

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). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2014
		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 <u>RETIREMENT PLAN FOR EMPLOYEES OF CARLISLE CORPORATION</u>	1b Three-digit plan number (PN) ▶ <u>007</u> 1c Effective date of plan <u>10/31/1944</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>CARLISLE CORPORATION</u> <u>11605 NORTH COMMUNITY HOUSE ROAD</u> <u>SUITE 600</u> <u>CHARLOTTE, NC 28277</u>	2b Employer Identification Number (EIN) <u>23-0457510</u> 2c Plan Sponsor's telephone number <u>704-501-1143</u> 2d Business code (see instructions) <u>339900</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/12/2015</u>	<u>JULIA CHANDLER</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/12/2015</u>	<u>JULIA CHANDLER</u>
	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		3b Administrator's EIN	
		3c Administrator's telephone number	
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:		4b EIN	
a Sponsor's name		4c PN	
5 Total number of participants at the beginning of the plan year		5	3124
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)	835
a(2) Total number of active participants at the end of the plan year		6a(2)	868
b Retired or separated participants receiving benefits		6b	1388
c Other retired or separated participants entitled to future benefits.....		6c	876
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	3132
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	289
f Total. Add lines 6d and 6e		6f	3421
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: 1A 1C			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1)	☐	Insurance	
(2)	☐	Code section 412(e)(3) insurance contracts	
(3)	☒	Trust	
(4)	☐	General assets of the sponsor	
(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		b General Schedules	
(1)	☒	(1)	☒
R (Retirement Plan Information)		H (Financial Information)	
(2)	☐	(2)	☐
MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		I (Financial Information – Small Plan)	
(3)	☒	(3)	☐
SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		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>
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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.

<div>A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF CARLISLE CORPORATION</div>	<div>B Three-digit plan number (PN) 007</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CARLISLE CORPORATION</div>	<div>D Employer Identification Number (EIN) 23-0457510</div>

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	140563951	
b Actuarial value	2b	145755725	
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	1483	52086789	52086789
b For terminated vested participants	809	17360153	17360153
c For active participants	835	40151399	40658845
d Total	3127	109598341	110105787
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	6.26%	
6 Target normal cost	6	2990114	

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.

<div>SIGN HERE</div>	<div>10/07/2015</div> <div>Signature of actuary</div> <div>THOMAS A. VAUGHT</div> <div>Type or print name of actuary</div> <div>BPSM LLC</div> <div>Firm name</div> <div>5301 VIRGINIA WAY SUITE 400 BRENTWOOD, TN 37027</div> <div>Address of the firm</div>	<div>Date</div> <div>14-06120</div> <div>Most recent enrollment number</div> <div>615-665-5437</div> <div>Telephone number (including area code)</div>
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	18146757	29514379
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	3015145	0
9 Amount remaining (line 7 minus line 8)	15131612	29514379
10 Interest on line 9 using prior year's actual return of <u>-0.15</u> %	-22697	-44272
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.14</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	1697077	3310167
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	13411838	26159940

Part III Funding Percentages		
14 Funding target attainment percentage	14	96.43 %
15 Adjusted funding target attainment percentage	15	132.37 %
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	106.68 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
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 60
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	2990114	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....			
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	2990114	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	2990114	0	2990114
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under 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 RETIREMENT PLAN FOR EMPLOYEES OF CARLISLE CORPORATION	B Three-digit plan number (PN) ▶	007
C Plan sponsor's name as shown on line 2a of Form 5500 CARLISLE CORPORATION	D Employer Identification Number (EIN) 23-0457510	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

SEI INSTITUTIONAL GROUP

23-3060383

(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 51 19 21 25 52 62	NONE	339133	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON HEWITT

35-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	303819	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLS FARGO BANK NA

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15	NONE	241977	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)

DIXON HUGES GOODMAN

56-0747981

(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	35000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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>RETIREMENT PLAN FOR EMPLOYEES OF CARLISLE CORPORATION</u>		B Three-digit plan number (PN) ► <u>007</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CARLISLE CORPORATION</u>		D Employer Identification Number (EIN) <u>23-0457510</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	554134	631110
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)		
	(2) Participant contributions.....	1b(2)		
	(3) Other.....	1b(3)	457160	474751
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	91	
	(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)		
	(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)	157338928	174027279
	(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	158350313	175133140

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	17786362	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	17786362	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	140563951	175133140
---	-----------	-----------	-----------

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)	0	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	5807360	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		5807360
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		14573405
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		20380765

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11801792	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		11801792
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	352707	
(2) Contract administrator fees	2i(2)	231477	
(3) Investment advisory and management fees	2i(3)	306508	
(4) Other	2i(4)	222927	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1113619
j Total expenses. Add all expense amounts in column (b) and enter total	2j		12915411

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7465354
l Transfers of assets:			
(1) To this plan	2l(1)		27921226
(2) From this plan	2l(2)		817391

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: DIXON HUGHES GOODMAN

(2) EIN: 56-0747981

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		10000000
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)
CTP TRANS. PRODUCTS PENSION PLAN FOR BARGAINED EMPLOYEES	38-3918236	007

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</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</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					
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF CARLISLE CORPORATION				B Three-digit plan number (PN) ▶	007
C Plan sponsor's name as shown on line 2a of Form 5500 CARLISLE CORPORATION				D Employer Identification Number (EIN) 23-0457510	
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): 94-1347393					
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	60
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: 12% Investment-Grade Debt: 80% High-Yield Debt: 8% Real Estate: _____% Other: _____%

- 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): _____

Retirement Plan for Employees of Carlisle Corporation

Financial Statements as of and for the
Years Ended December 31, 2014 and 2013, and
Independent Auditors' Report

**RETIREMENT PLAN FOR EMPLOYEES OF
CARLISLE CORPORATION**

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INDEPENDENT AUDITORS' REPORT

To the Pension and Benefits Committee of
Carlisle Companies Incorporated and the Participants of the
Retirement Plan for Employees of Carlisle Corporation

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Retirement Plan for Employees of Carlisle Corporation (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note G, which was certified by SEI Private 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 December 31, 2014 and 2013, and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2014 and the schedule of reportable transactions for the year ended December 31, 2014 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedules.

