

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 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan SIMPLEX TIME RECORDER PENSION PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">063</td> </tr> <tr> <td colspan="2">1c Effective date of plan 11/30/1958</td> </tr> </table>	1b Three-digit plan number (PN) ▶	063	1c Effective date of plan 11/30/1958	
1b Three-digit plan number (PN) ▶	063				
1c Effective date of plan 11/30/1958					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) TYCO INTERNATIONAL MANAGEMENT COMPANY, LLC 9 ROSZEL RD. PRINCETON, NJ 08540	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 20-5073412</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 609-720-4200</td> </tr> <tr> <td>2d Business code (see instructions) 332900</td> </tr> </table>	2b Employer Identification Number (EIN) 20-5073412	2c Plan Sponsor's telephone number 609-720-4200	2d Business code (see instructions) 332900	
2b Employer Identification Number (EIN) 20-5073412					
2c Plan Sponsor's telephone number 609-720-4200					
2d Business code (see instructions) 332900					

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.	10/09/2015	MINDY EBERT
	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
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor TYCO INTERNATIONAL MANAGEMENT COMPANY ADMINISTRATIVE COMMITTEE 9 ROSZEL RD. PRINCETON, NJ 08540		3b Administrator's EIN 02-0328430
		3c Administrator's telephone number 609-720-4200
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 6435
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) 1769
a(2) Total number of active participants at the end of the plan year		6a(2) 1634
b Retired or separated participants receiving benefits		6b 1571
c Other retired or separated participants entitled to future benefits.....		6c 2829
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 6034
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 359
f Total. Add lines 6d and 6e		6f 6393
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1C 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 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 _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
--	---	--

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014	
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 SIMPLEX TIME RECORDER PENSION PLAN	B Three-digit plan number (PN) 063
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TYCO INTERNATIONAL MANAGEMENT COMPANY, LLC	D Employer Identification Number (EIN) 20-5073412
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2014			
2	Assets:			
	a Market value	2a	329856663	
	b Actuarial value	2b	308719416	
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	1814	139660975	139660975
	b For terminated vested participants	2892	87996808	87996808
	c For active participants	1804	80904277	82929130
	d Total	6510	308562060	310586913
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	6.55%	
6	Target normal cost	6	2630000	

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		10/07/2015
	Signature of actuary	Date
MATTHEW KUMPF	Type or print name of actuary	14-07351
		Most recent enrollment number
MERCER	Firm name	212-345-7000
		Telephone number (including area code)
1166 AVENUE OF THE AMERICAS NEW YORK, NY 10036	Address of the firm	

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	580804
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	580804
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>14.85</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		5669692
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 <u>6.38</u> %		324671
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		86249
c Total available at beginning of current plan year to add to prefunding balance		6080612
d Portion of (c) to be added to prefunding balance		5821132
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	5821132

Part III Funding Percentages		
14 Funding target attainment percentage	14	97.52 %
15 Adjusted funding target attainment percentage	15	97.52 %
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	89.39 %
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
10/14/2014	160000	0			
01/13/2015	2000000	0			
04/13/2015	3400000	0			
07/13/2015	2300000	0			
			Totals ►	18(b)	7860000
				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	7247693
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
0	0	0
		(4) 4th
		0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
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 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	2630000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	7688629		6189130
b Waiver amortization installment			
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	8819130	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	5821132	5821132
36 Additional cash requirement (line 34 minus line 35).....	36	2997998	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	7247693	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	4249695	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	4249695	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>SIMPLEX TIME RECORDER PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>063</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TYCO INTERNATIONAL MANAGEMENT COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>20-5073412</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

36-2723087

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

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

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

(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)

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	662712	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	174907	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UBS GLOBAL ASSET MANAGEMENT

36-3664388

(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?
28	NONE	156828	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MERCER

13-2834414

(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	NONE	145372	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PIMCO

33-0629048

(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?
28	NONE	88764	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INSTITUTIONAL CAPITAL

36-3797034

(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?
28	NONE	87595	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

T ROWE PRICE STABLE ASSET MGMT INC.

52-0556948

(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?
28	NONE	75166	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REEDSMITH LLP

25-0749630

(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	NONE	74238	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DODGE & COX

94-1441976

(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?
28	NONE	63086	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BLACKROCK INSTITUTIONAL TRUST

77-1060936

(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?
28	NONE	55954	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LORD ABBETT & COMPANY

13-5620131

(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?
28	NONE	55335	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STERLING CAPITAL MANAGEMENT, LLC

56-2226389

(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?
28	NONE	50731	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DIMENSIONAL FUND ADVISORS INC.

36-3129984

(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?
28	NONE	29793	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

O'BRIEN RILEY & RYAN, P.C.

04-3176941

(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	NONE	13130	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

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:

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>SIMPLEX TIME RECORDER PENSION PLAN</u>		B Three-digit plan number (PN) ► <u>063</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TYCO INTERNATIONAL MANAGEMENT COMPANY, LLC</u>		D Employer Identification Number (EIN) <u>20-5073412</u>

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)	11900000	7700000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	318175949	348026055
(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)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	330075949	355726055

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	300968	486048
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	300968	486048

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	329774981	355240007
---	-----------	-----------	-----------

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)	7860000	
(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)		7860000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		35272302
(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		43132302

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	14569535	
(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)		14569535
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	1070594	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	663260	
(4) Other.....	2i(4)	1363887	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		3097741
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		17667276

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		25465026
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: O'BRIEN, RILEY & RYAN

(2) EIN: 04-3176941

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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.)		X	
4c			
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.).....		X	
4d			
e Was this plan covered by a fidelity bond?	X		25000000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
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?.....		X	
4g			
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?.....		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
4i			
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.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
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?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>		<div>Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110 2014 This Form is Open to Public Inspection.</div>	
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014					
A Name of plan SIMPLEX TIME RECORDER PENSION PLAN				B Three-digit plan number (PN) ▶	063
C Plan sponsor's name as shown on line 2a of Form 5500 TYCO INTERNATIONAL MANAGEMENT COMPANY, LLC				D Employer Identification Number (EIN) 20-5073412	
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): 36-1561860					
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	0
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					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2014 v. 140124	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: 60.7% Investment-Grade Debt: 38.9% High-Yield Debt: 0.4% Real Estate: 0.0% Other: 0.0%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☒ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Simplex Time Recorder Pension Plan

Financial Statements

December 31, 2014

Simplex Time Recorder Pension Plan

Table of Contents

	Page(s)
Report of Independent Accountants	2
Statement of Net Assets Available for Benefits as of December 31, 2014 and 2013	3
Statement of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2014 and 2013	4
Notes to Financial Statements	5-20

Supplemental Schedules: *

* Certain schedules are included with Form 5500 of the Master Trust (Annual Return/Report of Employee Benefit Plan) filed with the Department of Labor for the plan year ended December 31, 2014 and are not required to be disclosed for this Plan.



