------|---------------|---------|---------|-----------------------|
| Interest bearing cash                   | \$ 84,724     | \$ -    | \$ -    | \$ 84,724             |
| Mutual funds                            | 92,895,974    | -       | -       | 92,895,974            |
| Total investments at fair value         | \$ 92,980,698 | \$ -    | \$ -    | 92,980,698            |
| Investment measured at net asset value* |               |         |         | 19,401,802            |
| <b>Total Investments</b>                |               |         |         | <b>\$ 112,382,500</b> |

  

| <i>December 31, 2018</i>                | Level 1       | Level 2 | Level 3 | Total                |
|-----------------------------------------|---------------|---------|---------|----------------------|
| Interest bearing cash                   | \$ 42,445     | \$ -    | \$ -    | \$ 42,445            |
| Mutual funds                            | 76,463,623    | -       | -       | 76,463,623           |
| Total investments at fair value         | \$ 76,506,068 | \$ -    | \$ -    | 76,506,068           |
| Investment measured at net asset value* |               |         |         | 17,917,880           |
| <b>Total Investments</b>                |               |         |         | <b>\$ 94,423,948</b> |

\* Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized 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 Statements of Net Assets Available for Benefits.

The following tables summarize investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2019 and 2018. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

|                          | Fair Value    | Unfunded Commitments | Redemption Frequency (if currently eligible) | Redemption Notice Period |
|--------------------------|---------------|----------------------|----------------------------------------------|--------------------------|
| <b>December 31, 2019</b> |               |                      |                                              |                          |
| Common/collective trusts | \$ 19,401,802 | N/A                  | Daily                                        | 12 months                |
| <b>December 31, 2018</b> |               |                      |                                              |                          |
| Common/collective trusts | \$ 17,917,880 | N/A                  | Daily                                        | 12 months                |

# FORUM ENERGY TECHNOLOGIES, INC. 401(k) PLAN

## Notes to Financial Statements

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### 7. Subsequent Events

The Plan has evaluated all subsequent events and transactions through September 28, 2020, the date the financial statements were available for issuance.

Effective May 1, 2020, the Plan was amended to suspend the employer matching contributions.

In June 2020, the Plan entered into an agreement with Fidelity to be the investment custodian and record-keeper and transferred the Plan's total net assets of \$100,781,092 to Fidelity on June 1, 2020.

On January 30, 2020, the World Health Organization ("WHO") announced a global health emergency because of a new strain of coronavirus originating in Wuhan, China (the "COVID-19 outbreak") and the risks to the international community as the virus spreads globally beyond its point of origin. In March 2020, the WHO classified the COVID-19 outbreak as a pandemic, based on the rapid increase in exposure globally.

The full impact of the COVID-19 outbreak continues to evolve as of the date of the audit report. This pandemic has adversely affected global economic activity and greatly contributed to significant deterioration and instability in financial markets. As a result, the Plan's investment portfolio has declined in fair value since December 31, 2019. Because the values of the Plan's individual investments have and will fluctuate in response to changing market conditions, the amount of losses that will be recognized in subsequent periods, if any, and related impact on the Plan's liquidity cannot be determined at this time.

On March 27, 2020, President Trump signed into law the "Coronavirus Aid, Relief, and Economic Security (CARES) Act." The CARES Act, among other things, includes several relief provisions available to tax-qualified retirement plans and their participants. Plan management has evaluated the relief provisions available to plan participants under the CARES Act and has implemented the following provisions effective April 7, 2020:

- Special coronavirus distributions up to \$100,000;
- Increase the available loan amount as described in Note 1 to the lesser of \$100,000 or 100% of the participant's vested account balance;
- Extend the period for loan repayments, if applicable, up to one year; and
- Suspended required minimum distributions for 2020.

## Supplemental Schedule

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# FORUM ENERGY TECHNOLOGIES, INC. 401(k) PLAN