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

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

Dixon Hughes Goodman LLP

Charlotte, North Carolina
October 1, 2015

**RETIREMENT PLAN FOR EMPLOYEES OF
CARLISLE CORPORATION
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2014 and 2013**

	<u>2014</u>	<u>2013</u>
ASSETS		
Investments, at fair value:		
Mutual funds	\$ 174,027,279	\$ 157,338,928
Money market funds	<u>-</u>	<u>91</u>
	174,027,279	157,339,019
Pending transfers	<u>-</u>	<u>(17,786,362)</u>
	174,027,279	139,552,657
Cash	631,110	554,134
Due from broker	<u>474,751</u>	<u>457,160</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 175,133,140</u></u>	<u><u>\$ 140,563,951</u></u>

**RETIREMENT PLAN FOR EMPLOYEES OF
CARLISLE CORPORATION
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2014 and 2013**

	<u>2014</u>	<u>2013</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation in fair value of investments	\$ 14,573,405	\$ 792,503
Interest and dividends	5,807,360	2,356,597
TOTAL ADDITIONS	<u>20,380,765</u>	<u>3,149,100</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Investment expense:		
Plan interest in the Carlisle Companies Incorporated Master Retirement Trust investment expense	-	3,095,095
Pension benefits paid	11,801,792	12,383,139
Administrative expenses	<u>1,113,619</u>	<u>923,863</u>
TOTAL DEDUCTIONS	<u>12,915,411</u>	<u>16,402,097</u>
NET DECREASE BEFORE TRANSFERS	7,465,354	(13,252,997)
TRANSFERS FROM OTHER PLANS	27,921,226	-
TRANSFERS TO OTHER PLANS	<u>(817,391)</u>	<u>(17,786,362)</u>
NET INCREASE (DECREASE)	34,569,189	(31,039,359)
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	<u>140,563,951</u>	<u>171,603,310</u>
END OF YEAR	<u><u>\$ 175,133,140</u></u>	<u><u>\$ 140,563,951</u></u>

**RETIREMENT PLAN FOR EMPLOYEES OF
CARLISLE CORPORATION
NOTES TO FINANCIAL STATEMENTS
December 31, 2014 and 2013**

NOTE A – PLAN DESCRIPTION

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

General

The Plan is a noncontributory defined benefit pension plan sponsored by Carlisle Corporation and its subsidiaries (the "Company") and is administered by the Company. SEI Private Trust Company (the "Trustee") serves as the trustee of the Plan, and together with investment managers, manages the Plan's investments. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan was amended and restated effective January 1, 1997 to adopt a cash balance plan formula, whereby participants' pensions are measured by reference to account balances to which credits are made based upon a fixed percentage of compensation paid for the year as follows:

<u>Credited Service on Last Day of Plan Year</u>	<u>Percentage of Compensation</u>
Fewer than 5 years	2%
5 to 9 years	3%
10 to 14 years	4%
15 to 19 years	5%
20 to 24 years	6%
25 or more years	7%

During 2014 and 2013 there was an additional compensation credit to the cash balance account of each participant eligible for such credit as provided above equal to 0.50% of the participant's compensation for those respective years.

On October 20, 2013, the Company agreed to sell Carlisle Transportation Products, Inc. The assets and related liabilities of certain Springfield, MO facility active and terminated vested employees, including those in active pay status, were to be transferred to CTP Transportation Products Pension Plan for Bargaining Employees as soon as practicable. The agreement provided that the basis for the pension plan asset transfer is the market value as of the closing date adjusted for a specific interest rate, benefit payments and administrative expenses through the date of the transfer. On June 30, 2014, assets totaling \$18,603,753 were transferred for the former employees of Carlisle Transportation Products, Inc.

On July 31, 2014, assets of \$22,858,591, \$4,578,933 and \$501,080 for the Friction Products Co. Employees Pension Plan ("Friction Plan"), the Retirement and Disability Union Pension Plan of S. K. Wellman Corp ("Wellman Plan"), and the Hawk Motors, Inc. Retirement Plan ("Hawk Plan"), respectively, were transferred into Plan. The transfers were reduced by \$17,399 of administrative expenses relating to the transfer for a combined transfer in of assets of \$27,921,226.

**RETIREMENT PLAN FOR EMPLOYEES OF
CARLISLE CORPORATION
NOTES TO FINANCIAL STATEMENTS
December 31, 2014 and 2013**

NOTE A – PLAN DESCRIPTION (Continued)

Eligibility

To be eligible to participate in the Plan, a person must (1) have been a salaried employee of a company which had adopted or had transferred into the Plan; (2) have been a participant in the Plan as it existed December 31, 1975, or have completed one year's uninterrupted employment with at least 1,000 hours of service since that date; and (3) not have attained Normal Retirement Date before electing to participate in the Plan.

Effective January 1, 2005, the Plan was frozen and no new participants may enter the Plan except transfers in through plan mergers. New participants hired by Motion Control at its Fredericksburg, Virginia, Lancaster, Pennsylvania or South Hill, Virginia plants, and effectively made eligible to participate in the Plan under the plan merger that occurred on December 31, 2007, were eligible to be added as participants in the Plan until April 1, 2008, the date that the Plan was frozen to new participants at the Motion Control subsidiary. The Friction Plan, Wellman Plan and Hawk Plans were frozen prior to the merger in 2014 and employees were required to meet eligibility before the respective plans being frozen.

Pension Benefits

For participants of the former Friction Plan, Wellman Plan and Hawk Plans, benefits for normal retirement are calculated based upon earnings and years of service. For employees who were already participating in the Plan, effective January 1, 1997, the monthly benefit will be the greater of:

- (a) the amount, determined on the GATT Assumption Basis, of the participant's cash balance account expressed as a life annuity; or
- (b) the participant's pre-1997 benefit (as defined below); or
- (c) the participant's Transition Benefit, if applicable (as defined below).

Prior to January 1, 1997, monthly benefits were the greater of (1) \$15.00 per month multiplied by years of credited service (effective January 1, 1994), or (2) one-twelfth of .75% of the participant's final average compensation not in excess of his Social Security Covered Compensation (as defined below), plus 1.5% of such final average compensation in excess of such Social Security Covered Compensation, multiplied by the number of years of credited service to a maximum of 35 years.

A Transition Benefit applies to participants who, as of December 31, 1996, were at least 45 years of age and who subsequently retire with eligibility for a normal, early, or disability retirement benefit on or after reaching age 55. The monthly amount of Transition Benefit shall be equal to the larger of (1) \$15.00 multiplied by the participant's credited service, up to a maximum of 35 years or (2) one-twelfth of .75% of the participant's final average compensation not in excess of his Social Security Covered Compensation plus 1.5% of the participant's final average compensation in excess of such Social Security Covered Compensation, multiplied by the participant's credited service, up to a maximum of 35 years.

Social Security Covered Compensation is the average of the annual maximum social security taxable wage bases to which each participant individually is subject throughout his employment years up to age 65.

**RETIREMENT PLAN FOR EMPLOYEES OF
CARLISLE CORPORATION
NOTES TO FINANCIAL STATEMENTS
December 31, 2014 and 2013**

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Pension Benefits (Continued)

Employees are fully vested in the Plan upon the completion of five years of qualifying service.

The Normal Retirement Date is the first day of the month following the participant's 65th birthday. For participants hired after age 60, the Normal Retirement Date is the fifth anniversary of the date of hire. A participant who retires after his Normal Retirement Date shall be eligible for a late retirement benefit, which is calculated including service to the late retirement date subject to the optional forms of payment as defined in the plan document.

As defined in the Plan, other plan benefits available include early retirement benefits, disability pension benefits, deferred vested retirement benefits and pre-retirement death benefits.

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements, the actuarial present value of accumulated plan benefits as of the benefit information dates, the reported amounts of additions to and deductions from the Plan's net assets during the reporting period and, when applicable, the disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates and assumptions.

Investment Valuation and Income Recognition

Investments are reported at fair value, which is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). See Note H "Fair Value Measurements," for further discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded upon distribution.

**RETIREMENT PLAN FOR EMPLOYEES OF
CARLISLE CORPORATION
NOTES TO FINANCIAL STATEMENTS
December 31, 2014 and 2013**

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Administrative Expenses

The costs of general administration of the Plan and trustee fees are paid by the Company and the Plan or, prior to the Master Trust being dissolved, by the Master Trust and allocated to the Plan, as provided by the plan document. Certain administrative functions are performed by employees of the Company. No such employee receives compensation from the Plan.