Report of Independent Accountants

To the Participants and Administrator
of the Simplex Time Recorder Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Simplex Time Recorder Pension Plan, which comprise the statement of net assets available for benefits as of December 31, 2014 and 2013, the related statement of changes in net assets available for benefits for the years ended December 31, 2014 and 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by The Northern Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

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

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

Braintree, Massachusetts
September 29, 2015

O'Brien Riley & Ryan PC

Simplex Time Recorder Pension Plan
Statement of Net Assets Available for Benefits

	December 31,	
	2014	2013
Assets		
Investment in the Tyco Master Trust, at fair value	\$ 348,026,055	\$ 318,175,949
Employer Contributions Receivable	<u>7,700,000</u>	<u>11,900,000</u>
Total Assets	355,726,055	330,075,949
Liabilities		
Administrative Expenses Payable	<u>486,048</u>	<u>300,968</u>
Net Assets Available for Benefits	<u>\$ 355,240,007</u>	<u>\$ 329,774,981</u>

The accompanying notes are an integral part of the financial statements.

Simplex Time Recorder Pension Plan
Statement of Changes in Net Assets Available for Benefits

	Year Ended December 31,	
	2014	2013
Additions		
Plan Interest in the Tyco Master Trust		
Net Investment Income	\$ 35,272,302	\$ 41,845,465
Employer Contributions	7,860,000	17,840,000
Total Additions	43,132,302	59,685,465
Deductions		
Benefit Payments	14,569,535	13,970,954
Administrative Expenses	3,097,741	2,461,837
Total Deductions	17,667,276	16,432,791
Net Increase	25,465,026	43,252,674
Net Assets Available for Benefits		
Beginning of Year	329,774,981	286,522,307
End of Year	\$ 355,240,007	\$ 329,774,981

The accompanying notes are an integral part of the financial statements.

Simplex Time Recorder Pension Plan
Notes to Financial Statements
December 31, 2014

1. DESCRIPTION OF PLAN

The following brief description of the Simplex Time Recorder Pension Plan (the "Plan"), formerly the Simplex Time Recorder Company Employees' Pension Plan, is provided for general information purposes only. Selected Plan provisions are described below. Participants should refer to the Plan document and summary of Plan description for more complete information regarding the terms of the Plan.

General

The Plan is a trustee, noncontributory, defined benefit pension plan which covers virtually all United States employees of Simplex Time Recorder Co. (the "Company") who completed one year of service and attained age 21 prior to December 31, 2001. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and the Internal Revenue Code of 1986, as amended (the "Code").

Effective December 31, 2001, all future participation under the Plan ceased. Annual cash balance credits on account of compensation or service and transition credits for cash balance accounts were no longer provided, except for those participants who are eligible for special transition credits as provided for in the restated Plan document effective January 1, 2001.

The Company is part of a controlled group of entities with Tyco International Management Company, LLC ("TIMCO LLC"), which is the Plan Sponsor.

Funding Policy

The Plan Sponsor's funding policy is to make all required contributions to the pension plan in accordance with applicable pension laws and regulations. Additional voluntary contributions (in excess of required minimum amounts) are periodically considered based on their individual merits. The Company's contributions for 2014 and 2013 met the minimum funding requirements under ERISA.

Although 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.

Pension Benefits

Participants are entitled to annual pension benefits beginning at normal retirement age of 65 based on the participant's calculated balance which consists of the following:

- 1) Opening balance credit for benefits earned through December 31, 1988.
- 2) Annual transition credits for active participants on January 1, 1989 credited through 1998; Annual transition credits for active participants on January 1, 2002 credited through 2006. Transition credits are equal to a percentage of compensation based on age and years of benefit service as of December 31, 1988 and December 31, 2001, respectively.
- 3) Annual credits equal to a percentage of compensation based on age and years of benefit service.
- 4) Annual interest credits for computation years shall not exceed 6% based on regulations issued under the Pension Protection Act of 2006, as amended.

Simplex Time Recorder Pension Plan
Notes to Financial Statements
December 31, 2014

Pension Benefits, continued

The Plan permits early retirement at age 55 and 10 years of vesting service. Retirement benefits are normally paid in equal monthly installments for life to unmarried employees and on a reduced basis 50% for married participants with the reduced benefit paid to the designated beneficiary for life.

Participants may elect the following:

- a) An unreduced benefit payable for his/her lifetime only.
- b) A percentage (100%, 75%, 66-2/3% or 50%) of the reduced benefit continued to a designated beneficiary for life.
- c) A reduced benefit for life with a guarantee that no less than 120 payments will be made.

Vesting

Accrued benefits vest at the earlier of: normal retirement age, completion of five years of vesting service; three years after January 1, 2008, or complete or partial plan termination. Effective January 1, 2008, a participant will need to complete three years of service to be 100% vested.

Disability and Death Benefits

Participants who terminate employment due to total and permanent disability or spouses of vested participants who die may be entitled to receive benefits under this Plan.

Administrative Expenses

Insurance premiums, trustee service charges, audit fees, investment related fees and certain administrative and actuarial fees are paid by the Plan. All other expenses associated with the administration of the Plan are paid by the Company.

Plan Administration

The Plan has an Administrative Committee and an Investment Committee. The Administrative Committee acts in the capacities of Plan administrator and Plan fiduciary. The Investment Committee acts in the capacity of Plan fiduciary. Committee members are appointed by the Board of Directors of TIMCO LLC. The Investment Committee appoints the investment managers to manage the assets of the Tyco Master Trust (the "Master Trust").

Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- 1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable, or would have been payable, during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- 2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (the "PBGC"), a U.S. government agency, up to the applicable limitations.
- 3. All other vested benefits; that is, vested benefits not insured by the PBGC.
- 4. All nonvested benefits.