## Form 5500 - Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

**December 31, 2019**

**EIN 61-1488595  
PN 001**

| (a) | (b)                                                      | (c)                                                                                                           | (d)  | (e)                   |
|-----|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------|-----------------------|
|     | Identity of Issue, Borrower,<br>Lessor, or Similar Party | Description of Investment including<br>Maturity Date, Rate of Interest,<br>Collateral, Par, or Maturity Value | Cost | Current Value         |
|     | <b>Interest bearing cash:</b>                            |                                                                                                               |      |                       |
| *   | Wells Fargo/BlackRock                                    | Wells Fargo/ BlackRock Short Term Inv TR                                                                      | **   | \$ 84,724             |
|     |                                                          |                                                                                                               |      | 84,724                |
|     | <b>Common/Collective Trusts:</b>                         |                                                                                                               |      |                       |
| *   | Wells Fargo/BlackRock                                    | WF/BlackRock Russell 2000 Index CIT N                                                                         | **   | 669,071               |
| *   | Wells Fargo/BlackRock                                    | WF/BlackRock S&P MidCap Index CIT N                                                                           | **   | 1,592,367             |
| *   | Wells Fargo/BlackRock                                    | WF/BlackRock S&P 500 Index CIT N                                                                              | **   | 6,698,304             |
| *   | Wells Fargo/BlackRock                                    | WF/BlackRock US Aggreg Bond Index CIT TR                                                                      | **   | 799,644               |
| *   | Wells Fargo/BlackRock                                    | WF/BlackRock S&P 500 Index CIT TR                                                                             | **   | 335,827               |
| *   | Wells Fargo/BlackRock                                    | WF/BlackRock Intl Equity Index CIT TR                                                                         | **   | 241,959               |
| *   | Wells Fargo/BlackRock                                    | WF/BlackRock S&P MidCap Index CIT TR                                                                          | **   | 119,130               |
| *   | Wells Fargo/BlackRock                                    | WF/BlackRock Russell 2000 Index CIT TR                                                                        | **   | 88,227                |
| *   | Wells Fargo/BlackRock                                    | WF/BlackRock Large Cap Value Idx CIT TR                                                                       | **   | 54,530                |
| *   | Wells Fargo/BlackRock                                    | WF/BlackRock Large Cap Growth Idx CIT TR                                                                      | **   | 5,412                 |
| *   | Wells Fargo                                              | WF Stable Return Fund N                                                                                       | **   | 8,797,331             |
|     |                                                          |                                                                                                               |      | 19,401,802            |
|     | <b>Mutual Funds:</b>                                     |                                                                                                               |      |                       |
|     | American Beacon                                          | American Beacon International Equity                                                                          | **   | 498,328               |
|     | American Century                                         | American Century Inflation Adjusted Bond (Inv)                                                                | **   | 1,031,786             |
|     | American Funds                                           | American Funds EuroPacific Growth R6                                                                          | **   | 2,403,440             |
|     | American Funds                                           | American Funds Fundamental Investors R6                                                                       | **   | 1,917,979             |
|     | American Funds                                           | American Funds 2010 Trgt Date Retire R6                                                                       | **   | 752,045               |
|     | American Funds                                           | American Funds 2015 Trgt Date Retire R6                                                                       | **   | 1,033,363             |
|     | American Funds                                           | American Funds 2020 Trgt Date Retire R6                                                                       | **   | 4,160,500             |
|     | American Funds                                           | American Funds 2025 Trgt Date Retire R6                                                                       | **   | 4,809,152             |
|     | American Funds                                           | American Funds 2030 Trgt Date Retire R6                                                                       | **   | 8,605,940             |
|     | American Funds                                           | American Funds 2035 Trgt Date Retire R6                                                                       | **   | 7,340,606             |
|     | American Funds                                           | American Funds 2040 Trgt Date Retire R6                                                                       | **   | 8,633,173             |
|     | American Funds                                           | American Funds 2045 Trgt Date Retire R6                                                                       | **   | 5,607,612             |
|     | American Funds                                           | American Funds 2050 Trgt Date Retire R6                                                                       | **   | 7,147,645             |
|     | American Funds                                           | American Funds 2055 Trgt Date Retire R6                                                                       | **   | 3,445,438             |
|     | American Funds                                           | American Funds 2060 Trgt Date Retire R6                                                                       | **   | 882,245               |
|     | Fidelity                                                 | Fidelity Contrafund                                                                                           | **   | 6,057,257             |
|     | Fidelity                                                 | Fidelity Puritan Fund                                                                                         | **   | 2,064,521             |
|     | Fidelity                                                 | Fidelity Small Cap Value Fund                                                                                 | **   | 919,014               |
|     | PIMCO Funds                                              | PIMCO Income Fund Institutional Class                                                                         | **   | 744,561               |
|     | JP Morgan                                                | JPMorgan High Yield I                                                                                         | **   | 1,103,564             |
|     | Lord Abbett                                              | Lord Abbett Total Return                                                                                      | **   | 3,802,319             |
|     | Oppenheimer                                              | Oppenheimer Developing Mkts R6                                                                                | **   | 856,725               |
|     | T. Rowe Price                                            | T. Rowe Price Equity Income                                                                                   | **   | 2,693,328             |
|     | T. Rowe Price                                            | T. Rowe Price International Discovery                                                                         | **   | 1,430,028             |
|     | T. Rowe Price                                            | T. Rowe Price New Horizons                                                                                    | **   | 7,169,830             |
|     | T. Rowe Price                                            | T. Rowe Price Small Cap Stock                                                                                 | **   | 2,843,461             |
|     | Vanguard                                                 | Vanguard Mid-Cap Growth FD                                                                                    | **   | 3,408,188             |
|     | Vanguard                                                 | Vanguard Selected Value FD                                                                                    | **   | 1,533,926             |
|     |                                                          |                                                                                                               |      | 92,895,974            |
| *   | Notes receivable<br>from participants                    | 949 loans to participants with interest rates ranging<br>ranging from 3.25% to 6.50% due through June 2025    | -    | 4,367,519             |
|     | <b>Total</b>                                             |                                                                                                               |      | <b>\$ 116,750,019</b> |