Subsequent Events

The Plan has evaluated subsequent events through October 1, 2015, the date the financial statements were available to be issued.

NOTE C – FUNDING POLICY

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in the amount as determined by the Plan's independent actuary. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2014 and 2013.

Although it has not expressed any intentions to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

NOTE D – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary using actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. The significant assumptions underlying the actuarial computations as of January 1, 2014 and 2013 include:

Valuation Method	- Projected Unit Credit Cost Method in all years
Discount Rate	- 6.50% in 2014 and 2013
Retirement Age	- 65 in all years, depending on original plan
Mortality	- 2014 Static Mortality Table in 2014 2013 Static Mortality Table in 2013

These 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.

**RETIREMENT PLAN FOR EMPLOYEES OF
CARLISLE CORPORATION
NOTES TO FINANCIAL STATEMENTS
December 31, 2014 and 2013**

NOTE D – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The actuarial present value of accumulated plan benefits as of January 1, 2014 and 2013 is as follows:

	<u>2014</u>	<u>2013</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Retired employees and		
beneficiaries with vested benefits	\$ 68,497,545	\$ 60,776,673
Active employees and others	<u>39,356,901</u>	<u>62,496,601</u>
	107,854,446	123,273,274
Non-vested benefits	<u>507,693</u>	<u>509,897</u>
Total accumulated plan benefits	<u>\$ 108,362,139</u>	<u>\$ 123,783,171</u>

Changes in the actuarial present value of accumulated plan benefits for the years ended January 1, 2014 and 2013 are as follows:

	<u>2014</u>	<u>2013</u>
Actuarial present value of accumulated plan benefits		
at beginning of year	\$ 123,783,171	\$ 131,798,835
Increase (decrease) during the year attributable to:		
Benefits paid	(12,383,139)	(25,418,080)
Benefits accumulated, actuarial experience and merger	3,735,443	3,880,535
Assumption changes	225,651	4,967,624
Interest	7,651,333	8,351,332
Plan amendments	<u>(14,650,320)</u>	<u>202,925</u>
Actuarial present value of accumulated plan benefits		
at end of year	<u>\$ 108,362,139</u>	<u>\$ 123,783,171</u>

NOTE E – INTEREST IN MASTER TRUST

Prior to August 1, 2013, a master trust held certain assets of the Company's defined benefit plans. SEI Private Trust Company (the "Trustee") was the trustee for the master trust. Under the terms of the master trust agreement, SEI Private Trust Company was a custodial trustee on behalf of the Company. The Company engaged investment management firms, which had discretionary authority concerning purchases and sales of investments in the trust fund. The investments and changes therein of this trust fund were reported to the Company by the Trustee. The net investment income of the investment assets was allocated by the Trustee to each participating plan on the basis indicated in Note B.

**RETIREMENT PLAN FOR EMPLOYEES OF
CARLISLE CORPORATION
NOTES TO FINANCIAL STATEMENTS
December 31, 2014 and 2013**

NOTE E – INTEREST IN MASTER TRUST (Continued)

The fair value of the investment in the master trust was determined based upon the fair value of the underlying assets of the master trust. Investments were stated at fair value as described in Note H. Purchases and sales of securities were recorded on a trade date basis. Interest income was recorded on the accrual basis. Dividends were recorded on the ex-dividend date. Net appreciation (depreciation) included gains and losses on investments bought and sold as well as held during the year.

The following Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2013 of the Master Trust have been prepared from information which was certified by the Trustee as described in Note E. The Master Trust financial statements were prepared on the modified cash basis of accounting, while the Plan's financial statements are prepared on the accrual basis of accounting.

Statements of Changes in Net Assets Available for Benefits

	<u>2013</u>
Reductions to net assets attributed to:	
Investment income:	
Net appreciation (depreciation) in fair value of investments:	
Fixed income mutual funds	\$ (11,727,616)
Equity mutual funds	4,226,013
Other assets	2
Interest and dividends	<u>3,911,238</u>
Total investment income	(3,590,363)
Employer contributions	<u>--</u>
Total reductions	(3,590,363)
Deductions from net assets attributed to:	
Distributions to plans	662,016
Administrative expenses	476,226
Transfers to another account	<u>194,103,309</u>
Total deductions	<u>195,241,551</u>
Net decrease	(198,831,914)
Net assets available for benefits:	
Beginning of year	<u>198,831,914</u>
End of year	<u>\$ --</u>

**RETIREMENT PLAN FOR EMPLOYEES OF
CARLISLE CORPORATION
NOTES TO FINANCIAL STATEMENTS
December 31, 2014 and 2013**

NOTE F – INVESTMENTS

The Plan's investments that represent 5% or more of the Plan's net assets available for benefits as of December 31, are as follows:

	<u>2014</u>	<u>2013</u>
SEI Institutional Investments S&P 500 Index A Fund	\$ 13,849,796	\$ 12,272,349
SEI Core Fixed Income Fund	64,486,047	57,858,756
SEI High Yield Bond Fund	13,359,340	12,646,246
SEI Long Duration Fund	75,072,691	67,384,677

During the years ended December 31, 2014 and 2013, the Plan's mutual funds, (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$14,573,405 and \$792,503, respectively.

NOTE G – UNAUDITED INFORMATION CERTIFIED BY THE TRUSTEE

Under the Department of Labor's Rules and Regulations 29 CFR 2520.103-5, information prepared and certified to by a trust company which is regulated, supervised, and subject to periodic examination by a state or federal agency need not be audited. The plan administrator has received certification from the Trustee as to the completeness and accuracy of the cost and market value of the master trust and the Plan's investments as of December 31, 2014 and 2013 and of interest income, dividend income, other income earned, and the cost and market value of all master trust and plan investment transactions made during the years ended December 31, 2014 and 2013. The Plan's financial statements have been prepared based on this certified information.

The accompanying financial statements include the following unaudited information as of December 31, 2014 and 2013 and for the years then ended that was obtained from the data prepared and certified to as complete and accurate by the Plan's trustee, SEI Private Trust Company.:

	<u>2014</u>	<u>2013</u>
Investments	<u>\$ 174,027,279</u>	<u>\$ 157,339,019</u>
Cash	<u>\$ 631,110</u>	<u>\$ 554,134</u>
Due from broker	<u>\$ 474,751</u>	<u>\$ 457,160</u>
Interest and dividends	<u>\$ 5,807,360</u>	<u>\$ 2,356,597</u>
Net appreciation in fair value of investments	<u>\$ 14,573,405</u>	<u>\$ 792,503</u>
Master Trust investment expense	<u>\$ -</u>	<u>\$ (3,095,095)</u>

The certification mentioned above includes all investment information discussed in Notes E, F and H.

**RETIREMENT PLAN FOR EMPLOYEES OF
CARLISLE CORPORATION
NOTES TO FINANCIAL STATEMENTS
December 31, 2014 and 2013**

NOTE H – FAIR VALUE MEASUREMENTS

Fair value as defined under GAAP is an exit price, representing the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. GAAP establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value. These tiers include:

- Level 1: Observable inputs such as quoted prices in active markets.
- Level 2: Inputs other than quoted prices in active markets that are either directly or indirectly observable.
- Level 3: Unobservable inputs about which little or no market data exists, therefore requiring an entity to develop its own assumptions.

Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013.

Mutual Funds and Money Market Fund

These investments are public investment vehicles valued using the Net Asset Value ("NAV") provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market and classified within Level 1 of the value hierarchy.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets accounted for at fair value as of December 31, 2014:

Fair Value as of December 31, 2014				
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Domestic	\$ 17,516,871	\$ --	\$ --	\$ 17,516,871
International	3,592,330	--	--	3,592,330
Fixed income	<u>152,918,078</u>	<u>--</u>	<u>--</u>	<u>152,918,078</u>
 Total investments	 <u>\$ 174,027,279</u>	 <u>\$ --</u>	 <u>\$ --</u>	 <u>\$ 174,027,279</u>

**RETIREMENT PLAN FOR EMPLOYEES OF
CARLISLE CORPORATION
NOTES TO FINANCIAL STATEMENTS
December 31, 2014 and 2013**

NOTE H – FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets accounted for at fair value as of December 31, 2013:

	Fair Value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Domestic	\$ 15,709,748	\$ --	\$ --	\$ 15,709,748
International	3,739,501	--	--	3,739,501
Fixed income	137,889,679	--	--	137,889,679
Money market funds	<u>91</u>	<u>--</u>	<u>--</u>	<u>91</u>
Total investments	<u>\$ 157,339,019</u>	<u>\$ --</u>	<u>\$ --</u>	<u>\$ 157,339,019</u>

The Plan recognizes transfers between the levels as of the beginning of the reporting period. There were no transfers between the levels for the years ended December 31, 2014 and 2013.

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

Gains and losses (realized and unrealized) included in changes in net assets for the periods above are reported in net appreciation in fair value of investments and in plan interest in the Carlisle Companies Incorporated Master Trust investment income in the Statements of Changes in Net Assets Available for Benefits.

NOTE I – TRANSACTIONS WITH PARTIES-IN-INTEREST

Certain plan investments represent funds managed by the Trustee, and therefore, these transactions qualify as party-in-interest transactions that are allowable under ERISA. Fees paid to the Trustee for investment management services were \$306,507 and \$374,844 for the years ended December 31, 2014 and 2013, respectively. Fees paid to the trustee by the Plan for administrative services were \$807,112 and \$549,019 for the years ended December 31, 2014 and 2013, respectively.

NOTE J – TERMINATION OF PLAN

In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the plan document.

**RETIREMENT PLAN FOR EMPLOYEES OF
CARLISLE CORPORATION
NOTES TO FINANCIAL STATEMENTS
December 31, 2014 and 2013**

NOTE J – TERMINATION OF PLAN (Continued)

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

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

NOTE K – INCOME TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Company by letter dated November 30, 2011, that stated the Plan is designed in accordance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, management believes the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014 and 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. 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 the Plan is no longer subject to income tax examinations for years prior to 2011.

NOTE L – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statement of Net Assets Available for Benefits.

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 estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

**RETIREMENT PLAN FOR EMPLOYEES OF
CARLISLE CORPORATION
NOTES TO FINANCIAL STATEMENTS
December 31, 2014 and 2013**

NOTE M - SUBSEQUENT EVENT

Effective June 30, 2015, Logan Metal Stampings, Inc. Pension Plan for Union Employees (the "Logan Plan") merged in to the Plan and assets of \$2,082,084 were transferred from into the Plan. Participants of the Logan Plan will continue to participate in the same manner as prior to the merger.

SUPPLEMENTAL SCHEDULES

**RETIREMENT PLAN FOR EMPLOYEES OF
CARLISLE CORPORATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 23-0457510
PLAN NUMBER 007
December 31, 2014**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
		<u>Fixed Income Mutual Funds</u>		
*	SEI Private Trust Company	Core Fixed Income Fund	\$ 62,493,029	\$ 64,486,047
*	SEI Private Trust Company	High Yield Bond Fund	13,343,511	13,359,340
*	SEI Private Trust Company	Long Duration Fund	71,182,975	75,072,691
		Total Fixed Income Mutual Funds	147,019,515	152,918,078
		<u>Equity Mutual Funds</u>		
*	SEI Private Trust Company	Extended Market Index A Fund	2,997,463	3,667,075
*	SEI Private Trust Company	Institutional Investments S&P 500 Index Fund	12,193,290	13,849,796
*	SEI Private Trust Company	World Equity EX-US Fund	2,992,188	3,592,330
		Total Equity Mutual Funds	18,182,941	21,109,201
		Total	<u>\$ 165,202,456</u>	<u>\$ 174,027,279</u>

* Indicates party-in-interest

**RETIREMENT PLAN FOR EMPLOYEES OF
CARLISLE CORPORATION
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 23-0457510
PLAN NUMBER 007
Year Ended December 31, 2014**

(a)	(b)	(c)	(d)	(e)	(f)
Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Category (i)- Single Transactions Exceeding 5% of value					
SEI Investments Company:					
Long Duration Fund	\$ -	\$ 7,999,614	\$ 7,842,375	\$ 7,999,614	\$ 157,239
Category (iii) - Series of transactions in excess of 5% of Plan assets					
SEI Investments Company:					
Core Fixed Income Fund	\$ 5,854,038	\$ -	\$ 5,854,038	\$ 5,854,038	\$ -
Core Fixed Income Fund	\$ -	\$ 11,718,285	\$ 11,408,423	\$ 11,718,285	\$ 309,862
Long Duration Fund	\$ 3,906,884	\$ -	\$ 3,906,884	\$ 3,906,884	\$ -
Long Duration Fund	\$ -	\$ 18,223,638	\$ 17,727,172	\$ 18,223,638	\$ 496,466

Schedule SB, Part VI – Line 22
Description of Weighted Retirement Age

Retirement Plan for Employees of Carlisle Corporation
Plan Year: 2014
EIN/PN: 23-0457510/007

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product
			(a) × (b) × (c)
55.5	20.00%	1.0000	11.10
56.5	15.00%	0.8000	6.78
57.5	15.00%	0.6800	5.87
58.5	15.00%	0.5780	5.07
59.5	15.00%	0.4913	4.38
60.5	15.00%	0.4176	3.79
61.5	15.00%	0.3550	3.27
62.5	35.00%	0.3017	6.60
63.5	12.50%	0.1961	1.56
64.5	15.00%	0.1716	1.66
65.5	50.00%	0.1459	4.78
66.5	50.00%	0.0729	2.42
67.5	50.00%	0.0365	1.23
68.5	50.00%	0.0182	0.62
69.5	50.00%	0.0091	0.32
70	100.00%	0.0046	0.32
Weighted Average			59.77

Summary of Actuarial Assumptions

Interest Rates

Minimum Funding: 4.99% for the first 5 years;
(adjusted under MAP-21) 6.32% for the next 15 years; and
6.99% thereafter

Salary Increases

See table 6

Cash Balance Interest Crediting Rate

4.0%

Mortality Rates (per 1,000 lives)

Funding and ASC 960: IRS 2014 Static Mortality Table

	Age			
	20	35	50	60
Male – Non-Annuitant	0.20	0.67	1.26	3.06
Male – Annuitant	0.20	0.67	3.65	5.84
Female – Non-Annuitant	0.12	0.35	1.02	3.40
Female – Annuitant	0.12	0.35	1.64	5.58

Withdrawal Rates (per 1,000 lives)

See tables 2-4

Disability Rates (per 1,000 lives)

See table 5

Rates of Retirement

Active Participant

See table 1

Terminated Vested Participants – Core Plan

Age 60

Terminated Vested Participants – Former Logansport Plan

Age 62

Forms of Payment

Core Cash Balance Actives and Bundy Park Terminees-100% Lump Sum

Former C. B.S. Participants-60% 5-year certain and life and 40% joint and 50% survivor annuity

Former Tire & Wheel and Continental Participants-60% life annuity and 40% joint and 100% survivor annuity

Former Logansport Participants-60% life annuity and 40% joint and 50% survivor annuity

All other Participants-50% life annuity and 50% joint and 100% survivor annuity.