Simplex Time Recorder Pension Plan
Notes to Financial Statements
December 31, 2014

Plan Termination, continued

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's 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. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

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 Plan's sponsor and the level of benefits guaranteed by the PBGC.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Actuarial Valuation Method and Assumptions

Independent actuaries are employed by the Company to determine the Plan's required contributions, present value of accumulated plan benefits, and prior service costs using the traditional unit credit method. The significant actuarial assumptions including mortality, salary increases, and investment returns, used by the independent actuaries in the January 1, 2014 valuation are summarized as follows:

Investment Return Rate:	4.51% effective interest rate based on nonstabilized funding segment rates: 1.25% for the first 5 years, 4.06% for the next 15 years, and 5.08% for years after 20 years
Retirement:	Weighted average age 64
Mortality:	MRP-2007 mortality tables for males and females without collar adjustment projected with generational mortality improvements using MMP-2007 mortality improvement scale.

Certain actuarial assumptions discussed above have changed since the January 1, 2013 valuation. The actuarial assumption used in the January 1, 2013 valuation was the effective investment return rate of 4.84% based on nonstabilized funding segment rates: 1.62% for the first 5 years, 4.40% for the next 15 years, and 5.45% for years after 20 years. The mortality assumptions used in the January 1, 2013 valuation were based on IRC Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables.

The effect of these changes is included in note 3 under the caption change in actuarial assumptions.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

Basis of Accounting

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

Simplex Time Recorder Pension Plan
Notes to Financial Statements
December 31, 2014

Investment Valuation and Income Recognition

The investment in the Master Trust is shown at estimated fair value based on the fair values of the underlying investments held in the Master Trust. The Plan's interest in the Master Trust is based on the beginning of the year value of the Plan's interest in the Master Trust plus actual contributions and allocated net investment income or loss (including interest, dividends, net unrealized and realized gains and losses) less actual distributions and allocated administrative expenses. Net investment income or loss and certain administrative expenses are allocated to the individual plans based upon the ratio of the plans holdings in the Master Trust of the prior month end.

Other significant accounting policies include: investment transactions are recorded on the trade date, net appreciation (depreciation) in fair value of investments includes gains and losses on investments bought and sold as well as held during the year. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date.

Fair value is the price that would be received by the Plan to sell an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by its investment advisers and custodians. The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (level 1 measurements) and gives the lowest priority to unobservable inputs (level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

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 markets that are not active; 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 for 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 the observable inputs and minimize the use of unobservable inputs.

The fair values of the underlying investments of the Master Trust are determined as follows:

Cash and cash equivalents are primarily investments in various money market funds. The fair value is determined by obtaining quoted prices on nationally recognized securities exchanges (level 1 inputs).

Simplex Time Recorder Pension Plan
Notes to Financial Statements
December 31, 2014

Investment Valuation and Income Recognition, continued

Common stocks are valued by obtaining prices on recognized and highly liquid exchanges (level 1 inputs).

Common collective trusts are valued based upon their net asset values, as reported by custodians of the common collective trusts and as supported by actual redemption prices (level 2 inputs). Included in the common collective trusts are money market funds which are valued at the net asset value per share as quoted by such companies or funds as of the valuation date. The money market funds are institutional commingled funds. Although not traded on active markets the net asset value per share is observable. Cash is valued at the amounts deposited in the fund, plus accrued interest (level 1 inputs).

Corporate bonds primarily consist of more than 200 corporate investment grade and high yield credit bonds ("Corporate credits"), as well as asset backed securities ("ABS"). The Corporate credits are generally priced using the most recent bid prices or potentially the mean of the latest bid and ask prices. ABS are generally valued using matrix pricing through recognized financial models utilized by the investment manager and the custodian that incorporate other observable inputs such as cash flow, security structure, or market information, when there is no broker/dealer quote available (level 2 inputs).

U.S. government securities are direct obligations of the U.S. government or its agencies. These securities are generally priced using the most recent bid prices or potentially the mean of the latest bid and ask prices. This category also includes mortgage backed securities ("MBS") issued by U.S. government agencies that may utilize models, such as a single cash flow model, that incorporate data on interest rate movements, pass-thru securities markets, bid evaluations, and other pertinent data (level 2 inputs).

Registered investment companies are valued by obtaining quoted prices on nationally recognized securities exchanges (level 1 inputs). Some registered investment companies have private open-ended mutual funds which are valued based on their net asset values, as reported by custodians of the registered investment companies and as supported by actual redemption prices (level 2 inputs).

Other investments includes derivative futures, municipal bond, non-U.S. government bonds, and sundry assets which are valued either by obtaining quoted prices on nationally recognized securities exchanges (level 1 inputs) or by third party pricing sources obtained by the custodian which may utilize models that incorporate pertinent data to determine pricing and non-U.S. sovereign debt securities, where the custodian will utilize available broker/dealer quotes (level 2 inputs).

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodologies used at December 31, 2014 and 2013.

Payment of Benefits

Benefits are recorded when paid.

Simplex Time Recorder Pension Plan

Notes to Financial Statements

December 31, 2014

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of assets, liabilities, and changes therein; 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.

Federal Income Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated December 12, 2002, that the Plan and related trust are designed in compliance with applicable sections of the Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes is required.

The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

New Accounting Standards

In May 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update No. 2015-07, Fair Value Measurement ("Topic 820"): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent) ("ASU 2015-07"). ASU 2015-07 removes the requirement to include investments in the fair value hierarchy for which fair value is measured using the net asset value per share practical expedient under ASC 820. ASU 2015-07 is effective for the Plan retrospectively for the year ending December 31, 2016 with early adoption permitted. The Plan's managing committee is currently evaluating the impact of the pending adoption of ASU 2015-07 on the Plan's financial statements and has chosen not to early adopt for the plan year ending December 31, 2014.