The above information has been certified by Wells Fargo as being complete and accurate.

\* Denotes a party-in-interest to the Plan.

\*\* Cost information not provided as assets are participant directed.

*See independent auditor's report.*



# **FORUM ENERGY TECHNOLOGIES, INC. 401(k) PLAN**

## **Financial Statements (and Supplemental Schedule)**

**As of December 31, 2019 and 2018, and for the  
Year Ended December 31, 2019**

**FORUM ENERGY TECHNOLOGIES, INC. 401(k) PLAN**

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Financial Statements  
(and Supplemental Schedule)

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

# FORUM ENERGY TECHNOLOGIES, INC. 401(k) PLAN

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All schedules other than those listed above have been omitted since the information is either disclosed elsewhere in the financial statements or not required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended.



## **Independent Auditor's Report**

To the Benefits Committee and Participants of  
Forum Energy Technologies, Inc. 401(k) Plan  
Houston, Texas

### ***Report on the Financial Statements***

We were engaged to audit the accompanying financial statements of Forum Energy Technologies, Inc. 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

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

### ***Auditor's Responsibility***

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

### ***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by 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 a certification from the trustee as of December 31, 2019 and 2018, and for the year ended December 31, 2019, that the information provided to the plan administrator by the trustee is complete and accurate.

### ***Disclaimer of Opinion***

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



***Other Matter***

The supplemental schedule, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2019 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*BDO USA, LLP*

September 28, 2020

## Financial Statements

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# FORUM ENERGY TECHNOLOGIES, INC. 401(k) PLAN

## Statements of Net Assets Available for Benefits

| <i>December 31,</i>                      | 2019                  | 2018                 |
|------------------------------------------|-----------------------|----------------------|
| <b>Assets</b>                            |                       |                      |
| <b>Investments, at Fair Value</b>        |                       |                      |
| Interest bearing cash                    | \$ 84,724             | \$ 42,445            |
| Common/collective trusts                 | 19,401,802            | 17,917,880           |
| Mutual funds                             | 92,895,974            | 76,463,623           |
| <b>Total Investments</b>                 | <b>112,382,500</b>    | <b>94,423,948</b>    |
| <b>Receivables</b>                       |                       |                      |
| Notes Receivable from participants       | 4,367,519             | 3,952,148            |
| Employer contributions                   | 103,709               | 106,866              |
| <b>Total Receivables</b>                 | <b>4,471,228</b>      | <b>4,059,014</b>     |
| <b>Net Assets Available for Benefits</b> | <b>\$ 116,853,728</b> | <b>\$ 98,482,962</b> |

*See accompanying notes to the financial statements.*

# FORUM ENERGY TECHNOLOGIES, INC. 401(k) PLAN

## Statement of Changes in Net Assets Available for Benefits

| <i>Year Ended December 31,</i>                               | <b>2019</b>       |
|--------------------------------------------------------------|-------------------|
| <b>Additions to Net Assets</b>                               |                   |
| <b>Investment Income</b>                                     |                   |
| Net appreciation in common/collective trusts                 | \$ 2,598,168      |
| Net appreciation in mutual funds                             | 17,240,585        |
| Interest and dividend income                                 | 1,211,743         |
| <b>Total Investment Income</b>                               | <b>21,050,496</b> |
| <b>Interest Income on notes receivable from participants</b> | <b>219,043</b>    |
| <b>Contributions</b>                                         |                   |
| Plan sponsor contributions                                   | 5,018,656         |
| Participant contributions                                    | 8,043,744         |
| Rollovers                                                    | 1,328,124         |
| <b>Total Contributions</b>                                   | <b>14,390,524</b> |
| <b>Total Additions to Net Assets</b>                         | <b>35,660,063</b> |
| <b>Deductions from Net Assets</b>                            |                   |
| Benefit payments to participants                             | 17,018,904        |
| Administrative expenses                                      | 270,393           |
| <b>Total Deductions from Net Assets</b>                      | <b>17,289,297</b> |
| <b>Net Increase in Net Assets Available for Benefits</b>     | <b>18,370,766</b> |
| <b>Net Assets Available for Benefits</b>                     |                   |
| Beginning of year                                            | 98,482,962        |
| End of year                                                  | \$ 116,853,728    |