Percentage Married

75% of male participants and 50% of female participants are assumed to be married with husbands assumed to be 3 years older than wives.

Mortality Improvement

The mortality tables for Funding purposes include mortality improvement projected after year 2000 under Projection Scale AA to 15 years beyond the valuation date for non-annuitants and to 7 years beyond the valuation date for annuitants.

Maximum Limitations

The maximum annual benefit limitation and the annual compensation limit are assumed to remain at their current levels.

Expenses

\$600,000

Optional Form Payment Conversion Basis

417(e) interest rates for November 2013 and 2014 417(e) mortality table

At-Risk Assumptions

At-Risk liabilities are calculated using the assumptions outlined above, modified to assume that all participants who are eligible to commence benefits within the next 11 years elect to do so as soon as eligible (but no earlier than the end of the current plan year).

Table 1
Retirement Rates

Age	Rate	Age	Rate
55	20.00%	63	12.50%
56	15.00%	64	15.00%
57	15.00%	65	50.00%
58	15.00%	66	50.00%
59	15.00%	67	50.00%
60	15.00%	68	50.00%
61	15.00%	69	50.00%
62	35.00%	70+	100.00%

Table 2

Withdrawal Rates - Former Tire & Wheel and Continental Participants

Age	Years of Service					
	0	1	2	3	4	5+
15	33.30%	29.60%	26.20%	23.00%	20.10%	17.80%
16	33.30%	29.60%	26.20%	23.00%	20.10%	17.80%
17	33.30%	29.60%	26.20%	23.00%	20.10%	17.80%
18	33.30%	29.60%	26.20%	23.00%	20.10%	17.80%
19	33.30%	29.60%	26.20%	23.00%	20.10%	17.80%
20	33.30%	29.60%	26.20%	23.00%	20.10%	17.80%
21	33.30%	29.60%	26.20%	23.00%	20.10%	17.80%
22	33.30%	29.60%	26.20%	23.00%	20.10%	16.80%
23	33.30%	29.60%	26.20%	23.00%	20.10%	15.90%
24	33.30%	29.60%	26.20%	23.00%	20.10%	15.00%
25	33.30%	29.60%	26.20%	23.00%	20.10%	14.10%
26	33.30%	29.60%	26.20%	23.00%	20.10%	13.20%
27	33.30%	29.60%	26.20%	23.00%	20.10%	12.40%
28	33.30%	29.60%	26.20%	23.00%	20.10%	11.60%
29	33.30%	29.60%	26.20%	23.00%	20.10%	10.90%
30	33.30%	29.60%	26.20%	23.00%	20.10%	10.20%
31	33.30%	29.60%	26.20%	23.00%	20.10%	9.50%
32	33.30%	29.60%	26.20%	23.00%	20.10%	8.80%
33	33.30%	29.60%	26.20%	23.00%	20.10%	8.20%
34	33.30%	29.60%	26.20%	23.00%	20.10%	7.60%
35	33.30%	29.60%	26.20%	23.00%	20.10%	7.00%
36	33.30%	29.60%	26.20%	23.00%	20.10%	6.40%
37	33.30%	29.60%	26.20%	23.00%	20.10%	5.90%
38	33.30%	29.60%	26.20%	23.00%	20.10%	5.40%
39	33.30%	29.60%	26.20%	23.00%	20.10%	5.00%
40	33.30%	29.60%	26.20%	23.00%	20.10%	4.50%
41	33.30%	29.60%	26.20%	23.00%	20.10%	4.10%
42	33.30%	29.60%	26.20%	23.00%	20.10%	3.80%
43	33.30%	29.60%	26.20%	23.00%	20.10%	3.40%
44	33.30%	29.60%	26.20%	23.00%	20.10%	3.10%
45	33.30%	29.60%	26.20%	23.00%	20.10%	2.80%
46	33.30%	29.60%	26.20%	23.00%	20.10%	2.60%
47	33.30%	29.60%	26.20%	23.00%	20.10%	2.40%
48	33.30%	29.60%	26.20%	23.00%	20.10%	2.20%
49	33.30%	29.60%	26.20%	23.00%	20.10%	2.00%
50	33.30%	29.60%	26.20%	23.00%	20.10%	1.90%
51	33.30%	29.60%	26.20%	23.00%	20.10%	1.80%
52+	33.30%	29.60%	26.20%	23.00%	20.10%	1.70%

Table 3

Withdrawal Rates - Former C.B.S. Participants

Age	Years of Service					
	0	1	2	3	4	5+
15	17.80%	17.80%	17.80%	17.80%	17.80%	17.80%
16	17.80%	17.80%	17.80%	17.80%	17.80%	17.80%
17	17.80%	17.80%	17.80%	17.80%	17.80%	17.80%
18	17.80%	17.80%	17.80%	17.80%	17.80%	17.80%
19	17.80%	17.80%	17.80%	17.80%	17.80%	17.80%
20	17.80%	17.80%	17.80%	17.80%	17.80%	17.80%
21	17.80%	17.80%	17.80%	17.80%	17.80%	17.80%
22	16.80%	16.80%	16.80%	16.80%	16.80%	16.80%
23	16.70%	15.90%	15.90%	15.90%	15.90%	15.90%
24	16.70%	15.00%	15.00%	15.00%	15.00%	15.00%
25	16.70%	14.80%	14.10%	14.10%	14.10%	14.10%
26	16.70%	14.80%	13.20%	13.20%	13.20%	13.20%
27	16.70%	14.80%	13.10%	12.40%	12.40%	12.40%
28	16.70%	14.80%	13.10%	11.60%	11.60%	11.60%
29	16.70%	14.80%	13.10%	11.50%	10.90%	10.90%
30	16.70%	14.80%	13.10%	11.50%	10.20%	10.20%
31	16.70%	14.80%	13.10%	11.50%	10.10%	9.50%
32	16.70%	14.80%	13.10%	11.50%	10.10%	8.80%
33	16.70%	14.80%	13.10%	11.50%	10.10%	8.20%
34	16.70%	14.80%	13.10%	11.50%	10.10%	7.60%
35	16.70%	14.80%	13.10%	11.50%	10.10%	7.00%
36	16.70%	14.80%	13.10%	11.50%	10.10%	6.40%
37	16.70%	14.80%	13.10%	11.50%	10.10%	5.90%
38	16.70%	14.80%	13.10%	11.50%	10.10%	5.40%
39	16.70%	14.80%	13.10%	11.50%	10.10%	5.00%
40	16.70%	14.80%	13.10%	11.50%	10.10%	4.50%
41	16.70%	14.80%	13.10%	11.50%	10.10%	4.10%
42	16.70%	14.80%	13.10%	11.50%	10.10%	3.80%
43	16.70%	14.80%	13.10%	11.50%	10.10%	3.40%
44	16.70%	14.80%	13.10%	11.50%	10.10%	3.10%
45	16.70%	14.80%	13.10%	11.50%	10.10%	2.80%
46	16.70%	14.80%	13.10%	11.50%	10.10%	2.60%
47	16.70%	14.80%	13.10%	11.50%	10.10%	2.40%
48	16.70%	14.80%	13.10%	11.50%	10.10%	2.20%
49	16.70%	14.80%	13.10%	11.50%	10.10%	2.00%
50	16.70%	14.80%	13.10%	11.50%	10.10%	1.90%
51	16.70%	14.80%	13.10%	11.50%	10.10%	1.80%
52+	16.70%	14.80%	13.10%	11.50%	10.10%	1.70%