In July 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update No. 2015-12, Plan Accounting Defined Benefit Pension Plans ("Topic 960"), Defined Contribution Pension Plans ("Topic 962"), Health and Welfare Benefit Plans ("Topic 965"): I. Fully Benefit-Responsive Investment Contracts, II. Plan Investment Disclosures, III. Measurement Date Practical Expedient ("ASU 2015-12"). ASU 2015-12 Part I removes the requirement to provide a reconciliation of contract value to fair value for fully benefit-responsive investment contracts on the face of the plan financial statements. ASU 2015-12 Part II eliminates the requirement of individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation for investments by general type. In addition, if an investment is measured using the net asset value per share (or its equivalent) practical expedient and that investment files a Form 5500, as a direct filing entity, disclosure of that investment's strategy will no longer be required. ASU 2015-12 Part III provides a practical expedient to permit plans to measure investments and investment related accounts as of a month-end that is closest to the plan's fiscal year-end, when the fiscal period does not coincide with a month-end. ASU 2015-12 is effective for the Plan retrospectively for the year ending December 31, 2016 with early adoption permitted. The Plan's managing committee is currently evaluating the impact of the pending adoption of ASU 2015-12 on the Plan's financial statements and has chosen not to early adopt for the plan year ending December 31, 2014.

Simplex Time Recorder Pension Plan
Notes to Financial Statements
December 31, 2014

3. ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits is as follows:

	January 1, 2014
	<u>2014</u>
Vested benefits:	
Participants or beneficiaries currently receiving payments	\$175,280,669
Other participants	245,941,646
	<u>421,222,315</u>
Nonvested benefits	<u>3,530,071</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$424,752,386</u></u>

The change in the actuarial present value of accumulated plan benefits is as follows:

	Year Ended January 1, 2014
	<u>2014</u>
Actuarial present value of accumulated plan benefits at beginning of year	<u>\$382,549,608</u>
Increase (decrease) during the year attributable to:	
Benefits accumulated	(2,769,574)
Change in actuarial assumptions	40,794,177
Increase for interest due to decrease in the discount period	18,149,129
Benefits paid	<u>(13,970,954)</u>
Total changes	<u>42,202,778</u>
Actuarial present value of accumulated plan benefits at end of fiscal year	<u><u>\$424,752,386</u></u>

The actuarial present value of accumulated plan benefits as of January 1, 2014 is based upon an effective interest rate of 4.51% based on nonstabilized funding segment rates. See Note 2.

Simplex Time Recorder Pension Plan
Notes to Financial Statements
December 31, 2014

4. INFORMATION CERTIFIED BY THE TRUSTEE

The following summarized information and certain underlying detail included in the accompanying financial statements was obtained from data that has been prepared and certified to as complete and accurate by The Northern Trust Company, the trustee for the Plan as of and for the years ended December 31, 2014 and 2013.

	December 31,	
	2014	2013
Investment in the Tyco Master Trust	<u>\$348,026,055</u>	<u>\$318,175,949</u>
Plan Interest in the Tyco Master Trust		
Net Investment Income	<u>\$ 35,272,302</u>	<u>\$ 41,845,465</u>

5. INVESTMENT IN THE MASTER TRUST

As of December 31, 2014 and 2013 the Plan's sole investment is in the Master Trust, which was established for the investment of assets of the Plan and several other TIMCO LLC and affiliated companies' sponsored retirement plans. The assets of the Master Trust are held by its trustee, The Northern Trust Company, for the years ended December 31, 2014 and 2013. Each participating retirement plan has an undivided interest in the assets of the Master Trust except for any other securities, which, if applicable, are identifiable with individual plans. The Plan's interest in the net assets of the Master Trust is approximately 48% and 47% at December 31, 2014 and 2013, respectively.

The following financial information was obtained from data that has been prepared and certified to as complete and accurate by the trustee of the Master Trust. Such financial information has not been audited by the Plan's independent accountants.

Simplex Time Recorder Pension Plan
Notes to Financial Statements
December 31, 2014

The following table presents the net assets of the Master Trust. Investments that represent 5 percent or more of the Master Trust's net assets have been separately identified.

	December 31,	
	2014	2013
ASSETS:		
Investments, at fair value		
Cash and Cash Equivalents	\$ 490,453	\$ 671,802
Common Stocks	87,960,847	85,585,078
Common Collective Trusts		
Blackrock Long Term Credit Bond Index Fund	64,833,804	52,281,755
Blackrock MSCI ACWI EX-U.S. IMI Index Fund	43,094,668	44,751,638
UBS All CountryWorld Equity	46,588,211	46,852,864
Northern Trust Russell 1000 Index Fund	200,592,142	194,097,056
Other Common Collective Trusts	47,407,383	45,689,964
Corporate Bonds	69,526,213	58,545,313
U.S. Government Securities	39,033,463	29,917,036
Registered Investment Companies		
Dodge & Cox International Stock Fund	47,650,802	49,468,116
Pimco FDS Long Duration Corporate Bond	61,970,920	52,605,167
Other Registered Investment Companies	1,017,263	1,815,131
Other Investments	12,660,971	11,878,879
Total Investments, at fair value	722,827,140	674,159,799
Other Receivables	1,827,000	2,372,252
Total Assets	724,654,140	676,532,051
LIABILITIES:		
Other Payables	1,178,903	837,099
Net Assets	\$ 723,475,237	\$ 675,694,952

Net investment income of the Master Trust is as follows:

	Year Ended December 31,	
	2014	2013
Interest and Dividend Income	\$ 10,407,208	\$ 9,038,156
Net Appreciation/(Depreciation) in Fair Value of Investments:		
Common Stocks	5,412,953	27,519,105
Common Collective Trusts	37,089,764	61,502,743
Corporate Bonds	7,482,062	(5,437,975)
Non-Interest Bearing Cash	(12,028)	(1,939)
Registered Investment Companies	5,130,667	4,867,527
U.S. Government Securities	6,591,405	(6,571,534)
Other Investments	2,035,557	(1,036,517)
Total Net Investment Income	\$ 74,137,588	\$89,879,566

Simplex Time Recorder Pension Plan
Notes to Financial Statements
December 31, 2014

The following table sets forth by level, within the fair value hierarchy, the Master Trust's investments measured at fair value on a recurring basis as of December 31, 2014.