*See accompanying notes to the financial statements.*

# FORUM ENERGY TECHNOLOGIES, INC. 401(k) PLAN

## Notes to Financial Statements

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### 1. Description of Plan

The following description of the Forum Energy Technologies, Inc. 401(k) Plan (the “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 contribution plan established by Forum Energy Technologies, Inc. in July 2006 and has been adopted by certain of its affiliates (collectively referred to herein as the “Plan Sponsor” or “Forum”). The Plan is designed and intended to operate as a safe harbor plan as defined by the plan document. The purpose of the Plan is to offer eligible employees of the Plan Sponsor a means to adopt a regular savings program and to provide a supplement to their retirement income. The Plan is administered by a benefits committee and an investments committee, both established by the Forum Board of Directors. The Plan is subject to the provisions of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (“ERISA”), and any subsequent amendments.

#### *Administration*

The Plan Sponsor is the Plan Administrator and is responsible for the administration and operation of the Plan. Wells Fargo Bank, N.A. (“Wells Fargo” or the “Trustee”) is responsible for the custody and management of the Plan’s assets while Wells Fargo & Trust Company Institutional Retirement & Trust also provides recordkeeping and administrative services to the Plan.

#### *Eligibility*

An employee is eligible to participate in the Plan upon completing 30 days of continuous employment. Union employees, leased employees, non-resident aliens, interns, contractors, residents of Puerto Rico, and temporary employees are not eligible to participate in the Plan.

#### *Participant Contributions*

Participants in the Plan may elect to have up to 75% of their eligible compensation, as defined in the plan document, deferred on a before tax basis, subject to the federal tax law limits including Internal Revenue Code (“IRC”) Section 402(g) limits of \$19,000 in 2019. Participants who have attained the age of 50 before the close of the plan year may make an additional before tax catch-up contribution of up to \$6,000 for 2019. A participant electing to make such contributions is allowed to further elect to have some or all of such contributions designated as Roth contributions made on an after tax basis and also subject to IRC Section 402(g) limits.

#### *Automatic Deferrals*

Any employee who is eligible to make contributions to the Plan on a before tax basis will be automatically enrolled in the Plan and deemed to make elective deferrals equal to 3% of his or her compensation beginning on the first day of the first full payroll period beginning on or immediately after 30 days after the date of such participant’s entry date. The participant can affirmatively elect to opt out of the Plan or change the deferral percentage. A participant’s automatic deferrals shall be invested in the Plan’s default investment fund, unless the participant makes his or her own investment elections with respect to such deferrals.

# FORUM ENERGY TECHNOLOGIES, INC. 401(k) PLAN

## Notes to Financial Statements

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### ***Plan Sponsor Contributions***

The Plan Sponsor makes matching contributions to each participant's account in an amount equal to 100% of the first 3% of compensation deferred by the employee and 50% of next 2% of compensation deferred by the employee. During 2020, the Plan Sponsor suspended the matching contributions to participant's accounts (see Note 7). The Plan Sponsor in its sole discretion may make a profit sharing contribution to participants' accounts at an amount determined by the Plan Sponsor. No profit sharing contributions were authorized for 2019.

### ***Participant Accounts***

Each participant's account is credited with the participant's contributions, Plan Sponsor matching contributions, plan earnings or losses, and any Plan Sponsor discretionary profit sharing contribution. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings or account balances, as defined in the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may allocate their contributions at any time to any or all of the Plan's investment options in multiples of one percent. Subject to certain conditions, participants may rollover and transfer amounts distributed or distributable from another individual retirement arrangement or another qualified retirement plan to the Plan.

### ***Vesting***

Participants are immediately vested in all participant contributions, Plan Sponsor matching contributions and earnings thereon. Vesting in discretionary profit sharing contributions is based on years of service starting with 20% at the end of year one and increasing by 20% each year thereafter until full vesting is achieved after five years. The Plan takes into account a participant's service with companies acquired by Forum and includes certain special provisions for vesting and distributions for certain employees who were formerly participants in plans that were merged with the Plan.

