Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

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

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

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
GARDNER DENVER, INC PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1994

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

525 HARBOUR PLACE DRIVE #600
DEPARTMENT 10
DAVIDSON, NC 28036

2b Employer Identification Number (EIN) 76-0419383

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

2d Business code (see instructions) 333200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	JAMES CONWAY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name GARDNER DENVER, INC

c Plan Name GARDNER DENVER, INC PENSION PLAN

4b EIN 76-0419383

4d PN 001

5	Total number of participants at the beginning of the plan year	**5**	883
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	169
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	140
b	Retired or separated participants receiving benefits	**6b**	270
c	Other retired or separated participants entitled to future benefits	**6c**	374
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	784
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	40
f	Total. Add lines **6d** and **6e**.	**6f**	824
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1C 1I

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

- (1) [X] **R** (Retirement Plan Information)
- (2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) [ ] **DCG** (Individual Plan Information) – Number Attached _____
- (5) [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [ ] **A** (Insurance Information) – Number Attached 0
- (4) [X] **C** (Service Provider Information)
- (5) [X] **D** (DFE/Participating Plan Information)
- (6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
GARDNER DENVER, INC PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
INDUSTRIAL TECHNOLOGIES AND SERVICES, LLC

D Employer Identification Number (EIN)
76-0419383

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	30488245
b Actuarial value	**2b**	31159378

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	300	14604459	14604459
b For terminated vested participants	414	12146809	12146809
c For active participants	169	3808047	3871496
d Total	883	30559315	30622764

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.31 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	375000
c Target normal cost	**6c**	375000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/06/2026
Date

JENNIFER MOREL
Type or print name of actuary

26-07955
Most recent enrollment number

FIDELITY INVESTMENTS
Firm name

617-563-7000
Telephone number (including area code)

245 SUMMER STREET V1B
BOSTON, MA 02210
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	397791
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		0
9	Amount remaining (line 7 minus line 8)	0	397791
10	Interest on line 9 using prior year's actual return of 1.34 %	0	5330
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.00 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	403121

Part III Funding Percentages

14	Funding target attainment percentage	14	100.43 %
15	Adjusted funding target attainment percentage	15	101.42 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	111.96 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.07 %	5.31 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	375000
b Excess assets, if applicable, but not greater than line 31a	**31b**	133493

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	241507

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	241507	241507

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

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
GARDNER DENVER, INC PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INDUSTRIAL TECHNOLOGIES AND SERVICES, LLC

D Employer Identification Number (EIN)
76-0419383

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY MGMT TRUST CO

04-3022712

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

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

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

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

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

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

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

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

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

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

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

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

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

FIDELITY MANAGEMENT TRUST CO

04-3022712

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 16 17 27 28 50	ADMIN / ACTUARY/ CONSULT	218347	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INV ASSET MGMT

20-4659714

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INV. ADVISORY	63815	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RUBINBROWN LLP

43-0765316

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDIT	18900	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

FOLEY & LARDNER LLP

39-0473800

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	LEGAL	0	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
GARDNER DENVER, INC PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
INDUSTRIAL TECHNOLOGIES AND SERVICES, LLC

D Employer Identification Number (EIN)
76-0419383

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

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SHORT DURATION POOL

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-016	C	1702998

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INTERMEDIATE DURATION POOL

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-014	C	16292592

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM LONG CORPORATE A OR BETTER - P

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-103	C	1360423

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM LONG U.S. TREASURY STRIPS

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-120	C	1848088

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM 8-10 YR CRP BD CP -A

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-155	C	8315524

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
GARDNER DENVER, INC PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INDUSTRIAL TECHNOLOGIES AND SERVICES, LLC

D Employer Identification Number (EIN)
76-0419383

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	30776279	29519625
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	30776279	29519625
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	30776279	29519625

Part II Income and Expense Statement

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2234162
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2234162
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3086691	
(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)		3086691
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	173247	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	18900	
(5) Investment advisory and investment management fees	2i(5)	63815	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	17500	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	130663	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		404125
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3490816
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1256654
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) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: RUBINBROWN LLP **(2)** EIN: 43-0765316

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 575007.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
GARDNER DENVER, INC PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INDUSTRIAL TECHNOLOGIES AND SERVICES, LLC

D Employer Identification Number (EIN)
76-0419383

Part I Distributions

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

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

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

EIN(s): 04-3275867

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** 49

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

GARDNER DENVER, INC.

PENSION PLAN

FINANCIAL STATEMENTS

December 31, 2025

Index

	Page
Independent Auditor's Report	1
Financial Statements	
Statement of Net Assets Available for Benefits	6
Statement of Changes in Net Assets Available for Benefits	7
Statement of Accumulated Plan Benefits	8
Statement of Changes in Accumulated Plan Benefits	9
Note 1. Description of the Plan	10
Note 2. Summary of Significant Accounting Policies	11
Note 3. Certified Investments	12
Note 4. Fair Value Measurements	12
Note 5. Plan Termination and Pension Benefit Guaranty Corporation Matters	13
Note 6. Party In Interest Transactions	13
Note 7. Risk and Uncertainties	13
Note 8. Income Tax Status	14
Supplemental Schedules	
Schedule H, Line 4(i) Schedule of Assets (Held at End of Year)	16
Schedule H, Line 4(j) Schedule of Reportable Transactions	17

RubinBrown

1200 Main Street
Suite 1000
Kansas City, MO 64105

T: 816.472.1122
E: info@rubinbrown.com
www.RubinBrown.com

CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS CONSULTANTS

Independent Auditors' Report

Ingersoll Rand Benefits Committee
Gardner Denver, Inc. Pension Plan
Davidson, North Carolina

Scope And Nature Of The ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of Gardner Denver, Inc. Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

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

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities For The Audit Of The Financial Statements section:

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis For Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities For The Audit Of The Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities Of Management For The Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities For The Audit Of The Financial Statements

Except as described in the Scope And Nature Of The ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with auditing standards generally accepted in the United States of America will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with auditing standards generally accepted in the United States of America, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Supplemental Schedules Required By ERISA

The supplemental schedules of assets held at end of year as of December 31, 2025 and reportable transactions for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. For information included in the supplemental schedules that agrees to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agrees to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

RubinBrown LLP

October 14, 2026

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

	December 31,	
	2025	**2024**
Assets		
Investments - At Fair Value	$ 29,519,625	$ 30,776,279
Net assets available for benefits	$ 29,519,625	$ 30,776,279

See the independent auditors' report and notes to financial statements

GARDNER DENVER, INC. PENSION PLAN

STATEMENT OF CHANGES NET ASSETS AVAILABLE FOR BENEFITS

	For the Years Ended December 31,	
	2025	**2024**
Investment Income		
Net change in fair value of investments	$ 2,234,162	$ 522,243
Net Investment Income	2,234,162	522,243
Deductions From Net Assets Attributed To:		
Benefits paid directly to participants	3,086,691	4,320,535
Administrative expenses	404,125	576,778
Total Deductions	3,490,816	4,897,313
Net Decrease	(1,256,654)	(4,375,070)
Net assets available for benefits - beginning of year	30,776,279	35,151,349
Net assets available for benefits - end of year	$ 29,519,625	$ 30,776,279

See the independent auditors' report and notes to financial statements

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

	December 31,	
	2025	**2024**
Actuarial Present Value of Accumulated Plan Benefits Vested Benefits		
Participants currently receiving payments	$ 14,677,993	$ 14,686,106
Participants entitled to deferred benefits	11,817,783	12,168,894
Other participants	3,506,640	3,781,059
Total Vested Benefits	30,002,416	30,636,059
Nonvested benefits	60,659	66,753
Total Actuarial Present Value of Accumulated Plan Benefits	$ 30,063,075	$ 30,702,812

See the independent auditors' report and notes to financial statements

GARDNER DENVER, INC. PENSION PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

	For the Years Ended December 31,	
	2025	**2024**
Actuarial Present Value of Accumulated Plan Benefits Vested Benefits - Beginning of Year	$ 30,702,812	$ 34,160,000
Decrease During The Year Attributable To:		
Decrease in discount period	1,579,831	1,569,695
Actuarial gains and losses	161,935	171,116
Additional benefits earned	—	—
Benefits paid directly to participants	(3,086,691)	(4,320,535)
Changes in actuarial assumptions	705,188	(877,464)
Net Decrease	(639,737)	(3,457,188)
Actuarial Present Value of Accumulated Plan Benefits Vested Benefits - End of Year	$ 30,063,075	$ 30,702,812

See the independent auditors' report and notes to financial statements

GARDNER DENVER, INC. PENSION PLAN
Notes to Financial Statements
December 31, 2025 and 2024

Note 1. Description of the Plan

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

General

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

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

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

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

Effective September 11, 2023, the Company purchased group annuity contracts (GACs) to transfer $7,064,846 of Plan obligations and related assets to an insurance company for approximately 430 U.S. retirees and beneficiaries.