	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
Cash and Cash Equivalents	\$ 490,453	\$ 490,453	\$ -
Common Stocks			
U.S.	82,339,072	82,339,072	-
Non-U.S. Equity	5,621,775	5,621,775	-
Common Collective Trusts			
Short-Term Securities	7,749,614	7,749,614	-
U.S. Equity	212,388,993	-	212,388,993
Non-U.S. Equity	89,682,879	-	89,682,879
U.S. Fixed Income	92,694,722	-	92,694,722
Corporate bonds			
U.S.	57,498,463	-	57,498,463
Non-U.S.	12,027,750	-	12,027,750
U.S. Government Securities	39,033,463	24,905,766	14,127,697
Registered Investment Companies	110,638,985	47,650,803	62,988,182
Other Investments	12,660,971	-	12,660,971
Total Investments at Fair Value	<u>\$ 722,827,140</u>	<u>\$ 168,757,483</u>	<u>\$ 554,069,657</u>

Simplex Time Recorder Pension Plan
Notes to Financial Statements
December 31, 2014

The following table sets forth by level, within the fair value hierarchy, the Master Trust's investments measured at fair value on a recurring basis as of December 31, 2013.

	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
Cash and Cash Equivalents	\$ 671,802	\$ 671,802	\$ -
Common Stocks			
U.S.	82,285,832	82,285,832	-
Non-U.S. Equity	3,299,246	3,299,246	-
Common Collective Trusts			
Short-Term Securities	10,478,126	10,478,126	-
U.S. Equity	206,995,051	-	206,995,051
Non-U.S. Equity	91,604,502	-	91,604,502
U.S. Fixed Income	74,595,598	-	74,595,598
Corporate bonds			
U.S.	48,422,156	-	48,422,156
Non-U.S.	10,123,157	-	10,123,157
U.S. Government Securities	29,917,036	17,144,114	12,772,922
Registered Investment Companies	103,888,414	49,468,116	54,420,298
Other Investments	11,878,879	1,703,636	10,175,243
Total Investments at Fair Value	<u>\$ 674,159,799</u>	<u>\$ 165,050,872</u>	<u>\$ 509,108,927</u>

The Master Trust did not have any investments measured at fair value on a recurring basis using significant unobservable inputs (level 3) for the years ended December 31, 2014 and 2013.

Transfers Between Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

Management or the Plan Sponsor evaluated the significance of transfers between levels based upon the nature of the financial instruments and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2014 and 2013, there were no significant transfers in or out of any levels.

Simplex Time Recorder Pension Plan
Notes to Financial Statements
December 31, 2014

6. NET ASSET VALUE PER SHARE

The following table summarizes the Master Trust's investments measured at fair value based on NAV per share as of December 31, 2014.

Fair Value Estimated Using Net Asset Value Per Share

December 31, 2014							
Investment	Fair Value	Commitment	Frequency	Unfunded Restrictions	Redemption Period	Redemption	Other Notice
Registered Investment Companies (1)	47,650,802	\$		\$ -	Daily	none	3 days
Registered Investment Companies (2)	61,970,920			-	Daily	none	1 day
Registered Investment Companies (3)	1,017,263			-	Daily	none	1 day
Common Collective Trust							
U.S. ST Securities (4)	254			-	Daily	none	1 day
U.S. Equity (5)	11,796,851			-	Daily	none	1 day
U.S. Equity (6)	200,592,142			-	Daily	none	2 days
Non-U.S. Equity (7)	43,094,668			-	Twice a month	none	5 days
Non-U.S. Equity (8)	46,588,211			-	Daily	none	2 days
U.S. Bond (9)	92,694,722			-	Daily	none	2 days
		<u>\$ 505,405,833</u>		<u>\$ -</u>			

- (1) This fund's objective is to exceed the returns of the broad non-U.S. equity market.
- (2) This index fund's objective is to track the returns of the Barclays U.S. Long Credit Index.
- (3) This fund's objective is to exceed the returns of the Citigroup 3-Month Treasury Bill Index.
- (4) These two money market funds' objectives are to exceed the returns of the Citigroup 3-Month Treasury Bill Index.
- (5) This fund's objective is to exceed the returns of U.S. Micro Cap equity market.
- (6) This index fund's objective is to track the returns of the Russell 1000 U.S. equity index.
- (7) This fund's objective is to track the returns of MSCI ACWI ex U.S. IMI index.
- (8) This fund's objective is to exceed the return of the broad non-U.S. equity market.
- (9) These two index funds' objectives are to track the returns of the Barclays Capital Long Government and Long Credit Indices.

Simplex Time Recorder Pension Plan
Notes to Financial Statements
December 31, 2014

The following table summarizes the Master Trust's investments measured at fair value based on NAV per share as of December 31, 2013.

Fair Value Estimated Using Net Asset Value Per Share

December 31, 2013							
Investment	Fair Value	Commitment	Unfunded Frequency	Redemption Restrictions	Redemption Period	Other Notice	Redemption
Registered Investment Companies (1)	49,468,116		\$ -		Daily	none	1 day
Registered Investment Companies (2)	52,605,167			-	Daily	none	1 day
Registered Investment Companies (3)	1,815,131			-	Daily	none	1 day
Common Collective Trust							
U.S. ST Securities (4)	254			-	Daily	none	1 day
U.S. Equity (5)	12,897,996			-	Daily	none	1 day
U.S. Equity (6)	194,097,056			-	Daily	none	1 day
Non-U.S. Equity (7)	44,751,638		-		Daily	none	2 days
Non-U.S. Equity (8)	46,852,864		-		Daily	none	2 days
U.S. Bond (3)	74,595,598		-		Daily	none	2 days
	<u>\$ 477,083,820</u>		<u>\$ -</u>				

- (1) This fund's objective is to exceed the returns of the broad non-U.S. equity market.
- (2) This index fund's objective is to track the returns of the Barclays U.S. Long Credit Index.
- (3) This fund's objective is to track the returns of the Citigroup 3-Month Treasury Bill Index.
- (4) These two money market funds' objectives are to track the Citigroup 3-Month Treasury Bill Index.
- (5) This fund's objective is to exceed the returns of U.S. Micro Cap equity market.
- (6) This index fund's objective is to track the returns of the Russell 1000 U.S. equity index.
- (7) This fund's objective is to track the returns of MSCI ACWI ex U.S. IMI index.
- (8) This fund's objective is to exceed the return of the broad non-U.S. equity market.

7. DERIVATIVE FINANCIAL INSTRUMENTS

The Plan (through the Master Trust) may use derivative financial instruments to meet fund objectives and manage exposure to foreign currency, interest rates and market fluctuations. These instruments involve market risk, credit risk or both kinds of risks. Risk arises from the possible inability of counterparties to meet the terms of their contracts. The following is a description of the types of derivative contracts the Master Trust may enter into.