### ***Forfeitures***

Forfeitures of non-vested accounts are first used to offset plan expenses and/or restore previously forfeited account balances, if necessary, and any remaining forfeitures are used to reduce Plan Sponsor contributions. During 2019, no forfeitures were used to reduce plan expenses. During 2019, \$39,022 of forfeitures were used to fund Plan Sponsor matching contributions. At December 31, 2019 and 2018, forfeitures of non-vested accounts totaled \$34,225 and \$39,757, respectively.

### ***Notes Receivable from Participants***

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. A participant may have no more than two outstanding loans at any given time. Loan terms require repayment for a period not to exceed five years at a rate determined by the Plan Sponsor in accordance with the plan document. The notes receivable from participants include loans initiated by the participants from merged plans, which also include loans that had terms of five years or more if used to purchase a primary residence. Loans are repaid ratably through payroll deductions. Upon termination of employment, a participant's loan is due in full. If the loan is not paid in full at termination, the outstanding balance will be considered a taxable distribution and may be subject to penalty.

# FORUM ENERGY TECHNOLOGIES, INC. 401(k) PLAN

## Notes to Financial Statements

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### ***Benefit Payments to Participants***

Distributions and withdrawals from the Plan are governed by applicable Internal Revenue Service (“IRS”) regulations and provisions of ERISA. Penalties may apply in certain instances. The full value of a participant’s account becomes available upon retirement, full and permanent disability, or death. Upon termination of employment, a participant is entitled to receive the vested portion of his or her account balance. Participants may also receive in-service withdrawals from the Plan once they have attained age 59½ or if they are able to demonstrate a severe financial need, subject to certain provisions in the plan document. A participant’s deferrals are suspended for six months after each hardship withdrawal.

### ***Plan Termination***

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the plan document to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested in their employer contributions.

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

### ***Basis of Accounting***

The 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”).

### ***Investment Valuation and Income Recognition***

The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price). See Note 6 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the Plan’s gains and losses on investments that were purchased and sold as well as held during the year.

### ***Benefit Payments to Participants***

Benefit payments to participants are recorded when paid and as a reduction to net assets available for benefits upon distribution.

### ***Use of Estimates***

The preparation of financial statements, in conformity with U.S. GAAP, requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

### ***Notes Receivable from Participants***

Notes receivable from participants is measured at their unpaid principal balance plus any accrued, but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent participant loans are recorded as distributions and are recorded as a reduction to net assets available for benefits. No allowance for credit losses have been recorded as of December 31, 2019 and 2018.

# FORUM ENERGY TECHNOLOGIES, INC. 401(k) PLAN

## Notes to Financial Statements

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### ***Risk and Uncertainties***

The Plan provides for various investment options in a variety of investment securities. Investment securities are exposed to various risks, such as interest rate risk, financial market risk and credit risk. Due to the level of risk associated with investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participant's account balances and the amounts reported in the Plan's financial statements.

### ***Administrative Expenses***

The Plan's expenses are paid either by the Plan or the Plan Sponsor, as provided by the plan document. Expenses that are paid directly by the Plan Sponsor are excluded from these financial statements. Fees related to the administration of notes receivable from participants and other participant-directed expenses are charged directly to the participant's account and are included in expenses of the Plan. Investment related expenses are included in net appreciation of fair value of investments.

### **3. Information Certified by the Trustee**

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate.

| <i><b>December 31,</b></i>                                     | <b>2019</b>  | <b>2018</b> |
|----------------------------------------------------------------|--------------|-------------|
| Interest bearing cash                                          | \$ 84,724    | \$ 42,445   |
| Common/collective trusts                                       | 19,401,802   | 17,917,880  |
| Mutual funds                                                   | 92,895,974   | 76,463,623  |
| Notes receivable from participants                             | 4,367,519    | 3,952,148   |
| <hr/>                                                          |              |             |
| <i><b>Year Ended December 31,</b></i>                          | <b>2019</b>  |             |
| Net appreciation in fair value of common/<br>collective trusts | \$ 2,598,168 |             |
| Net appreciation in fair value of mutual funds                 | 17,240,585   |             |
| Interest and dividend income                                   | 1,211,743    |             |
| Interest income on notes receivable from participants          | 219,043      |             |

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information with related information included in the financial statements and supplemental schedule.