Contributions

Contributions from the Company are based upon amounts required to be funded under provisions of ERISA. Employee contributions are not permitted. The Plan is in compliance with applicable ERISA minimum funding requirements for the Plan years ended December 31, 2025 and 2024.

Vesting

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

Years of Service	Vested Percentage
Less than 3 years	— %
3 years or more	100 %

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

Retirement Benefits

Participants (other than those of Lamson and Invensys) may elect early retirement between the ages of 55 and 65. Benefits are received at normal retirement age or, if elected, at a reduced amount at early retirement. Participants have a choice between

various forms of payment, including annuities or a lump-sum payment. Benefit amounts between $1,000 and $5,000 are transferred to an Individual Retirement Account (IRA) in the participant's name (unless distribution of the benefit is requested). Benefit amounts less than $1,000 are paid directly to the participant. Participants electing early retirement can choose to receive a payment of their accumulated plan benefit, if it is between $5,000 and $10,000. Benefit amounts that are over $10,000 are held in the Plan until the participant reaches retirement age.

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

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

Employees who were participants as of October 1, 2002, the date the Hourly Pension Plan merged into the Plan, may receive a lump-sum payment at any time, regardless of the accumulated plan benefit amount.

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

Note 2. Summary of Significant Accounting Policies

Basis Of Accounting

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

Estimates And Assumptions

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

Valuation of Investments And Income Recognition

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

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

Actuarial Present Value Of Accumulated Plan Benefits

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

The actuarial present value of accumulated plan benefits has been actuarially determined and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between

the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of December 31, 2025 are as follows:

Actuarial Cost Method	Unit credit cost method
Discount Rate	5.00% per annum, compounded annually
Retirement Age	55 to 70
Mortality	Pri-2012 Total Mortality Tables projected with MP-2021 45% Blue Collar / 55% White Collar Blend Mortality Improvement Scale applied on a generational basis

Changes In Actuarial Assumptions

The following assumption changed from the December 31, 2024 valuation date:

- The interest rate assumption changed from 5.40% to 5.00%. This is based on an asset allocation of 100% bonds and is within a reasonable range of projected returns of a similar portfolio using a forward looking approach at December 31, 2025.

The foregoing assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2026 and 2025. Had the valuations been performed as of December 31, there would be no material difference.

Administrative Expenses

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

Payment Of Benefits

Benefit payments to participants are recorded when paid.

Subsequent Events

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

Note 3. Certified Investments

Information related to investments disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2025 and 2024, and net change in fair value of investments for the years then ended was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by Fidelity Management Trust Company.

Note 4. Fair Value Measurements

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

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

Common/Collective Trusts

Valued based on the net asset value (NAV) as calculated by the trustee. The NAV is not publicly available but is published to existing clients and service providers. The Plan uses the NAV as a practical expedient to estimate fair value, which is based upon the fair value of the underlying investments. The investments are redeemable daily at the adjusted NAV; however, it is possible that the redemption rights may be restricted or eliminated in the future. Due to the nature of the investments, changes in market conditions, liquidity requirements and the economic environment, the NAV and consequently the fair value of the Plan's investments may be affected. For the Plan years ended December 31, 2025 and 2024, there were no unfunded capital commitments. All common/collective trusts held by the Plan file an annual report on Form 5500 as a direct filing entity.

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

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

There have been no changes in the methodology used at December 31, 2025 or 2024.

Note 5. Plan Termination and Pension Benefit Guaranty Corporation Matters

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

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

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. The PBGC guarantees up to a statutory ceiling on the amount of an individual's monthly pension benefit each year for plan terminations occurring during the year. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Company and the level of benefits guaranteed by the PBGC.

Note 6. Party In Interest Transactions

Fidelity Management Trust Company is the Trustee of the Plan. The Plan invests in funds managed by an affiliate of the Trustee and these transactions qualify as party in interest transactions allowable under ERISA regulations. Fees to the Trustee and affiliate are based on customary and reasonable fees and are paid by the Plan.

Note 7. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes

in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

Note 8. Income Tax Status

The Plan received a favorable determination letter from the Internal Revenue Service (the IRS), dated February 6, 2015, indicating that the Plan, as then designed, was in compliance with the requirements of the Internal Revenue Code (the IRC). The Plan has been amended since receiving the determination letter. However, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently operating in compliance with the applicable requirements of the IRC.

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

Supplemental Schedules

Gardner Denver, Inc. Pension Plan
Form 5500, Schedule H, line 4i — Schedule of Assets (Held at End of Year)
EIN 76-0419383, Plan Number: 001
December 31, 2025

Identity of Issuer	Description	Cost	Current Value
Common/Collective Trusts			
Fidelity Institutional Asset Management*	Intermediate Credit Commingled Pool	$ 15,156,389	$ 16,292,592
Fidelity Institutional Asset Management*	Long Corporate A or Better Commingled Pool	1,178,093	1,360,423
Fidelity Institutional Asset Management*	Long U.S. Treasury Strips Commingled Pool	2,678,387	1,848,088
Fidelity Institutional Asset Management*	Short Duration Commingled Pool	1,486,191	1,702,998
Fidelity Institutional Asset Management*	8 - 10 Year Corporate Bond Commingled Pool	6,385,969	8,315,524
Total Investments		$ 26,885,029	$ 29,519,625

*Represents a party in interest allowable under ERISA regulations

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

Gardner Denver, Inc. Pension Plan
Form 5500, Schedule H, line 4j — Schedule of Reportable Transactions
EIN 76-0419383, Plan Number: 001
For the Year Ended December 31, 2025

Type of Investment	Number of Purchase Transactions	Total Value of Purchases	Number of Sales Transactions	Total Net Selling Price	Expenses Incurred In Transaction	Total Cost of Assets Sold	Current Value of Assets on Transaction Date	Net Gain
Series of Transactions in Excess of 5% of Plan Net Assets								
FIAM Intermediate Credit Purchases*	10	$16,712,991					$ 16,712,991	$ —
FIAM Intermediate Credit Sales*			32	$ 1,619,701		$ 1,556,603	$ 1,619,701	$ 63,098
FIAM Intermediate Duration Purchases*	1	$ 236					$ 236	$ —
FIAM Intermediate Duration Sales*			3	$16,711,588		$14,610,775	$ 16,711,588	$ 2,100,813

*Represents a party in interest allowable under ERISA regulations

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

2025 Form 5500 Schedule SB Attachments
Schedule SB, Line 26a – Schedule of Active Participant Data
Industrial Technologies and Services, LLC.
Gardner Denver, Inc Pension Plan **EIN: 76-0419383**
For Plan Year Ended December 31, 2025 **Plan Number: 001**

Age and Service Distribution of Active Members

	Completed Years of Service on January 1, 2025										
Attained Age	**<1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40+**	**Total**
Under 25	0	0	0	0	0	0	0	0	0	0	**0**
25-29	0	0	0	0	0	0	0	0	0	0	**0**
30-34	0	0	0	0	0	0	0	0	0	0	**0**
35-39	0	0	0	0	2	0	0	0	0	0	**2**
40-44	0	0	0	0	4	4	0	0	0	0	**8**
45-49	0	0	0	0	3	3	4	0	0	0	**10**
50-54	0	0	1	0	7	6	8	4	0	0	**26**
55-59	0	0	0	0	6	6	11	17	2	1	**43**
60-64	0	0	0	0	9	5	4	14	7	14	**53**
65-69	0	0	0	0	3	1	5	2	5	8	**24**
Over 69	0	0	0	0	0	0	0	1	0	2	**3**
Total	**0**	**0**	**1**	**0**	**34**	**25**	**32**	**38**	**14**	**25**	**169**

Actuarial Assumptions and Methods for Funding and ASC 960 Purposes

ERISA Interest Rates as required by IRC Section 430 based on plan sponsor election of the look-back month for the segment rates:

"Minimum" means for the purpose of calculating the PPA funding liability and normal cost for the minimum required contribution.