Foreign exchange contracts: Foreign currency exchange rate movements create a degree of risk by affecting the U.S. dollar value of instruments denominated in foreign currencies. Forward contracts are used by investment managers to manage foreign exchange rate risks associated with certain investments. These contracts are presented net (buy side of the contract as a receivable netting against the sell side of the contract as a payable) in the Master Trust.

Interest rate contracts: Interest rate movements create a degree of risk by affecting the amount of interest payments and the value of debt instruments. Investment managers may use interest rate swaps, total return swaps, futures contracts, options and swaptions to manage interest rate risk.

During 2014 and 2013, the Master Trust was a party to futures contracts held for trading purposes for U.S Treasury Bonds and Notes and Eurodollars. At December 31, 2014, other investments of the Master Trust include derivative investment assets with a notional value of approximately \$1.9 million which were offset by derivative investment liabilities with a notional value of \$1.9 million. At December 31, 2013, other investments of the Master Trust include derivative investment assets with a notional value of approximately \$14.4 million which were offset by derivative investment liabilities with a notional value of \$14.4 million. Realized and unrealized gains and (losses) on derivative contracts entered into by the Master Trust of approximately \$299,000 and \$(143,000) for the years ended December 31, 2014 and 2013, respectively, were recorded as net appreciation (depreciation) in the fair value of investments by the Master Trust.

8. MASTER NETTING AGREEMENTS

The Master Trust is subject to master netting agreements, or netting arrangements, with certain counterparties. These agreements govern the terms of certain transactions and reduce the counterparty risk associated with relevant transactions by specifying offsetting mechanisms and collateral posting arrangements at pre-arranged exposure levels. Since different types of transactions have different mechanics and are sometimes traded out of different legal entities of a particular counterparty organization, each type of transaction may be covered by a different master netting arrangement possibly resulting in the need for multiple agreements with a single counterparty. Master netting agreements are specific to each different asset type; therefore, they allow the company to close out and net its total exposure to a specified counterparty in the event of a default with respect to any and all the transactions governed under a single agreement with the counterparty.

Simplex Time Recorder Pension Plan
Notes to Financial Statements
December 31, 2014

The following is a summary of the Master Trust's net exposure to derivative assets and liabilities, by financial instrument type, available for offset and net of collateral under master netting agreements as of December 31, 2014 and December 31, 2013:

December 31, 2014			
Derivative Type	Gross Amounts of Recognized Derivative Assets	Gross Amounts of Recognized Derivative Liabilities	Net Amount of Derivatives Presented in the Statement of Net Assets
<u>Futures Contracts</u>			
Interest Rate	\$ 1,879,313	\$ 1,879,313	\$ -
Total	<u>\$ 1,879,313</u>	<u>\$ 1,879,313</u>	<u>\$ -</u>

December 31, 2013			
Derivative Type	Gross Amounts of Recognized Derivative Assets	Gross Amounts of Recognized Derivative Liabilities	Net Amount of Derivatives Presented in the Statement of Net Assets
<u>Futures Contracts</u>			
Foreign Currency	\$ 14,163,225	\$ 14,163,225	\$ -
Interest Rate	<u>256,625</u>	<u>256,625</u>	<u>-</u>
Total	<u>\$ 14,419,850</u>	<u>\$ 14,419,850</u>	<u>\$ -</u>

9. RISKS & UNCERTAINTIES

The Master Trust invests in a highly diversified portfolio of 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.

Plan contributions are made and the actuarial present value of accumulated Plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the use of estimates and the assumption setting 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.

Simplex Time Recorder Pension Plan
Notes to Financial Statements
December 31, 2014

10. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain investments of the Master Trust are managed by The Northern Trust Company, the trustee for the Plan. As described in Note 1, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

11. SUBSEQUENT EVENTS

The Plan Sponsor has evaluated subsequent events through September 29, 2015, which is the date the financial statements were available to be issued.

Schedule SB, line 26 — Schedule of Active Participant Data

Attained age	Years of credited service ¹										Total
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	
Under 25											
25–29											
30–34		18									18
35–39		82 2,942	11								93
40–44		128 3,921	92 10,473	16							236
45–49		125 5,570	112 16,243	75 35,387	21 59,238						333
50–54		132 6,778	108 23,063	103 38,224	80 59,978	36 81,033					459
55–59		97 7,190	70 26,456	58 48,349	51 84,006	86 108,461	25 135,872				387
60–64		47 10,539	36 31,028	30 67,980	27 96,626	22 114,332	46 146,774	10			218
65–69		13	10	3	1	7	11	9			54
70 & up		1	2		1	1			1		6
Total		643	441	285	181	152	82	19	1		1,804

In each cell, the top number is the count of active participants for each age/service combination. The bottom number is the average cash balance account value of the active participants in that group.

Average cash balance account values are shown for those cells (other than totals) which contain at least 20 participants.

¹ Service used is as of plan's freeze date

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial Assumptions****Discount rate sponsor elections**

• Segment rates or full yield curve	Segment		
• Look-back months	0		
	Stabilized	Nonstabilized	
• First 5 years	4.99%	1.25%	
• Next 15 years	6.32%	4.06%	
• Over 20 years	6.99%	5.08%	

Mortality sponsor elections

Section 430(h)(4) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA.