# FORUM ENERGY TECHNOLOGIES, INC. 401(k) PLAN

## Notes to Financial Statements

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### 4. Party-In-Interest Transactions

Certain plan investments are shares of funds managed by the Trustee. The Trustee receives certain fees paid by participants, which are included in the Plan. Fees paid by the Plan include an annual trustee fee, annual participant fee, investment advisory fees, distribution fees and new loan set-up fees. Notes receivable from participants also qualify as party-in-interest transactions. The Plan's management has approved these activities and transactions. Fees paid by the Plan to the Trustee were \$197,103 for the year ended December 31, 2019. Additionally, for the year ended December 31, 2019, there was \$73,290 paid by the Plan to another party-in-interest for investment, enrollment, and relationship management services.

### 5. Income Tax Status

The IRS has determined and informed the Plan Sponsor by an original letter dated May 2, 2011, and updated letter dated June 19, 2017, that the Plan is designed in accordance with applicable sections of the IRC. The Plan has since been amended; however, the Plan Sponsor believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax 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. The Plan Sponsor believes the Plan is no longer subject to income tax examinations for years prior to 2016.

### 6. Fair Value Measurements

U.S. GAAP defines fair value as the price that would be received in the sale of an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. U.S. GAAP also establishes a framework for measuring fair value, and expands disclosures about fair value measurements. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 inputs) and the lowest priority to unobservable inputs (level 3 inputs). The three levels of the fair value hierarchy under U.S. GAAP are described as follows:

- *Level 1* - Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.
- *Level 2* - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:
  - a. Quoted prices for similar assets or liabilities in active markets;
  - b. Quoted prices for identical or similar assets or liabilities in inactive markets;
  - c. Inputs other than quoted prices that are observable for the asset or liability;
  - d. Inputs that are derived principally from or corroborated by observable market data; and by correlation or other means.

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

- *Level 3* - Inputs that are unobservable inputs for the asset or liability.

# FORUM ENERGY TECHNOLOGIES, INC. 401(k) PLAN

## Notes to Financial Statements

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In some cases, a valuation technique used to measure fair value includes inputs from multiple levels of the fair value hierarchy. The asset 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 maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible.

The following is a description for the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2019 and 2018.

- *Interest bearing cash:* Stated at cost, which approximates fair value as the applicable interest rate is comparable to market interest rates.
- *Common/collective trusts:* The fair values of common/collective trusts ("CCT") are stated at net asset value ("NAV"), as provided by Wells Fargo, which is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund (less its liabilities) in relation to the total number of units outstanding. The common/collective trusts are pooled investment vehicles sponsored and maintained by Wells Fargo. The principal value of these contracts is not expected to experience price fluctuations in most economic or interest rate environments. The funds invest primarily in equities, fixed income, mutual funds, pooled separate accounts, other collective investment trusts, or exchange traded funds. Participant transactions (purchases and sales) may occur daily. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.
- *Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the SEC. These funds are required to publish their daily fair value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

There were no transfers between levels for the years ended December 31, 2019 and 2018.

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

# FORUM ENERGY TECHNOLOGIES, INC. 401(k) PLAN

## Notes to Financial Statements

The following fair value hierarchy table presents information about the Plan's investments measured at fair value on a recurring basis as of December 31, 2019 and 2018:

| <i>December 31, 2019</i>                | Level 1       | Level 2 | Level 3 | Total                 |
|-----------------------------------------|---------------|---------|---------|-----------------------|
| Interest bearing cash                   | \$ 84,724     | \$ -    | \$ -    | \$ 84,724             |
| Mutual funds                            | 92,895,974    | -       | -       | 92,895,974            |
| Total investments at fair value         | \$ 92,980,698 | \$ -    | \$ -    | 92,980,698            |
| Investment measured at net asset value* |               |         |         | 19,401,802            |
| <b>Total Investments</b>                |               |         |         | <b>\$ 112,382,500</b> |

  

| <i>December 31, 2018</i>                | Level 1       | Level 2 | Level 3 | Total                |
|-----------------------------------------|---------------|---------|---------|----------------------|
| Interest bearing cash                   | \$ 42,445     | \$ -    | \$ -    | \$ 42,445            |
| Mutual funds                            | 76,463,623    | -       | -       | 76,463,623           |
| Total investments at fair value         | \$ 76,506,068 | \$ -    | \$ -    | 76,506,068           |
| Investment measured at net asset value* |               |         |         | 17,917,880           |
| <b>Total Investments</b>                |               |         |         | <b>\$ 94,423,948</b> |

\* Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized 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 Statements of Net Assets Available for Benefits.