Table 4

Withdrawal Rates - All other Participants

Age	Years of Service					
	0	1	2	3	4	5+
15	25.40%	23.80%	22.00%	21.90%	21.90%	21.90%
16	25.40%	23.80%	22.00%	21.90%	21.90%	21.90%
17	25.40%	23.80%	22.00%	21.90%	21.90%	21.90%
18	25.40%	23.80%	22.00%	21.90%	21.90%	21.90%
19	25.40%	23.80%	22.00%	21.90%	21.90%	21.90%
20	25.40%	23.80%	22.00%	21.90%	21.90%	21.90%
21	25.40%	23.80%	22.00%	21.90%	21.90%	21.90%
22	25.40%	23.80%	22.00%	20.90%	20.90%	20.90%
23	25.40%	23.80%	22.00%	20.40%	19.80%	19.80%
24	25.40%	23.80%	22.00%	20.40%	19.00%	18.90%
25	25.40%	23.80%	22.00%	20.40%	19.00%	17.90%
26	25.40%	23.80%	22.00%	20.40%	19.00%	17.00%
27	25.40%	23.80%	22.00%	20.40%	19.00%	16.00%
28	25.40%	23.80%	22.00%	20.40%	19.00%	15.10%
29	25.40%	23.80%	22.00%	20.40%	19.00%	14.40%
30	25.40%	23.80%	22.00%	20.40%	19.00%	13.50%
31	25.40%	23.80%	22.00%	20.40%	19.00%	12.80%
32	25.40%	23.80%	22.00%	20.40%	19.00%	12.00%
33	25.40%	23.80%	22.00%	20.40%	19.00%	11.30%
34	25.40%	23.80%	22.00%	20.40%	19.00%	10.60%
35	25.40%	23.80%	22.00%	20.40%	19.00%	9.90%
36	25.40%	23.80%	22.00%	20.40%	19.00%	9.30%
37	25.40%	23.80%	22.00%	20.40%	19.00%	8.60%
38	25.40%	23.80%	22.00%	20.40%	19.00%	8.10%
39	25.40%	23.80%	22.00%	20.40%	19.00%	7.50%
40	25.40%	23.80%	22.00%	20.40%	19.00%	7.00%
41	25.40%	23.80%	22.00%	20.40%	19.00%	6.50%
42	25.40%	23.80%	22.00%	20.40%	19.00%	6.10%
43	25.40%	23.80%	22.00%	20.40%	19.00%	5.60%
44	25.40%	23.80%	22.00%	20.40%	19.00%	5.30%
45	25.40%	23.80%	22.00%	20.40%	19.00%	4.90%
46	25.40%	23.80%	22.00%	20.40%	19.00%	4.50%
47	25.40%	23.80%	22.00%	20.40%	19.00%	4.30%
48	25.40%	23.80%	22.00%	20.40%	19.00%	3.90%
49	25.40%	23.80%	22.00%	20.40%	19.00%	3.60%
50	25.40%	23.80%	22.00%	20.40%	19.00%	3.40%
51	25.40%	23.80%	22.00%	20.40%	19.00%	3.30%
52	25.40%	23.80%	22.00%	20.40%	19.00%	3.00%
53	25.40%	23.80%	22.00%	20.40%	19.00%	2.90%
54+	25.40%	23.80%	22.00%	20.40%	19.00%	2.80%

Table 5

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	41	0.09%	0.15%
16	0.03%	0.03%	42	0.10%	0.17%
17	0.03%	0.03%	43	0.12%	0.19%
18	0.03%	0.03%	44	0.14%	0.22%
19	0.03%	0.03%	45	0.16%	0.24%
20	0.03%	0.03%	46	0.18%	0.27%
21	0.03%	0.03%	47	0.21%	0.30%
22	0.03%	0.03%	48	0.25%	0.33%
23	0.03%	0.03%	49	0.28%	0.36%
24	0.03%	0.03%	50	0.33%	0.40%
25	0.03%	0.03%	51	0.39%	0.44%
26	0.03%	0.03%	52	0.46%	0.49%
27	0.03%	0.03%	53	0.53%	0.54%
28	0.03%	0.04%	54	0.61%	0.59%
29	0.03%	0.04%	55	0.69%	0.64%
30	0.03%	0.04%	56	0.77%	0.69%
31	0.03%	0.05%	57	0.86%	0.74%
32	0.03%	0.05%	58	0.95%	0.80%
33	0.03%	0.06%	59	1.05%	0.85%
34	0.03%	0.06%	60	1.15%	0.90%
35	0.04%	0.07%	61	1.26%	0.96%
36	0.04%	0.08%	62	1.38%	1.01%
37	0.05%	0.09%	63	1.51%	1.05%
38	0.06%	0.10%	64	1.64%	1.09%
39	0.07%	0.12%	65+	0.00%	0.00%
40	0.08%	0.13%			

Table 6
Salary Merit Scale

Age	Rate
20	7.00%
21	7.00%
22	7.00%
23	7.00%
24	7.00%
25	5.75%
26	5.75%
27	5.75%
28	5.75%
29	5.75%
30	4.50%
31	4.50%
32	4.50%
33	4.50%
34	4.50%
35	4.00%
36	4.00%
37	4.00%
38	4.00%
39	4.00%
40	3.75%
41	3.75%
42	3.75%
43	3.75%
44	3.75%
45	3.50%
46	3.50%
47	3.50%
48	3.50%
49	3.50%
50	3.25%
51	3.25%
52	3.25%
53	3.25%
54	3.25%
55	3.00%
56	3.00%
57	3.00%
58	3.00%
59	3.00%
60	2.75%

Summary of Actuarial Methods

Actuarial Cost Method

All liabilities and normal costs shown in this report are calculated based on the Traditional Unit Credit method as described in IRC Section 430 and relevant proposed regulations. This method is prescribed for funding and ASC 960 calculations.

Under the Traditional Unit Credit method, the liability is the present value of all benefits that have been accrued or earned under the plan as of the first day of the plan year. The normal cost is the present value of all benefits that are expected to accrue or be earned during the plan year, including any expected increase in compensation during the year.