Cash balance plans

• Interest accumulation rate	6.00%
• Whipsaw calculations	No
• Annuity conversion	Plan Factors (1983 GAM Table for males / 8.5% interest)

Other economic assumptions

• Salary increases	N/A
• Flat-dollar benefit increases	N/A
• Social Security wage base	N/A
• Inflation	N/A
• Expected investment return	8.00% per year for years 2012 and 2013; 7.50% per year for 2014
• Expected expenses	\$2,630,000 added to current year normal cost

Demographic assumptions

• Withdrawal	See table of sample rates.
• Disability incidence	N/A
• Retirement age	

Attained age	Percentage
60	3.0%
61	5.0
62	15.0
63	15.0
64	25.0
65	50.0
66	60.0
67	70.0
68	80.0
69	90.0
70	100.0

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

• Benefit commencement age for				
— Future vested deferred	65			
— Current vested deferred	65			
• Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>		
— Percentage married	85.0%	75.0%		
— Spouse age difference	3 years younger	3 years older		
Form of payment	<u>Lump sum</u>	<u>Single life</u>	<u>50% J&S</u>	<u>75% J&S</u>
• Active retirements	0%	45%	0%	55%
• Future vested deferred	0%	45%	0%	55%
• Current vested deferred	0%	45%	0%	55%
• Future deaths	0%	0%	100%	0%
Unpredictable contingent event assumptions	N/A			

Table of Sample Rates

Attained age	Percentage	
	Withdrawal	
	Male	Female
25	10.450%	12.350%
30	9.075%	10.450%
35	7.925%	9.075%
40	7.075%	7.925%
45	6.550%	7.075%
50	5.875%	6.550%
51	5.675%	6.450%
52	5.475%	6.325%
53	5.325%	6.175%
54	5.175%	6.025%

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

The asset valuation method is an average of the adjusted market value for each year during the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant Methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum Funding Methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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

2014**This Form is Open to Public
Inspection**For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014▶ **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 SIMPLEX TIME RECORDER PENSION PLAN	B Three-digit plan number (PN) ▶ <u>063</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TYCO INTERNATIONAL MANAGEMENT COMPANY, LLC	D Employer Identification Number (EIN) 20-5073412
E Type of plan ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date Month <u>01</u> Day <u>01</u> Year <u>2014</u>			
2 Assets			
a Market value	2a	329856663	
b Actuarial value	2b	308719416	
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	1814	139660975	139660975
b For terminated vested participants	2892	87996808	87996808
c For active participants	1804	80904277	82929130
d Total	6510	308562060	310586913
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	6.55%	
6 Target normal cost	6	2630000	

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**

MATTHEW KUMPF (M10)

Signature of actuary

10/7/15

Date

MATTHEW KUMPF

1407351

Type or print name of actuary

Most recent enrollment number

MERCER

212-345-7000

Firm name

Telephone number (including area code)

1166 AVENUE OF THE AMERICAS

NEW YORK NY 10036

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 ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2014
v. 140124

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	580804
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	580804
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>14.85%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		5669692
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 <u>6.38%</u>		324671
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		86249
c Total available at beginning of current plan year to add to prefunding balance		6080612
d Portion of (c) to be added to prefunding balance.....		5821132
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	5821132

Part III Funding Percentages

14 Funding target attainment percentage	14	97.52%
15 Adjusted funding target attainment percentage	15	97.52%
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	89.39%
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
10/14/2014	160000	0			
01/13/2015	2000000	0			
04/13/2015	3400000	0			
07/13/2015	2300000	0			
Totals ▶			18(b)	7860000	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	7247693

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
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99%	2nd segment: 6.32%	3rd segment: 6.99%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
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 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	2630000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment	7688629	6189130	
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	8819130	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	5821132	5821132
36 Additional cash requirement (line 34 minus line 35)	36	2997998	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	7247693	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	4249695	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	4249695	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 64.

(A) Retirement age	(B) Retirement Percent	(C) Number of employees expected to retire, per 1000 retirements	(D) (A) x (C)
60	3.0%	30.00	1,800.00
61	5.0%	48.50	2,958.50
62	15.0%	138.23	8,570.26
63	15.0%	117.49	7,401.87
64	25.0%	166.45	10,652.80
65	50.0%	249.67	16,228.55
66	60.0%	149.80	9,886.80
67	70.0%	69.90	4,683.30
68	80.0%	23.97	1,629.96
69	90.0%	5.39	371.91
70	100.0%	0.60	42.00
Total		1,000.00	64,225.95
Average			64.23

Schedule SB, Part V — Summary of Plan Provisions**Summary of Major Plan Provisions**

Plan name	Simplex Time Recorder Pension Plan
Employer identification number	20-5073412
Plan number	063
Effective date and plan year	Amended and restated effective January 1, 2010
Sponsoring employer	Tyco International Management Company, LLC
Significant events that occurred during the year	None
Definitions	
Participating employees	<ul style="list-style-type: none"> Employed by the Simplex Time Recorder Co. or an Affiliated Company Includes all plan participants as of December 31, 2000
Eligibility	Age 21 and one year of eligibility service Participation is frozen as of December 31, 2001
Employer contributions	100% employer funded
Participant contributions	None
Service considered	<p>Vesting service:</p> <ul style="list-style-type: none"> Before January 1, 1991: Total service accrued under plan After December 21, 1990: Elapsed time; 1/12 of a year for each calendar month between hire and termination <p>Eligibility service (frozen as of December 31, 2001):</p> <ul style="list-style-type: none"> 1,000 hours in an eligibility computation period Computation period = 12 month consecutive period beginning on date of hire/rehire and each plan year (calendar year), thereafter, beginning with the 1st plan year which starts after date of hire/rehire. <p>Credited (benefit) service (frozen as of December 21, 2001):</p> <ul style="list-style-type: none"> Before January 1, 1989: Elapsed time; computed to the nearest month After December 31, 1988: 1 year for each 12-month period between hire and termination
Compensation considered	<p>W-2 plus pre-tax contributions under IRC Section 401(k), 125 and 132(f)</p> <p>Compensation cannot exceed:</p> <ul style="list-style-type: none"> January 1, 1989- December 31, 1993: \$200,000, indexed After December 31, 1993: 401(a)(17) limit <p>Compensation for December 31, 1988 minimum benefit is determined under terms of plan in effect at that time.</p>
Normal retirement age	Age 65 and 5 th anniversary of plan participation

Schedule SB, Part V — Summary of Plan Provisions**Normal retirement benefit**

(a) Benefit formula

Benefit frozen as of December 31, 2001 or December 31, 2006

for participants eligible for transition credits

Greater of:

- Actuarial equivalence of accrued benefit as of December 31, 1988 (December 31, 1989 for participants who first became super highly compensated employees during 1990) under the terms of the plan in effect as of December 31, 1988, or
- Immediate cash balance annuity; annual credits are determined as follows:

Sum of Age & Years of Benefits Service	% of Compensation	% of Compensation Exceeding Break Point
0-39	1.8%	1.8%
40-49	2.5	2.5
50-59	3.4	3.4
60-69	4.5	4.0
70-79	6.0	4.0
80-89	8.1	4.0
90 or more	10.9	4.0

Breakpoint: the product of i) the average of Social Security taxable wage bases for the computation year and each of the 34 preceding calendar years, and ii) 1.6, with the result rounded to the next highest multiple of \$100.