"Maximum" means for the purpose of calculating the PPA funding liability and normal cost for the maximum tax-deductible contribution.

	2025 Plan Year		**2024 Plan Year**	
Purpose	Minimum	Maximum	Minimum	Maximum
Interest rate type	Stabilized	Non-Stabilized	Stabilized	Non-Stabilized
Segment rates or full yield curve	Segment	Segment	Segment	Segment
Look-back months	**4**	**4**	**4**	**4**
First five years	5.07%	5.07%	4.75%	3.62%
Next 15 years	5.31%	5.33%	4.87%	4.46%
Over 20 years	5.50%	5.36%	5.59%	4.52%
Applicable law for the segment rates corridor	ARPA	Not Applicable	ARPA	Not Applicable

Salary Scale: N/A

Administrative Expenses included in Target Normal Cost:
ERISA: Average of the non-investment related administrative expenses paid from the Trust (net of PBGC premium payments from the Trust) in the prior three years, plus the PBGC premium for the current plan year expected to be paid from Trust.

Actuarial Assumptions and Methods (continued)

Mortality:

ERISA: IRS 2024 Generational Mortality Table as prescribed by IRC Section 430 for plans with more than 500 participants. This is a fully generational mortality table based on the Pri-2012 Total Mortality Tables projected with the adjusted MP 2021 Mortality Improvement Scale with annual mortality improvements capped at 0.78% as required by Secure 2.0 Act. This plan does not have a large enough population to vary from the standard tables (unchanged from previous year).

Interest Credit for Increasing Account Balances:

- 4.04% compounded annually for 2025, based on the September 2024 monthly average and average 30-year Treasury rate for 2025, and
- 4.75% compounded annually for 2026 and subsequent years, based on the December 31, 2024 30-year Treasury rate and recent trends (previously 4.47% for 2024 and 4.00% for 2025 and subsequent years).

Actuarial Assumptions and Methods (continued)

Retirement Rates:
Rates varying by age. This assumption was updated based on an experience study conducted in 2025, reflecting experience from 2020 through 2024.

Age	Assumption
55	5%
56	5%
57	10%
58	10%
59	10%
60	10%
61	10%
62	15%
63	15%
64	15%
65	35%
66	35%
67	35%
68	35%
69	35%
70	100%

Disability Rates: Rates varying by age. There has been no pattern of significant consistent gains or consistent losses related to this decrement.

Sample rates are shown below:

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

Actuarial Assumptions and Methods (continued)

Termination Rates: Rates varying by age and service. This assumption was updated based on an experience study conducted in 2025, reflecting experience from 2020 through 2024.

Age	Assumption
35-49	10%
50-59	5%
60-64	15%
65	0%

Marital Status: 60% of males and females are assumed married, with females 2 years younger than males. This assumption was updated based on an experience study conducted in 2025, reflecting experience from 2020 through 2024.

Maximum Benefit: $275,000 for 2024. For determining limitations under funding amounts and liabilities under FASB ASC 960, no future increases in the IRC Section 415 limit have been reflected.

Maximum Salary: $345,000 for 2024. For determining limitations under funding amounts and liabilities under FASB ASC 960, no future increases in the salary limit have been reflected.

Increase in Consumer Price Index (CPI): 2.00% increase per year. We believe this assumption to be reasonable.

Actuarial Assumptions and Methods (continued)

Form of Payment:

For participants without a cash balance: Single Life Annuity

For active and terminated vested participants with a cash balance:

- 90% are assumed to elect a lump sum
- 10% are assumed to elect an annuity

For future terminated vested participants with a cash balance:

- 10% are assumed to elect an immediate lump sum
- 40% are assumed to elect a deferred to age 62 lump sum
- 50% are assumed to elect a deferred to age 65 lump sum

Assumed election form for annuity options are as follows:

- 30% are assumed to elect a single life annuity
- 30% are assumed to elect a 50% joint and survivor annuity
- 40% are assumed to elect a 100% joint and survivor annuity

This assumption was updated based on an experience study conducted in 2025, reflecting experience from 2020 through 2024.

Data Assumptions: None.

Actuarial Assumptions and Methods (continued)

Actuarial Value of Plan Assets:

The actuarial value of assets is equal to:

a) the market value of assets, including discounted receivables, on the valuation date, less

b) the following percentages of prior years' investment gains (losses):

   i) 67% of the prior year, and
   ii) 33% of the second prior year,

   Investment gains and losses are defined as the excess or deficiency of the expected return on the market value (not to exceed the third segment rate for that year) over the actual return on the market value of assets, including discounted receivables, for any given year.

c) The actuarial value of assets can be neither less than 90% nor greater than 110% of the market value of assets, including discounted receivables.

Shortfall Amortization Charge for ERISA Funding Purposes: Per IRC Section 430(c), the shortfall amortization charge for any plan year is the aggregate total (not less than zero) of the shortfall amortization installments for such plan year with respect to any shortfall amortization base which has not been fully amortized. The shortfall amortization installments are the amounts necessary to amortize the shortfall amortization base of the plan for any plan year in level annual installments over the 15-year period beginning with such plan year.

Actuarial Assumptions and Methods (continued)

Actuarial Cost Method: The unit credit cost method is used for ERISA Funding Target (FT) and FASB ASC 960 purposes. Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service, salary and negotiated benefit increases to date. The liability is then equal to the present value of all benefits for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings, or negotiated benefit increases, to date in both cases. The total normal cost is based upon the sum of the individual normal costs. The target normal cost for funding is equal to the total normal cost plus assumed administrative expenses expected to be paid from the trust.

The projected unit credit method is used for IRS maximum deductible limit cushion amount. Under this method, accrued pension benefits are determined for all eligible active participants reflecting service to date and anticipated salary and negotiated benefit increases to the assumed retirement age. This liability for active participants is then added to the present value of all benefits for inactive participants to determine the total liability under this method.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings and negotiated benefit increases projected to assumed retirement age in both cases. The total normal cost is based upon the sum of the individual normal costs.

Disclosure of Reliance on Models

ProVal valuation software was used to develop the liabilities, financial results, and contribution calculations for the plan year. ProVal, developed by Winklevoss Technologies, has been reviewed by experts at Fidelity Workplace Investing, LLC and deemed appropriate to use for this purpose. Participant data, assumptions, methods, and plan provisions for this Plan were entered and programmed into ProVal and reviewed for completeness.

Gardner Denver, Inc. Pension Plan
Form 5500, Schedule H, line 4j — Schedule of Reportable Transactions
EIN 76-0419383, Plan Number: 001
For the Year Ended December 31, 2025

Type of Investment	Number of Purchase Transactions	Total Value of Purchases	Number of Sales Transactions	Total Net Selling Price	Expenses Incurred In Transaction	Total Cost of Assets Sold	Current Value of Assets on Transaction Date	Net Gain
Series of Transactions in Excess of 5% of Plan Net Assets								
FIAM Intermediate Credit Purchases*	10	$16,712,991					$ 16,712,991	$ —
FIAM Intermediate Credit Sales*			32	$ 1,619,701		$ 1,556,603	$ 1,619,701	$ 63,098
FIAM Intermediate Duration Purchases*	1	$ 236					$ 236	$ —
FIAM Intermediate Duration Sales*			3	$16,711,588		$14,610,775	$ 16,711,588	$ 2,100,813

*Represents a party in interest allowable under ERISA regulations

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
GARDNER DENVER, INC PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Industrial Technologies and Services, LLC

D Employer Identification Number (EIN)
76-0419383

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	30,488,245
b Actuarial value	**2b**	31,159,378