Asset Valuation Method

The actuarial value of assets is equal to the average of the market value of assets as of the valuation date and the adjusted market value of assets for the prior two years. The adjusted market value of assets as of a prior determination date is the market value of assets as of that date adjusted for contributions, benefit payments, expenses, and expected earnings for periods after the determination date but prior to the current valuation date. In no event will the actuarial value of assets be less than 90%, or greater than 110% of the current market value of assets.

Miscellaneous

The limitations under IRC Sections 401(a)(17) and 415(b) have been taken into account in our calculations.

Any actual or potential limitations under IRC Section 436 have not been taken into account for any purpose.

To the best of our knowledge, all benefits payable from the plan, including retirement-type and ancillary benefits, have been incorporated into our calculations.

No liability is included for participants who terminated without vested benefits prior to the first day of the plan year.

No liability is included for any employees who are not yet participants as of the first day of the plan year.

Summary of Plan Provisions

Former Bundy Park Employees

Plan Shut-Down

Plant closed October 1, 2003.

Participation

Any employee who is represented by International Union, United Automobile, Aerospace and Agricultural Implement Workers of America, (UAW), and its Local Union 1396.

Normal Retirement

Condition

Age 65 and one year of Vesting Service.

Annual Benefit

The rate specified below time Credited Service:

Retirement Date	Annual Benefit
	Rate
Prior to 01/01/2000	\$288
01/01/2000 through 12/31/2000	\$300
01/01/2001 through 12/31/2001	\$312
01/01/2002 and later	\$324

This benefit is offset by any accrued benefits earned under the prior plan.

Early Retirement (unreduced)

Condition

Age 62 and one year of Vesting Service.

Benefit

Accrued normal retirement benefit with no reduction for commencement prior to normal retirement.

Early Retirement (reduced)

Condition

Age 55 and one year of Vesting Service.

Benefit

Accrued normal retirement benefit reduced 1/15th per year for each year actual commencement precedes normal retirement.

Disability Retirement

Condition

Ten years of Vesting Service with total and permanent disability.

Benefit

If eligible for Social Security disability benefits:

Normal retirement benefit with service credited to disability without reduction for commencement prior to normal retirement. Payment is for life (at age 55, optional 50% joint and survivor annuity for married participants) commencing when Social Security disability benefits become payable and ending at the earlier of cessations of Social

Security disability benefits or attainment of normal retirement eligibility. If payments terminate under conditions stated above, the participant shall be eligible to receive payments under provisions of a deferred vested retirement, an early retirement, or a normal retirement.

If not eligible for Social Security disability benefits:
200% of normal retirement benefit with service credited to disability without reduction for commencement prior to normal retirement. Payment is for life and ends at the earlier of cessation of disability, attainment of normal retirement eligibility, or attainment of eligibility for unreduced Social Security retirement or disability benefits. If payments terminate under conditions stated above, the participant shall be eligible to receive payments under provisions of a deferred vested retirement, an early retirement, or a normal retirement.

Deferred Vested Retirement

Condition

Five years of Vesting Service.

Benefit

Accrued normal retirement benefits as of termination date reduced by 1/15th per year for each year actual commencement precedes normal retirement (early commencement eligibility: age 55 and one year of Vesting Service).

Preretirement Death Benefit

Condition

Active or inactive participant with five years of Vesting Service.

Benefit

The early retirement benefit the spouse would have received had the participant terminated immediately prior to death with benefits payable on a 50% joint and survivor annuity basis beginning on or after the participant's early retirement eligibility.

Form of Benefit Payment

Single life annuity payable monthly, but for married participants, unless otherwise elected, there is in effect an automatic 50% joint and survivor option calculated based on the plan provisions.

Actuarial Equivalence

Equality in the value of aggregate amounts expected to be received under different forms of payment, other than a lump sum amount, or at times other than the Normal Retirement Age based on the following assumptions except as otherwise provided in the Plan:

1. Mortality – the projections to 175, by Project Scale D, of the Male 1971 Group Annuity Mortality Table (six years setback for all Members and no setback for contingent annuitants); and
2. Interest – 5.5%

Credited Service

Service from date of hire. A year of service requires a minimum of 1,200 hours of service during the calendar year. Any service less than 1,200 hours is prorated as follows:

Hours of Service	Credited Service
1 ,200 or more	1.00
1,080 but less than 1,200	0.90
960 but less than 1 ,080	0.80
840 but less than 960	0.70
720 but less than 840	0.60
600 but less than 720	0.50
480 but less than 600	0.40
360 but less than 480	0.30
240 but less than 360	0.20
120 but less than 240	0.10
Less than 120	0.00

Vesting Service

Service from date of hire. One year of service will be granted upon completion of 1,000 hours of service during the calendar year. No service will be granted for hours of service less than 1,000.

Former Fredericksburg/Lancaster Employees

Participation

Any hourly paid employee is eligible on date of hire.

No new employees hired in Fredericksburg will be allowed in the Plan effective April 1, 2008.

Normal Retirement

Condition

Age 65.

Benefit

\$180 times years of Credited Service.

Early Retirement

Condition

Age 55 and five years of Vesting Service.

Benefit

Accrued normal retirement benefit reduced 1/15th per year for the first five years and 1/30th per year for the next five years that actual commencement precedes normal retirement.

Disability Retirement

Condition

Ten years of Vesting Service with total and permanent disability which is expected to result in death or last at least twelve months. Must be eligible for Social Security disability benefits..

Benefit

\$1,800 commencing when Social Security disability benefits become payable and ending at the earlier of cessation of Social Security benefits or attainment of normal retirement eligibility. If payments terminate under conditions stated above, the participant shall be eligible to receive payments under provisions of a deferred vested retirement, an early retirement, or a normal retirement.

In lieu of the stated disability benefit, a participant may waive such a benefit and elect instead to receive benefits under the provisions of a deferred vested retirement.

Deferred Vested Retirement

Condition

Five years of Vesting Service.

Benefit

Accrued normal retirement benefit as of termination date commencing at normal retirement (or age 55 with five years of Vesting Service-subject to a reduction of 1/15th per year for the first five years and 1 /30th per year for the next five years that actual commencement precedes normal retirement).

Preretirement Death

Condition

Active or inactive participant with five years of Vesting Service.

Benefit

The early retirement benefit the spouse would have received had the participant terminated immediately prior to death with benefit payable on an actuarially equivalent 50% joint and survivor annuity basis beginning on or after the participant's early retirement eligibility.

Form of Benefit Payment

Normal

Single life annuity payable monthly, but for married participants, unless elected otherwise, there is in effect an automatic 50% joint and survivor option on an actuarially equivalent basis.

Optional

Actuarially equivalent 100%, 75%, 66-2/3%, or 50% joint and survivor annuity, or 10-year certain and life annuity.

Actuarial Equivalence

Equality in the value of aggregate amounts expected to be received under different forms of payment, other than a lump sum amount, or at times other than the Normal Retirement Age based on the following assumptions except as otherwise provided in the Plan:

1. Mortality – the projections to 175, by Project Scale D, of the Male 1971 Group Annuity Mortality Table (six years setback for all Members and no setback for contingent annuitants); and
2. Interest – 5.5%

Credited Service

Service from date of hire. A year of service requires a minimum of 2,000 hours of service during the calendar year. Any service less than 2, 000 hours is prorated to the next one-twelfth of a year.