The rate will be limited to 8% of compensation once the participant has earned 35 years of benefit service. Age is determined as of the participant's birthday in the computation year and benefit service if determined as of the last day of the computation year.

Cash balance interest credits for computation years on or after January 1, 1996 are based on 6% rate of interest.

Credited annually on the earlier of: last day of the plan year or first of month in which distribution is made.

Schedule SB, Part V — Summary of Plan Provisions**(b) Conversion rule**

For active participants who were employed on January 1, 1989 and who were age 45 on December 31, 1988, opening balance is greater of the following:

1. Actuarial equivalent of accrued benefit under the plan as of December 31, 1988 ((a plus b) times c) but not less than d.
 - a. (50% (45%, if less than age 45 as of December 31, 1988) times average compensation minus 50% times Social Security benefit times the lesser of [benefit service projected to normal retirement date divided by 30, 1]
 - b. 0.5% times average compensation times maximum [benefit service to normal retirement date minus 30, 0]
 - c. Benefit service at December 31, 1988 divided by benefit service projected to normal retirement date
 - d. \$144 times years of benefit service

OR

2. Same as 1 if new compensation definition and 50% of average compensation were used in determining the accrued benefit.

For all other active participants on January 1, 1989, the greater of the following:

1. Actual December 31, 1988 accrued benefit (#1 above)

OR

2. Actual December 31, 1988 accrued benefit using new definition of compensation.

Average compensation and new compensation as defined in the plan document effective December 31, 1988

Schedule SB, Part V — Summary of Plan Provisions**(c) Transition credits**

For active participants who were in employment on January 1, 1989, an additional credit will be provided for each computation year (for a maximum of 10 computation years).

- Frequency: Credit is as of last day of each computation year, except when retirement benefits begin in such computation year. In this case, credit is as of date of termination.
- Credit: % of participant's compensation (as of such computation year) times % factor using the table below.

<u>Sum of age on birthday in 1988 and benefit service as of 12/31/88</u>	<u>% of compensation</u>
0-39	0.5%
40-49	1.0
50-59	1.5
60-69	2.0
70-79	3.5
80 or more	4.5

Transition credit is only granted in computation years in which an annual cash balance credit is granted. Also, no transition credits will be granted upon reemployment for participants who incur a severance from service date after November 30, 1990.

After December 31, 2001: For active participants who have 10 years of credited service and whose age plus years of credited service equals 60 or more as of December 31, 2001 and who are not receiving LTD payments, the credit equals the participant's compensation (as of such computation year) multiplied by the % factor using the table below.

<u>Sum of age on birthday in 1988 and benefit service as of 12/31/88</u>	<u>% of compensation</u>
60-69	1.50%
70-79	2.00
80-89	2.75
90 or more	3.75

No transition credits will be granted after the 2006 computation year.

Schedule SB, Part V — Summary of Plan Provisions**Late Retirement Benefit**

a) Eligibility	After normal retirement age
b) Benefit	The greater of a) or b): a) Benefit determined as of late retirement date b) Actuarially increased normal retirement benefit

Early retirement benefit

a) Eligibility	Age 55 with 10 years of vesting service
b) Benefit	The greater of a) or b): a) Actuarial equivalence for cash balance annuity b) 6% reduction for each year before normal retirement date, up to a maximum 30% reduction for December 31, 1988 minimum benefit

Deferred vested benefit

a) Eligibility	5 years of vesting service
b) Benefit	Accrued benefit at termination If participant had completed 10 years of service at termination, the benefits can commence at early retirement date, subject to an actuarially equivalent reduction

Disability benefit

a) Eligibility	Receiving LTD benefits
b) Benefit	Annual cash balance credits, transition credits (if applicable), interest credits and years of benefit and vesting service continue to accrue. Compensation in last full calendar year of employment before disability is used for annual cash balance credit. Accruals continue until normal retirement date or date LTD benefits cease. Participant can elect to start benefits at any time after disability as long as he/she waives rights to any further LTD benefits.

Death benefit

a) Eligibility	Spouse or domestic partner of vested participant
b) Benefit	Accrued benefit (based on actuarial equivalence at annuity starting date) as of date of death, payable as a deferred cash balance account annuity Payment can commence on later of: ▪ Date of death, or ▪ Age 55 (if 10 years of Continuous Service) Age 65 (if less than 10 years of Continuous Service)

Optional forms of retirement benefits	Life Annuity (normal form of single participants) 50% Joint & Survivor (normal form of married participants) 66 2/3% Joint & Survivor 75% Joint & Survivor 100% Joint & Survivor 10-Year Certain & Life If total value of benefits is under \$1,000, the benefit will be paid as a lump sum
---------------------------------------	---

Schedule SB, Part V — Summary of Plan Provisions

Actuarial equivalence	For conversion to an annuity, or for calculating optional forms of payment: 1983 Group Annuity Mortality Table for males and an 8.5% interest rate
Funding medium	Master trust administered by Northern Trust
Miscellaneous	
Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2014, the limit is \$210,000.

Benefits Included or Excluded

Unless noted below, all benefits provided by the plan, are included in this valuation.

- **Plan amendments excluded:** Amendments adopted after the valuation date or effective after the current plan year are excluded from the valuation.
- **Late retirement increases:** Participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value of all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.
- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan Provision Changes Since Prior Valuation

Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2013 to 2014.

Schedule SB, line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installments for each plan year covered under PPA. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than \$0.

Shortfall bases					
Year established		Outstanding balance	Years remaining	2014 Installment	
2010	\$	21,643,684	3	\$	7,568,595
2011		27,572,250	4		7,404,431
2012		(42,410,438)	5		(9,327,597)
2013		18,050,621	6		3,416,834
2014		(17,167,488)	7		(2,873,133)
Total	\$	7,688,629		\$	6,189,130

Schedule SB, line 24 — Change in Actuarial Assumptions

- The expense component of normal cost increased from \$ 2,580,000 to \$ 2,630,000 to reflect our expectations for the current plan year.
- As of January 1, 2014, the expected investment return decreased from 8.00% to 7.50% to reflect updates in the capital market environment.