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	300	14,604,459	14,604,459
b For terminated vested participants	414	12,146,809	12,146,809
c For active participants	169	3,808,047	3,871,496
d Total	883	30,559,315	30,622,764

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.31%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	375,000
c Target normal cost	**6c**	375,000

Statement by Enrolled Actuary

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

SIGN HERE

Jennifer Morel — Signature of actuary

10/6/2026 — Date

Jennifer Morel — Type or print name of actuary

2607955 — Most recent enrollment number

FIDELITY INVESTMENTS — Firm name

617-563-7000 — Telephone number (including area code)

245 SUMMER STREET V1B
BOSTON MA 02210 — Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	397,791
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		0
9	Amount remaining (line 7 minus line 8)	0	397,791
10	Interest on line 9 using prior year's actual return of 1.34%	0	5,330
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.00%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	403,121

Part III Funding Percentages

14	Funding target attainment percentage	14	100.43%
15	Adjusted funding target attainment percentage	15	101.42%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	111.96%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [ ] Yes [X] No

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.07 %	5.31 %	5.50%	

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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

Part VI Miscellaneous Items

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

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	375,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	133,493

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	241,507

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	241,507	241,507

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

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

2025 Form 5500 Schedule SB Attachments
Schedule SB, Line 22 – Description of Weighted Average Retirement Age
Industrial Technologies and Services, LLC.
Gardner Denver, Inc, Pension Plan **EIN: 76-0419383**
For Plan Year Ended December 31, 2025 **Plan Number: 001**

Weighted average retirement age shown on line 22 has been calculated assuming a portion of each life that has not retired at each retirement age retires according to the assumed retirement rate shown below, using age 55 to first enter the table and assuming no decrements other than retirement in this calculation. The methodology is illustrated below:

Development of Weighted Average Retirement Age

(1)	(2)		(3)		(4)	(5)
			Retirement		Number	Age X Number Retiring
Age	Lives		Decrement		Retiring	(1) X (4)
55	36.6726	X	0.0464	=	1.7029	93.6576
56	44.7659	X	0.0469	=	2.0983	117.5066
57	51.9274	X	0.0943	=	4.8957	279.0554
58	50.8692	X	0.0943	=	4.7981	278.2906
59	47.9056	X	0.0922	=	4.4193	260.7375
60	49.4335	X	0.0842	=	4.1604	249.6262
61	42.4242	X	0.0822	=	3.4852	212.5954
62	42.1389	X	0.1372	=	5.7828	358.5362
63	39.7618	X	0.1371	=	5.4516	343.4534
64	42.0297	X	0.1370	=	5.7573	368.4690
65	47.5723	X	0.3491	=	16.6058	1079.3785
66	35.7568	X	0.3490	=	12.4789	823.6092
67	28.1084	X	0.3489	=	9.8076	657.1096
68	19.1578	X	0.3488	=	6.6826	454.4136
69	15.3683	X	0.3487	=	5.3592	369.7829
70	9.9161	X	1.0000	=	9.9161	694.1251
71	3.0000	X	1.0000	=	3.0000	213.0000
					106.4016	6,853.3468

Total of (5) Divided by Number Retiring

6,853.3468 / 106.4016

Weighted Average Retirement Age: ***64.41***
Rounded Weighted Average Retirement Age: ***64***

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.
Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

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

Plan Provisions

Name of Plan: Gardner Denver, Inc. Pension Plan

Employer Identification Number / Plan Number: 76-0419383 / 001

Plan History

Mergers:

- Effective April 1, 1997, the Lamson Corporation Pension Plan for Salaried Employees was merged into the Gardner Denver, Inc. Pension Plan.
- Effective January 1, 2001, the Hoffman Salaried Plan was merged into the Gardner Denver, Inc. Pension Plan.
- Effective October 01, 2002, the Gardner Denver Hourly Plan and Hoffman Hourly Plan were merged into the Gardner Denver, Inc. Pension Plan.
- Effective January 15, 2006, the Lamson Corporation Hourly Employees Pension Plan was merged into the Gardner Denver, Inc. Pension Plan.
- Effective January 1, 2007, the three former Thomas Industries plans (Sheboygan, Welch, and Pneumotive) were merged into the Gardner Denver, Inc. Pension Plan.
- Effective August 22, 2011, the LeROI International, Inc. Pension Plan for Union Employees was merged into the Gardner Denver, Inc. Pension Plan.
- Effective April 1, 2021, 27 active participants were divested to GD Energy Products.

Plan Freeze:

Effective October 31, 2006, the Gardner Denver, Inc. Pension Plan was closed to new entrants and Basic Credits ceased accruing. Additional Credits and Transitional Credits ceased accruing on November 14, 2006. Participants continue to earn Interest Credits in the Gardner Denver, Inc. Pension Plan.

Gardner Denver Employees

Effective Date: January 1, 1994, restated effective January 1, 2014, last amended January 1, 2022.

Covered Employees:

- All members of the prior plan on December 31, 1993.
- Employees of the Tulsa, OK facility as of September 1, 1996.
- Employees of the Manteca, CA facility, Princeton, IL facility, or 20th Century Mfg. & Supply Co. in Fort Worth, TX as of February 1, 1998
- Employees at the Indianapolis, IN, Sedalia, MO and Memphis, TN locations covered by the Gardner Denver Hourly Plan and members of the Hoffman Hourly Plan as of October 01, 2002.
- Employees acquired as part of the Nash acquisition as of April 1, 2005
- Participants of Lamson Corporation represented by Federal Labor Union No. 21664 for collective bargaining purposes effective January 15, 2006
- Participants covered under a bargaining agreement between the employer and I.B.E.W. Local No. 1060, AFL-CIO effective January 01, 2007
- Participants at the Skokie Plant who are covered by a collective bargaining agreement effective January 01, 2007
- Participants in the TI Pneumotive Hourly Plan effective January 1, 2007
- Participants in the LeROI International, Inc. Pension Plan for Union Employees effective August 22, 2011

Eligibility: The Plan was closed to new entrants effective October 31, 2006.

Definitions:

Account: an Account was established for each Plan member. The Account consists of one or all of the following parts: Initial Balance, Basic Credits, Transitional Credits, Additional Credits and Interest Credits.

Initial Balance: Equivalent single sum value of Prior Plan accrued benefit as of January 1, 1994.

Basic Credits: 4% of compensation not in excess of the Social Security Wage Base plus 8% of compensation in excess of Social Security Wage Base. Basic Credits were suspended on October 31, 2006.

Transitional Credits: Participants who were active members in the prior plan as of July 1, 1986 were credited with an additional percentage of their compensation for a period

of one to five years, with both the percentage and duration dependent upon their age and credited service as of July 1, 1986.

Additional Credits:

Participants who were active members in the plan as of December 31, 1989 are credited with additional monthly contributions. Additional Credit amounts are based on the member's year of birth. Participants born in 1940 or later will receive Additional Credits based on their year of birth as outlined in the table below:

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

Participants born prior to 1940 will receive Additional Credits based on their year of birth and retiree medical benefit election option. Those that elect the benefit received the "With Cliff" amount, and those who choose not to elect retiree medical benefits received the "Without Cliff" benefit amount outlined in the table below:

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

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

Interest Credits: Annual interest payments applied to Transfer Balance, Basic Credits, and Additional Credits. The interest rate is based on the 30-Year U.S. Treasury bonds for the December of the prior plan year.

Normal retirement date (NRD): The date upon which a member attains age 65.

Year of Service: Each period of an Employee's employment measured in years and days, rounded to the nearest 1/10th of a year, from his Employment Commencement Date to his Severance Date.

Whipsaw Balance: Account balance as of 4/1/2002. For benefit comparison purposes, this balance is projected to NRD using a 6% interest rate, then discounted back to the appropriate determination date using the Interest Crediting rate (30-Year U.S. Treasury bonds for the December of the prior plan year).

Eligibility for Benefits:

NRD: Retirement on NRD.

Early retirement: Optional retirement upon attainment of age 55 and attainment of vesting in their benefit.

Disability: Qualified for benefits under the Long-Term Disability Plan.

Deferred vested: Terminations for reasons other than death or retirement after 5 Years of Service for Initial Balance; 3 Years of Service for all other credits.