The following tables summarize investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2019 and 2018. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

|                          | Fair Value    | Unfunded Commitments | Redemption Frequency (if currently eligible) | Redemption Notice Period |
|--------------------------|---------------|----------------------|----------------------------------------------|--------------------------|
| <b>December 31, 2019</b> |               |                      |                                              |                          |
| Common/collective trusts | \$ 19,401,802 | N/A                  | Daily                                        | 12 months                |
| <b>December 31, 2018</b> |               |                      |                                              |                          |
| Common/collective trusts | \$ 17,917,880 | N/A                  | Daily                                        | 12 months                |

# FORUM ENERGY TECHNOLOGIES, INC. 401(k) PLAN

## Notes to Financial Statements

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### 7. Subsequent Events

The Plan has evaluated all subsequent events and transactions through September 28, 2020, the date the financial statements were available for issuance.

Effective May 1, 2020, the Plan was amended to suspend the employer matching contributions.

In June 2020, the Plan entered into an agreement with Fidelity to be the investment custodian and record-keeper and transferred the Plan's total net assets of \$100,781,092 to Fidelity on June 1, 2020.

On January 30, 2020, the World Health Organization ("WHO") announced a global health emergency because of a new strain of coronavirus originating in Wuhan, China (the "COVID-19 outbreak") and the risks to the international community as the virus spreads globally beyond its point of origin. In March 2020, the WHO classified the COVID-19 outbreak as a pandemic, based on the rapid increase in exposure globally.

The full impact of the COVID-19 outbreak continues to evolve as of the date of the audit report. This pandemic has adversely affected global economic activity and greatly contributed to significant deterioration and instability in financial markets. As a result, the Plan's investment portfolio has declined in fair value since December 31, 2019. Because the values of the Plan's individual investments have and will fluctuate in response to changing market conditions, the amount of losses that will be recognized in subsequent periods, if any, and related impact on the Plan's liquidity cannot be determined at this time.

On March 27, 2020, President Trump signed into law the "Coronavirus Aid, Relief, and Economic Security (CARES) Act." The CARES Act, among other things, includes several relief provisions available to tax-qualified retirement plans and their participants. Plan management has evaluated the relief provisions available to plan participants under the CARES Act and has implemented the following provisions effective April 7, 2020:

- Special coronavirus distributions up to \$100,000;
- Increase the available loan amount as described in Note 1 to the lesser of \$100,000 or 100% of the participant's vested account balance;
- Extend the period for loan repayments, if applicable, up to one year; and
- Suspended required minimum distributions for 2020.

## Supplemental Schedule

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**FORUM ENERGY TECHNOLOGIES, INC. 401(k) PLAN**  
**Form 5500 - Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2019**