Pre-retirement spouse benefit: Death of active participant, or terminated participant with at least 3 Years of Service.

Benefits Paid Upon the Following Events:

Normal retirement: The option below that would provide the greatest monthly income provided the payment form for option B was a single life annuity.

A) The Participant's Account Balance.
B) A Single Life Annuity in the amount of $15.00 per month per Year of Service through January 1, 1994.
C) Whipsaw Balance.

Early retirement: The option below that would provide the greatest monthly income provided the payment form for option B was a single life annuity.

A) The Participant's Account Balance.
B) A Single Life Annuity in the amount of $15.00 per month per Year of Service through January 1, 1994 reduced for early commencement.
C) Whipsaw Balance.

Disability: Participant will continue to accrue Interest Credits, Basic Credits, Additional Credits, and Transfer Credits while disabled. Participants will not earn Basic Credits or Additional Credits after October 31, 2006. At age 65, a monthly benefit or equivalent lump sum becomes payable.

Termination with deferred vested benefit: Vested Account Balance at termination, payable at NRD or reduced as of Early Retirement date if eligible and elected.

Death with pre-retirement spouse benefit: Participant's Account Balance becomes 100% vested upon death. Surviving spouses receive the member's vested Account Balance payable immediately as either a lump sum or Single Life Annuity.

Late retirement: Participant's retirement benefit shall commence not later than the earlier of the following:

A) 60th day after the end of the Plan Year in which the latest of the following occurs
    a. Member's NRD
    b. 10th anniversary of Member's Participation Date
    c. Member's retirement or termination of employment
B) April 1st of the year following the year in which the Member attains age 70-1/2

Forms of Payment:

Normal form (single participants): Single life annuity.

Normal form (married participants): 50% joint and survivor.

Optional forms: Participants who retire under the plan may elect a payment form from the following alternatives:

A) Lump sum payment
B) Single life annuity with or without refund of contributions
C) Certain and Continuous annuity with 10 or 15 year certain periods
D) Joint and Survivor annuity (50%, 75%, or 100%) with or without refund of contributions
E) Social security level income option with or without refund of contributions.

Maximum on Benefits and Pay: All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes: No future plan changes were recognized in determining pension cost.

Former Lamson Corporation Salaried Plan Employees

Effective Date: Merged into Gardner Denver, Inc. Pension Plan effective April 1, 1997, restated effective January 1, 2014, last amended January 1, 2016.

Covered Employees: Eligible employees employed by Lamson Corporation.

Eligibility: The Plan was closed to new entrants effective October 31, 2006.

Definitions:

Normal retirement date (NRD): The minimum of:

A) The first day of the month coincident with or next following a participant's 65th birthday with 5 Years of Service.
B) The first day of the month coincident with or next following a participant's 62nd birthday with 30 Years of Service.

Accrual Service: The Accrual Service credited under the Lamson Corporation Plan prior to April 1, 1997; plus 1 year of Accrual Service for each Plan Year credited with at least 10 Payroll Periods. Partial years will be credited for Plan Years with less than 10 Payroll Periods equal to the number of periods divided by 10.

Accrued Benefit: greatest of a, b, or c below:

A) 1/12th of:
    i. 40% of Average Compensation, reduced by 50% of Primary Social Security Benefit multiplied by Accrued Benefit Adjustment; reduced by:
    ii. Prior plan vested monthly accrued benefit on October 31, 1980 under the Diebold Retirement Plan for Salaried Employees
B) 1/12th of:
    i. 15% of Average Compensation, plus 30% of Average Compensation above Integration Level, multiplied by Accrued Benefit Adjustment, reduced by:
    ii. Prior plan vested monthly accrued benefit on October 31, 1980 under the Diebold Retirement Plan for Salaried Employees
C) Sum of:
    i. $11.00 multiplied by Accrual Service (not exceeding 30 years), plus:
    ii. 1/12th of 20% of Average Compensation in excess of $1,200 multiplied by Accrued Benefit Adjustment, reduced by:
    iii. Prior plan vested monthly accrued benefit on October 31, 1980 under the Diebold Retirement Plan for Salaried Employees

Accrued Benefit Adjustment: Accrual Service as of a given date divided by Accrual Service as of prior plan year before attainment of Normal Retirement Age.

Average Compensation: Compensation for highest five consecutive out of last ten Plan Years.

Early Retirement Date (ERD): The first day of the month coincident with or next following a participants early retirement election.

Late Retirement Date (LRD): The first day of the month coincident with or next following a participants late retirement election, no later than April 1st of the year following the year in which they attain age 70.5.

Payroll Period of Service: Semi-monthly payroll period in which Lamson participant is credited with at least 1 Hour of Service.

Totally and Permanently Disabled: Participant is disabled as a result of sickness or injury and is prevented from being gainfully employed. Participant must also be eligible for and receive a disability benefit under Title II of the Federal Social Security Act.

Vesting Service: The sum of the two service components listed below:

A) Service accrued before April 1, 1997 in accordance with the Lamson Corporation Pension Plan for Salaried Employees provisions
B) 1 Year of Service for each Plan Year in which a Participant is credited with at least 10 or more Payroll Periods of Service

Eligibility for Benefits:

NRD: Retirement on NRD.

Early retirement: The minimum of:

A) Attained age 60 with 15 Years of Service.
B) Attained age 50 with 20 Years of Service.

Late retirement: First day of the month following the month in which the participant ceases to be an employee. Earlier date may apply if the participant is still active when they reach age 70.5.

Deferred vested: Terminations for reasons other than death or retirement after five years of Service. Participants are eligible to receive their partial benefit if not 100% vested at date of termination.

Disability: Deemed Totally and Permanently Disabled prior to the participant's Normal Retirement Date and has 15 years of Accrual Service.

Pre-retirement spouse benefit: Death of Eligible married participants with partially or fully vested Accrued Benefits.

Benefits Paid Upon the Following Events:

Normal retirement: Accrued Benefit.

Early retirement: Accrued Benefit multiplied by the applicable Early Reduction Factor in the table below:

Years Prior to Normal Retirement Date	Early Reduction Factor
0	1.0000
1	0.9095
2	0.8296
3	0.7586
4	0.6954
5	0.6389
6	0.5883
7	0.5428
8	0.5018
9	0.4648
10	0.4312
11	0.4006
12	0.3728
13	0.3474
14	0.3242
15	0.3030

Please note: If NRD is age 62, benefit is reduced from age 62

Late retirement: Accrued Benefit on NRD increased by the following factors.

Years following Normal Retirement Date	Factor
1	1.0600
2	1.1200

3	1.1900
4	1.2600
5	1.3400
6	1.4200
7	1.5000
8	1.5900
9	1.6900
10	1.7900

Termination with deferred vested benefit: Vested Accrued Benefit deferred to NRD.

Disability: Accrued Benefit on date of disability, multiplied by the reduction factors used for Early Retirement above.
Death with pre-retirement spouse benefit: Amount payable is 50% of the benefit payable to the participant assuming termination at the date of death in the form of a 50% joint and survivor annuity and commencement on the later of the participants ERD or date of death.

Forms of Payment:

Normal form: Single Life Annuity

Optional forms: Participants who retire under the plan may elect a payment form from the following alternatives:

A) Certain and Continuous annuity with 5, 10, 15, or 20-year certain periods
B) Joint and Survivor annuity with either 50%, 66-2/3%, 75% or 100% Survivorship benefit amounts

Maximum on Benefits and Pay: All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes: No future plan changes were recognized in determining pension cost.

Former Hoffman Salaried Employees

Effective Date: Merged into Gardner Denver, Inc. Pension Plan effective January 1, 2001, restated effective January 1, 2014, last amended January 1, 2016.

Covered Employees: Eligible employees employed by Hoffman Syracuse plant of Gardner Denver, Inc.

Eligibility: The Plan was closed to new entrants effective October 31, 2006.

Definitions:

Accrued Benefit: sum of:

A) 0.9% of Average Annual Compensation, plus 0.5% of Average Annual Compensation in excess of the integration level, multiplied by Credited Service earned after December 31, 1995 (not to exceed 30 years)
B) Prior accrued benefit under BTR plan as of December 31, 1995

Average Annual Compensation: Compensation for five (5) full highest consecutive calendar years out of last ten (10) full years of employment.

Credited Service: Service accrued under BTR plan prior to January 1, 2002.

Early Retirement Date (ERD): The first day of the month coincident with or next following a participants early retirement election.

Late Retirement Date (LRD): The first day of the month coincident with or next following a participants late retirement election, no later than April 1st of the year following the year in which they attain age 70.5.

Normal retirement date (NRD): The first day of the month coincident with or next following a participant's 65th birthday.

Eligibility for Benefits:

NRD: Retirement on NRD.

Early retirement: Attained age 55 and 10 Years of Service.

Late retirement: First day of the month following the month in which the participant ceases to be an employee. Earlier date may apply if the participant is still active when they reach age 70.5.

Disability: Qualified for benefits under the Long-Term Disability Plan.
Pre-retirement spouse death benefit: Earlier of attaining age 55 and 10 Years of Service or attaining age 65. Participant and surviving spouse must have been married for at least one year.

Deferred vested: Terminations for reasons other than death or retirement after three Years of Service.

Benefits Paid Upon the Following Events:

Normal retirement: Accrued Benefit.

Late retirement: Accrued Benefit on NRD increased with actuarial equivalence using UP84 mortality and 7% interest rate.

Disability: Greater of (no new disability benefits will commence after September 1, 1997):

A) Prior Plan Disability benefit.
B) $15 multiplied by Credited Service.

Death with pre-retirement spouse benefit: 50% of the benefit payable to the participant assuming the participant immediately commenced at the earliest of early retirement, but not later than normal retirement, and elected a 50% joint and survivor annuity.

Termination with deferred vested benefit: Vested Accrued Benefit deferred until NRD.

Forms of Payment:

Normal form (single participants): Single life annuity.

Normal form (married participants): 50% joint and survivor annuity.

Optional forms: Participants who retire under the plan may elect a payment form from the following alternatives:

A) Lump Sum
B) Certain and Continuous annuity with 5 or 10-year certain periods
C) Joint and Survivor annuity with either 50%, 75% or 100% Survivorship benefit amounts

Maximum on Benefits and Pay: All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code.

The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes: No future plan changes were recognized in determining pension cost.

Former Hoffman Hourly Employees

Effective Date: Merged into Gardner Denver, Inc. Pension Plan effective October 1, 2002, restated effective January 1, 2014, last amended January 1, 2016.

Covered Employees: Eligible employees employed by Hoffman Syracuse plant of Gardner Denver, Inc.

Eligibility: The Plan was closed to new entrants effective October 31, 2006.

Definitions:

Accrued Benefit: $20.25 times years of Credited Service.

Credited Service: Elapsed time service accrued under Prior Plan.

Early Retirement Date (ERD): The first day of the month coincident with or next following a participants early retirement election.

Late Retirement Date (LRD): The first day of the month coincident with or next following a participants late retirement election, no later than April 1st of the year following the year in which they attain age 70.5.

Normal retirement date (NRD): The first day of the month coincident with or next following a participant's 65th birthday.

Eligibility for Benefits:

NRD: Retirement on NRD.

Early retirement: Attained age 62 and 10 Years of Service.

Late retirement: First day of the month following the month in which the participant ceases to be an employee. Earlier date may apply if the participant is still active when they reach age 70.5.

Disability: No Disability benefit provided by plan.

Pre-retirement spouse death benefit: Earlier of attaining age 62 and 10 Years of Service or attaining age 65. Participant and surviving spouse must have been married for at least one year.

Deferred vested: Terminations for reasons other than death or retirement after three Years of Service.

Benefits Paid Upon the Following Events:

Normal retirement: Accrued Benefit.

Early retirement: Accrued Benefit reduced by 1/2th of 1% for each month prior to normal retirement.

Late retirement: Accrued Benefit on NRD increased with actuarial equivalence using UP84 mortality and 7% interest rate.

Disability: No Disability benefit provided by plan.

Death with pre-retirement spouse benefit: 50% of the benefit payable to the participant assuming the participant immediately commenced at the earliest of early retirement, but not later than normal retirement, and elected a 50% joint and survivor annuity.

Termination with deferred vested benefit: Vested Accrued Benefit deferred until NRD.

Forms of Payment:

Normal form (single participants): Single life annuity.

Normal form (married participants): 50% joint and survivor annuity.

Optional forms: Participants who retire under the plan may elect a payment form from the following alternatives:

A) Certain and Continuous annuity with 5 or 10 year certain periods
B) Joint and Survivor annuity with either 50%, 66 2/3%, 75% or 100% Survivorship benefit amounts

Maximum on Benefits and Pay: All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes: No future plan changes were recognized in determining pension cost.

Former Lamson Hourly Plan Employees

Effective Date: February 16, 1976, restated effective January 1, 2014, last amended January 1, 2016.

Covered Employees: Collectively bargained employees represented by Federal Labor Union No. 21664.

Eligibility: The Plan was closed to new entrants effective October 31, 2006.

Definitions:

Normal retirement date (NRD): The minimum of:

C) The first day of the month coincident with or next following a participant's 65th birthday.
D) The first day of the month coincident with or next following a participant's 62nd birthday with 5 Years of Service.
E) The first day of the month coincident with or next following a participant's 58th birthday with 30 Years of Service.

Accrual Service: The Accrual Service credited under the Lamson Corporation Hourly Employees Plan prior to February 16, 1976; plus 1 year of Accrual Service for each Plan Year credited with at least 1,500 Hours of Service. Partial years will be credited for Plan Years with less than 1,500 Hours of Service are equal to the 1/12 year of Accrual Service for every 125 Hours of Service worked.

Vesting Service: The sum of the two service components listed below:

D) Service accrued before February 16, 1976 in accordance with the Lamson Hourly Plan provisions
E) 1 Year of Service for each Vesting Computation Period in which an Employee is credited with at least 1,000 Hours of Service

Survivor Annuity Death Benefit Election: Participant election to participate in the survivor benefit.

Survivor Death Benefit Reduction: The participant's Accrued Benefit will be reduced for each partial or full year their spouse is eligible for the Preretirement Survivor Benefit. It shall be reduced 0.5% per year for participants 55 and older, 0.2% per year for participants age 45 to 54, and 0.1% for participants under age 45.

Totally and Permanently Disabled: Participant is disabled as a result of sickness or injury and is prevented from being gainfully employed. Participant must also be eligible for and receive a disability benefit under Title II of the Federal Social Security Act.

Accrued Benefit: $18.50 times Years of Service up to a maximum of 33 Years of Service. Benefits are reduced for each year an affirmative Survivor Annuity Death Benefit Election is made.

Early Retirement Date (ERD): The first day of the month coincident with or next following a participants early retirement election.

Late Retirement Date (LRD): The first day of the month coincident with or next following a participants late retirement election, no later than April 1st of the year following the year in which they attain age 70.5.

Eligibility for Benefits:

NRD: Retirement on NRD.

Early retirement: Attained age 60 with ten Years of Service.

Late retirement: First day of the month following the month in which the participant ceases to be an employee or performs less than 40 Hours-of-Service. Earlier date may apply if the participant is still active when they reach age 70.5.

Deferred vested: Terminations for reasons other than death or retirement after five years of Service. Participants are eligible to receive their partial benefit if not 100% vested at date of termination.

Disability: Deemed Totally and Permanently Disabled prior to the participant's Normal Retirement Date and has 15 years of Accrual Service.

Pre-retirement spouse benefit: Death of Eligible married participants with partially or fully vested Accrued Benefits.

Benefits Paid Upon the Following Events:

Normal retirement: $18.50 times Years of Service up to a maximum of 33 Years of Service. Benefits are reduced for each year an affirmative Survivor Annuity Death Benefit Election is made.

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

Late retirement: Maximum of Accrued Benefit on NRD actuarially increased to LRD or Accrued benefit on LRD.

Termination with deferred vested benefit: Vested Accrued Benefit deferred to NRD.

Disability: Accrued Benefit on date of disability paid through NRD, Death or recovery and a deferred annuity payable at NRD.