**EIN 61-1488595**  
**PN 001**

| (a) | (b)                                                      | (c)                                                                                                           | (d)  | (e)                   |
|-----|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------|-----------------------|
|     | Identity of Issue, Borrower,<br>Lessor, or Similar Party | Description of Investment including<br>Maturity Date, Rate of Interest,<br>Collateral, Par, or Maturity Value | Cost | Current Value         |
|     | <b>Interest bearing cash:</b>                            |                                                                                                               |      |                       |
| *   | Wells Fargo/BlackRock                                    | Wells Fargo/ BlackRock Short Term Inv TR                                                                      | **   | \$ 84,724             |
|     |                                                          |                                                                                                               |      | 84,724                |
|     | <b>Common/Collective Trusts:</b>                         |                                                                                                               |      |                       |
| *   | Wells Fargo/BlackRock                                    | WF/BlackRock Russell 2000 Index CIT N                                                                         | **   | 669,071               |
| *   | Wells Fargo/BlackRock                                    | WF/BlackRock S&P MidCap Index CIT N                                                                           | **   | 1,592,367             |
| *   | Wells Fargo/BlackRock                                    | WF/BlackRock S&P 500 Index CIT N                                                                              | **   | 6,698,304             |
| *   | Wells Fargo/BlackRock                                    | WF/BlackRock US Aggreg Bond Index CIT TR                                                                      | **   | 799,644               |
| *   | Wells Fargo/BlackRock                                    | WF/BlackRock S&P 500 Index CIT TR                                                                             | **   | 335,827               |
| *   | Wells Fargo/BlackRock                                    | WF/BlackRock Intl Equity Index CIT TR                                                                         | **   | 241,959               |
| *   | Wells Fargo/BlackRock                                    | WF/BlackRock S&P MidCap Index CIT TR                                                                          | **   | 119,130               |
| *   | Wells Fargo/BlackRock                                    | WF/BlackRock Russell 2000 Index CIT TR                                                                        | **   | 88,227                |
| *   | Wells Fargo/BlackRock                                    | WF/BlackRock Large Cap Value Idx CIT TR                                                                       | **   | 54,530                |
| *   | Wells Fargo/BlackRock                                    | WF/BlackRock Large Cap Growth Idx CIT TR                                                                      | **   | 5,412                 |
| *   | Wells Fargo                                              | WF Stable Return Fund N                                                                                       | **   | 8,797,331             |
|     |                                                          |                                                                                                               |      | 19,401,802            |
|     | <b>Mutual Funds:</b>                                     |                                                                                                               |      |                       |
|     | American Beacon                                          | American Beacon International Equity                                                                          | **   | 498,328               |
|     | American Century                                         | American Century Inflation Adjusted Bond (Inv)                                                                | **   | 1,031,786             |
|     | American Funds                                           | American Funds EuroPacific Growth R6                                                                          | **   | 2,403,440             |
|     | American Funds                                           | American Funds Fundamental Investors R6                                                                       | **   | 1,917,979             |
|     | American Funds                                           | American Funds 2010 Trgt Date Retire R6                                                                       | **   | 752,045               |
|     | American Funds                                           | American Funds 2015 Trgt Date Retire R6                                                                       | **   | 1,033,363             |
|     | American Funds                                           | American Funds 2020 Trgt Date Retire R6                                                                       | **   | 4,160,500             |
|     | American Funds                                           | American Funds 2025 Trgt Date Retire R6                                                                       | **   | 4,809,152             |
|     | American Funds                                           | American Funds 2030 Trgt Date Retire R6                                                                       | **   | 8,605,940             |
|     | American Funds                                           | American Funds 2035 Trgt Date Retire R6                                                                       | **   | 7,340,606             |
|     | American Funds                                           | American Funds 2040 Trgt Date Retire R6                                                                       | **   | 8,633,173             |
|     | American Funds                                           | American Funds 2045 Trgt Date Retire R6                                                                       | **   | 5,607,612             |
|     | American Funds                                           | American Funds 2050 Trgt Date Retire R6                                                                       | **   | 7,147,645             |
|     | American Funds                                           | American Funds 2055 Trgt Date Retire R6                                                                       | **   | 3,445,438             |
|     | American Funds                                           | American Funds 2060 Trgt Date Retire R6                                                                       | **   | 882,245               |
|     | Fidelity                                                 | Fidelity Contrafund                                                                                           | **   | 6,057,257             |
|     | Fidelity                                                 | Fidelity Puritan Fund                                                                                         | **   | 2,064,521             |
|     | Fidelity                                                 | Fidelity Small Cap Value Fund                                                                                 | **   | 919,014               |
|     | PIMCO Funds                                              | PIMCO Income Fund Institutional Class                                                                         | **   | 744,561               |
|     | JP Morgan                                                | JPMorgan High Yield I                                                                                         | **   | 1,103,564             |
|     | Lord Abbett                                              | Lord Abbett Total Return                                                                                      | **   | 3,802,319             |
|     | Oppenheimer                                              | Oppenheimer Developing Mkts R6                                                                                | **   | 856,725               |
|     | T. Rowe Price                                            | T. Rowe Price Equity Income                                                                                   | **   | 2,693,328             |
|     | T. Rowe Price                                            | T. Rowe Price International Discovery                                                                         | **   | 1,430,028             |
|     | T. Rowe Price                                            | T. Rowe Price New Horizons                                                                                    | **   | 7,169,830             |
|     | T. Rowe Price                                            | T. Rowe Price Small Cap Stock                                                                                 | **   | 2,843,461             |
|     | Vanguard                                                 | Vanguard Mid-Cap Growth FD                                                                                    | **   | 3,408,188             |
|     | Vanguard                                                 | Vanguard Selected Value FD                                                                                    | **   | 1,533,926             |
|     |                                                          |                                                                                                               |      | 92,895,974            |
| *   | Notes receivable<br>from participants                    | 949 loans to participants with interest rates ranging<br>ranging from 3.25% to 6.50% due through June 2025    | -    | 4,367,519             |
|     | <b>Total</b>                                             |                                                                                                               |      | <b>\$ 116,750,019</b> |

The above information has been certified by Wells Fargo as being complete and accurate.

\* Denotes a party-in-interest to the Plan.

\*\* Cost information not provided as assets are participant directed.

*See independent auditor's report.*