Death with pre-retirement spouse benefit: Amount payable is 50% of the benefit payable to the participant assuming termination at the date of death in the form of a 50% joint and survivor annuity and commencement on the participants ERD.

Forms of Payment:

Normal form: Single Life Annuity

Optional forms: Participants who retire under the plan may elect a payment form from the following alternatives:

C) Certain and Continuous annuity with 5, 10, or 15-year certain periods
D) Joint and Survivor annuity with either 50%, 66-2/3%, or 100% Survivorship benefit amounts
E) Lump Sum payment if present value of benefit is $10,000 or less.

Maximum on Benefits and Pay: All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes: No future plan changes were recognized in determining pension cost.

Former Sheboygan Employees

Effective Date: October 01, 1967, restated effective January 1, 2014, last amended January 1, 2016.

Covered Employees: All collectively bargained hourly employees under the agreement between the employer and I.B.E.W. Local No. 1060, AFL-CIO as of December 31, 2006.

Eligibility: The Plan was closed to new entrants effective October 31, 2006.

Definitions:

Normal retirement date (NRD): The first day of the month coincident with or next following a participant's 65th birthday given they have either 5 Years of Service or 5 Years of Participation.

Year of Service: Any calendar year in which a Participant completes at least 1,000 Hours of Service.

Credited Service: The sum of a Participant's Past Service and Future Service used to determine their Accrued Benefit.

Past Service: One Year of Service for each continuous complete year worked between October 1, 1952 and October 1, 1967, irrespective of the number of hours worked.

Future Service: One Year of Service for each year employed, prorated as defined in the Plan Document for the number of hours worked.

Accrued Benefit: $20.50 times Years of Credited Service.

Early Retirement Date (ERD): The first day of the month coincident with or next following a participants early retirement election.

Late Retirement Date (LRD): The first day of the month coincident with or next following a participants late retirement election.

Eligibility for Benefits:

NRD: Retirement on NRD.

Early retirement: Attained age 62 and 10 Years of Service

Late retirement: Commencement of a Participant's benefit after their Normal Retirement Date, but before their Required Beginning Date.

Disability: Deemed disabled by the Social Security Administration and attained age 50 and 10 Years of Service.

Pre-retirement spouse death benefit: Earlier of attaining 5 Years of Service or attaining age 65. Participant and surviving spouse must have been married for at least one year.

Deferred vested: Terminations for reasons other than death or retirement after five Years of Service.

Benefits Paid Upon the Following Events:

Normal retirement: $20.50 times years of Credited Service.

Early retirement: Accrued Benefit multiplied by the applicable Early Reduction Factor in the table below:

Years Prior to Normal Retirement Date	Early Reduction Factor
0	1.0000
1	0.9120
2	0.8350
3	0.7670

Late retirement: Accrued Benefit on NRD, Actuarially Increased for any months worked past NRD in which the participant accrued at least 40 Hours of Service.

Disability: $200.00 per month, reduced by any Employer-paid insurance benefits or Worker's Compensation benefits, payable until NRD at which point the participant will receive his Accrued Benefit.

Death with pre-retirement spouse benefit: For participants with an attained age of 62 and ten Years of Service the amount payable is 50% of the benefit payable to the participant assuming the participant immediately commenced early retirement and elected a 50% joint and survivor annuity. If the participant does not meet the above criteria, but has at least 5 Years of Service then the amount payable is 50% of the benefit payable to the participant assuming termination at the date of death in the form

of a 50% joint and survivor annuity and commencement at the participant's earliest retirement age.

Termination with deferred vested benefit: Vested Accrued Benefit deferred until NRD.

Forms of Payment:

Normal form (single participants): Single life annuity.

Normal form (married participants): 50% joint and survivor annuity.

Optional forms: Participants who retire under the plan may elect a lump sum provided their benefit is less than $10,000, a joint and survivor annuity (50%, 66 2/3%, or 100%), or a social security level income option.

Maximum on Benefits and Pay: All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes: No future plan changes were recognized in determining pension cost.

Former Welch Employees

Effective Date: January 01, 1970, restated effective January 1, 2014, last amended January 1, 2016.

Covered Employees: Hourly employees at the Skokie Plan covered by a collective bargaining agreement.

Eligibility: The Plan was closed to new entrants effective October 31, 2006.

Definitions:

Normal retirement date (NRD): The minimum of:

A) The first day of the month coincident with or next following a participant's 65th birthday.
B) The first day of the month coincident with or next following a participant's 62nd birthday with 30 Years of Service.

Year of Benefit Service: Participants are entitled to 1/12th of a year of Benefit Service for each full calendar month they are actively employed.

Credited Service: A Participant's total years of service after attaining 18 years old, including leaves of absence which are credited at a rate of 40 hours per week.

Accrued Benefit: The sum of:

A) $25.00 times Years of Benefit Service after January 1, 1970.
B) Prior pension plan frozen benefit.
C) Prior profit sharing plan frozen benefits.

Early Retirement Date (ERD): The first day of the month coincident with or next following a participant's early retirement election.

Late Retirement Date (LRD): The first day of the month coincident with or next following a participant's late retirement election.

Eligibility for Benefits:

Normal Retirement: Retirement on NRD.

Early retirement: Attained age 55 with 15 years of Credited Service

Late retirement: No Maximum Age.

Disability: Deemed totally and permanently disabled by the Social Security Administration after completing at least 15 Years of Service.
Pre-retirement spouse benefit: 5 Years of Service.

Deferred vested: Terminations for reasons other than death or retirement after five years of Vesting Service.

Benefits Paid Upon the Following Events:

Normal retirement: Accrued Benefit, equal to $25.00 for each year of Benefit Service accrued under the plan.

Early retirement: Accrued Benefit reduced by ½% for each month that payments precede NRD.

Late retirement: Accrued Benefit on LRD.

Disability: Immediate unreduced Accrued Benefit upon disability, payable for life.
Death with pre-retirement spouse benefit: For participants with an attained age of 55 and 15 Years of Service the amount payable is 50% of the benefit payable to the participant assuming the participant immediately commenced early retirement and elected a 50% joint and survivor annuity. If the participant does not meet the above criteria, but has at least 5 Years of Service then the amount payable is 50% of the benefit payable to the participant assuming termination at the date of death in the form of a 50% joint and survivor annuity and commencement at the participant's earliest retirement age.

Termination with deferred vested benefit: Vested Accrued Benefit deferred until NRD, or reduced by the Early Retirement Factors outlined if commenced on Early Retirement Date.

Forms of Payment:

Normal form (single participants): Single life annuity.

Normal form (married participants): 50% joint and survivor annuity.

Optional forms: Participants who retire under the plan may elect a lump sum, a joint and survivor annuity (50% or 100%), or a certain and life option with a ten-year certain period.

Maximum on Benefits and Pay: All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes: No future plan changes were recognized in determining pension cost.

Former Pneumotive Employees

Effective Date: April 01, 2001, restated effective January 1, 2014, last amended January 1, 2016.

Covered Employees: Hourly employees hired on or before March 06, 1993.

Eligibility: The Plan was closed to new entrants effective October 31, 2006.

Definitions:

Normal retirement date (NRD): The last day of the calendar month in which a participant attains Age 65.

Groups: Members of Groups 1, 2, and 3 are defined in the Plan Document.

Credited Service: One Year for each Plan Year in which an employee completes at least 1,680 Hours of Service. Partial years of service are earned for each 168 hours of service or major fraction thereof completed.

TI Plan: The term "TI Plan" means the TI Pneumotive Hourly Pension Plan.

Accrued Benefit:

Group 1: Benefit amount based on final 30 years of service according to the following benefit schedule:

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

3/4/2002 to 3/2/2003	$15.50
3/3/2003 to 2/29/2004	$16.00
3/1/2004 and later	$16.50

Group 2: Benefit amount based on final 10 years of service but no less than service earned as of March 7, 1994 and according to the following benefit schedule:

Period of Service	Per Year of Service
3/1/1971 to 3/7/1986	$8.00
3/8/1986 to 3/7/1987	$8.50
3/8/1987 to 3/5/1989	$9.00
3/6/1989 to 3/4/1990	$9.50
3/5/1990 to 3/3/1991	$10.00
3/4/1991 to 3/1/1992	$10.50
3/2/1992 and later	$11.00

Group 3: Benefit amount based on lesser of final 30 years of service and service earned after March 7, 1994.

Period of Service	Per Year of Service
3/1/1971 to 3/7/1986	$8.00
3/8/1986 to 3/7/1987	$8.50
3/8/1987 to 3/5/1989	$9.00
3/6/1989 to 3/4/1990	$9.50
3/5/1990 to 3/3/1991	$10.00
3/4/1991 to 3/1/1992	$10.50
3/2/1992 and later	$11.00

Public Disability Benefit: Monthly disability benefit paid by the company if a participant terminates employment because of disability before retirement.

Early Retirement Date (ERD): The last day in the month of a participant's early retirement election.

Late Retirement Date (LRD): The last day of the month of a participant's late retirement election.

Eligibility for Benefits:

NRD: Retirement at NRD

Early retirement: Attained age 60 with 10 Years of Service.

Late retirement: No Maximum Age.

Disability: Deemed disabled by the Social Security Administration with attained age of 60 and 10 Years of Service.

Pre-retirement spouse benefit: 5 Years of Service.

Deferred vested: Terminations for reasons other than death or retirement after five Years of Service.

Benefits Paid Upon the Following Events:

Normal retirement: Accrued Benefit.

Early retirement: Accrued Benefit reduced by 1/180th for each month that payments precede NRD.

Late retirement: Accrued Benefit on LRD.

Disability: Greater of:
A) Participant's Accrued Benefit reduced by the Public Disability Benefit paid by the company for those under 65.
B) $55.00 monthly single life annuity

Death with pre-retirement spouse benefit: For participants with an attained age of 60 and 10 Years of Service the amount payable is 50% of the benefit payable to the participant assuming the participant immediately commenced early retirement and elected a 50% joint and survivor annuity. If the participant does not meet the above criteria, but has at least 5 Years of Service then the amount payable is 50% of the benefit payable to the participant assuming termination at the date of death in the form of a 50% joint and survivor annuity and commencement at the participant's earliest retirement age.

Termination with deferred vested benefit: Vested Accrued Benefit deferred to NRD.

Forms of Payment:

Normal form (single participants): Single life annuity.

Normal form (married participants): 50% joint and survivor annuity.

Optional forms: Participants who retire under the plan may elect a lump sum provided their benefit is less than $10,000, a joint and survivor annuity (50%, or 100%), or a social security level income option.

Maximum on Benefits and Pay: All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes: No future plan changes were recognized in determining pension cost.

Former LeROI Employees

Effective Date: October 01, 1991, restated effective January 1, 2014, last amended January 1, 2016.

Covered Employees: Members of Predecessor Plan and Members of the Union hired through January 01, 1993.

Eligibility: The Plan was closed to new entrants effective October 31, 2006.

Definitions:

Normal retirement date (NRD): The first day of the month coincident with or next following a participant's 65th birthday.

Credited Service: Completed full years and completed fractions of years. Each full twelve months of service constitutes a full year of credited service. Partial years of service shall be rounded to the nearest one-twelfth of a year. Credited Service will not accrue past March 31, 2000.

Continuous Service: Completed full years and completed fractions of years. Each full twelve months of service constitutes a full year of credited service. Partial years of service shall be rounded to the nearest one-twelfth of a year. Continuous Service is calculated from the latter of October 01, 1991 and the participants date of hire.

Accrued Benefit: The sum of: $18.00 times Years of Credited Service.

Early Retirement Date (ERD): The first day of the month coincident with or next following a participants early retirement election.

Late Retirement Date (LRD): The first day of the month coincident with or next following a participants late retirement election.

Eligibility for Benefits:

NRD: Retirement at NRD.

Early retirement: Attained age 55 with 10 years of Continuous Service.

Late retirement: First of the month coincident or following termination of employment, no later than the Required Minimum Distribution date.

Pre-retirement spouse benefit: Death with a vested benefit and participant was Early Retirement eligible. Benefit can be deferred until eligibility is attained.

Deferred vested: Terminations for reasons other than death or retirement after five years of Continuous Service.

Benefits Paid Upon the Following Events:

Normal retirement: Accrued Benefit.

Early retirement: Accrued Benefit reduced by ½% for each month that payments precedes his 62nd birthday, provided reduction is not greater than an actuarial equivalence factor.

Late retirement: Accrued benefit on LRD.

Death with pre-retirement spouse benefit: The amount payable is 50% of the benefit payable to the participant in the form of a 50% joint and survivor annuity and commencement at the participant's earliest retirement age. For participants that die after attaining early retirement eligibility, the benefit amount is the maximum of the previous death benefit and 40% of the member Accrued Benefit, unreduced for early retirement, as of the date of death.

Termination with deferred vested benefit: Vested Accrued Benefit deferred to NRD. Participants with 10 years of Continuous Service are eligible for Early Retirement.

Forms of Payment:

Normal form (single participants): Single life annuity.

Normal form (married participants): 50% joint and survivor annuity.

Optional forms: Participants who retire under the plan may elect a joint and survivor annuity (50%, 66 2/3%, 75%, or 100%), or a certain and continuous with a 10 year certain period.

Maximum on Benefits and Pay: All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes: No future plan changes were recognized in determining pension cost.

Gardner Denver, Inc. Pension Plan
Form 5500, Schedule H, line 4i — Schedule of Assets (Held at End of Year)
EIN 76-0419383, Plan Number: 001
December 31, 2025

Identity of Issuer	Description	Cost	Current Value
Common/Collective Trusts			
Fidelity Institutional Asset Management*	Intermediate Credit Commingled Pool	$ 15,156,389	$ 16,292,592
Fidelity Institutional Asset Management*	Long Corporate A or Better Commingled Pool	1,178,093	1,360,423
Fidelity Institutional Asset Management*	Long U.S. Treasury Strips Commingled Pool	2,678,387	1,848,088
Fidelity Institutional Asset Management*	Short Duration Commingled Pool	1,486,191	1,702,998
Fidelity Institutional Asset Management*	8 - 10 Year Corporate Bond Commingled Pool	6,385,969	8,315,524
Total Investments		$ 26,885,029	$ 29,519,625

*Represents a party in interest allowable under ERISA regulations

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

Change in Actuarial Assumptions

Interest Credit for Increasing Account Balances:

- 4.04% compounded annually for 2025, based on the September 2024 monthly average and average 30-year Treasury rate for 2025, and
- 4.75% compounded annually for 2026 and subsequent years, based on the December 31, 2024 30-year Treasury rate and recent trends (previously 4.47% for 2024 and 4.00% for 2025 and subsequent years).

Retirement Rates:

Rates varying by age. This assumption was updated based on an experience study conducted in 2025, reflecting experience from 2020 through 2024.

Age	Assumption
55	5%
56	5%
57	10%
58	10%
59	10%
60	10%
61	10%
62	15%
63	15%
64	15%
65	35%
66	35%
67	35%
68	35%
69	35%
70	100%

Termination Rates: Rates varying by age and service. This assumption was updated based on an experience study conducted in 2025, reflecting experience from 2020 through 2024.

Age	Assumption
35-49	10%
50-59	5%
60-64	15%
65	0%

Marital Status: 60% of males and females are assumed married, with females 2 years younger than males. This assumption was updated based on an experience study conducted in 2025, reflecting experience from 2020 through 2024.

Form of Payment:

For participants without a cash balance: Single Life Annuity

For active and terminated vested participants with a cash balance:

- 90% are assumed to elect a lump sum
- 10% are assumed to elect an annuity

For future terminated vested participants with a cash balance:

- 10% are assumed to elect an immediate lump sum
- 40% are assumed to elect a deferred to age 62 lump sum
- 50% are assumed to elect a deferred to age 65 lump sum

Assumed election form for annuity options are as follows:

- 30% are assumed to elect a single life annuity
- 30% are assumed to elect a 50% joint and survivor annuity
- 40% are assumed to elect a 100% joint and survivor annuity

This assumption was updated based on an experience study conducted in 2025, reflecting experience from 2020 through 2024.