Vesting Service

Service from date of hire. One year of service will be granted upon completion of 83-1/3 hours of service during the calendar year. No service will be granted for hours of service less than 83-1/3.

Former C.B.S. Employees

Participation

Any hourly paid employee is eligible on date of hire.

The Plan was frozen to new entrants effective April 1, 2008.

Normal Retirement

Condition

Age 65.

Benefit

The rate specified below times years of Credited Service:

	Annual Benefit
Retirement Date	Rate
Prior to 01/01/1991	\$198
01/01/1991 through 12/31/1991	\$216
01/01/1992 and later	\$264

This benefit is offset by any accrued benefits from the prior plan.

Early Retirement

Condition

Age 55 and 10 years of Vesting Service or 30 years of Vesting Service.

Benefit

Accrued normal retirement benefit reduced 4.8% per year for each year actual commencement precedes age 62. The benefit is unreduced for commencement after 30 years of Vesting Service.

Supplemental Benefit

Condition

Age 55 and 30 years of Vesting Service.

Benefit

Payable to age 62 and based on the following age and Credited Service schedule:

Credited	Age						
Service	55	56	57	58	59	60	61
30	\$7,080	\$7,200	\$7,320	\$7,440	\$7,560	\$7,680	\$7,800
31	\$7,368	\$7,488	\$7,608	\$7,728	\$7,848	\$7,968	\$8,088
32	\$7,644	\$7,764	\$7,884	\$8,004	\$8,124	\$8,244	\$8,364
33	\$7,932	\$8,052	\$8,172	\$8,292	\$8,412	\$8,532	\$8,652
34	\$8,208	\$8,328	\$8,448	\$8,568	\$8,688	\$8,808	\$8,928
35	\$8,496	\$8,616	\$8,736	\$8,856	\$8,976	\$9,096	\$9,216
36	\$8,772	\$8,892	\$9,012	\$9,132	\$9,252	\$9,372	\$9,492
37	\$9,060	\$9,180	\$9,300	\$9,420	\$9,540	\$9,660	\$9,780
38	\$9,336	\$9,456	\$9,576	\$9,696	\$9,816	\$9,936	\$10,056
39	-	\$9,744	\$9,864	\$9,984	\$10,104	\$10,224	\$10,344

40	-	-	\$10,140	\$10,260	\$10,380	\$10,500	\$10,620
41	-	-	-	\$10,548	\$10,668	\$10,788	\$10,908
42	-	-	-	-	\$10,944	\$11,064	\$11,184
43	-	-	-	-	-	\$11,352	\$11,472
44	-	-	-	-	-	-	\$11,748

Disability Retirement

Condition

Ten years of Vesting Service with total and permanent disability which is expected to result in death or last at least twelve months. Must be eligible for Social Security disability benefits.

Benefit

Same as normal retirement benefit with service credited to disability without reduction for commencement prior to normal retirement. Payment is for life commencing when Social Security disability benefits become payable and ending at the earlier of cessation of Social Security benefits or attainment of normal retirement eligibility. If payments terminate under conditions stated above, the participant shall be eligible to receive payments under provisions of a deferred vested retirement, an early retirement, or a normal retirement.

Deferred Vested Retirement

Condition

Five years of Vesting Service.

Benefit

Accrued normal retirement benefit as of termination date subject to an Actuarial Reduction for commencement prior to normal retirement (early commencement eligibility: 30 years of Vesting Service or age 55 and 10 years of Vesting Service).

Preretirement Death

Condition

Active or inactive participant with five years of Vesting Service.

Benefit

The early retirement benefit the spouse would have received had the participant terminated immediately prior to death with benefit payable on an actuarially equivalent 50% joint and survivor annuity basis beginning on or after the participant's early retirement eligibility.

Form of Benefit Payment

Normal

Five-year certain and life annuity payable monthly, but for married participants, unless elected otherwise, there is in effect an automatic 50% joint and survivor option on an actuarially equivalent basis.

Optional

Actuarially equivalent 100%, 75% or 50% joint and survivor annuity, or a 10 or 15-year certain and life annuity.

Actuarial Equivalence

Equality in the value of aggregate amounts expected to be received under different forms of payment, other than a lump sum amount, or at times other than the Normal

Retirement Age based on the following assumptions except as otherwise provided in the Plan:

1. Mortality – the projections to 175, by Project Scale D, of the Male 1971 Group Annuity Mortality Table (six years setback for all Members and no setback for contingent annuitants); and
2. Interest – 5.5%

Actuarial Reduction

Reductions are as follows:

Number of Years	
Early Retirement Precedes	
Normal Retirement	Factor
1	0.904
2	0.819
3	0.744
4	0.677
5	0.617
6	0.564
7	0.516
8	0.473
9	0.434
10	0.400

Credited Service

Service from date of hire. A year of service requires a minimum of 2,000 hours of service during the calendar year. Any service less than 2,000 hours is prorated to the next one-twelfth of a year.

Vesting Service

Service from date of hire. One year of service will be granted upon completion of 1,000 hours of service during the calendar year. No service will be granted for hours of service less than 1,000.

Former Continental Employees

Participation

Any employee shall become eligible upon completion of one year of service, if during this time the employee completes 1,000 or more hours of service. The Plan was frozen to new entrants effective January 1, 2005.

Normal Retirement

Condition

Age 65 and five years of participation

Benefit

\$84 times years of Credited Service.

Early Retirement

Condition

Age 55 and 10 years of Vesting Service.

Benefit

Accrued normal retirement benefit reduced 1/15th per year for the first five years and 1/30th per year for the next five years that the actual commencement precedes to normal retirement.

Deferred Vested Retirement

Condition

Five years of Vesting Service.

Benefit

Accrued normal retirement benefit as of termination date commencing at normal retirement (or age 55 with 10 years of Vesting Service-subject to a reduction of 1/15th per year for the first five years and 1 /30th per year for the next five years that actual commencement precedes normal retirement).

Preretirement Death

Condition

Active or inactive participant with five years of Vesting Service.

Benefit

The early retirement benefit the spouse would have received had the participant terminated immediately prior to death with benefit payable on an actuarially equivalent 50% joint and survivor annuity basis beginning on or after the participant's early retirement eligibility.

Form of Benefit Payment

Normal

Single life annuity payable monthly, but for married participants, unless elected otherwise, there is in effect an automatic 50% joint and survivor option on an actuarially equivalent basis.

Optional

Actuarially equivalent 100%, 75%, 66-2/3%, or 50% joint and survivor annuity, or 1 0-year certain and life annuity.

Actuarial Equivalence

Equality in the value of aggregate amounts expected to be received under different forms of payment, other than a lump sum amount, or at times other than the Normal Retirement Age based on the following assumptions except as otherwise provided in the Plan:

1. Mortality – the projections to 175, by Project Scale D, of the Male 1971 Group Annuity Mortality Table (six years setback for all Members and no setback for contingent annuitants); and
2. Interest – 5.5%

Credited Service

Service from date employee is eligible to participate in the plan. A year of service requires a minimum of 2,000 hours of service during the calendar year. Any service less than 2, 000 hours is prorated to the next one-twelfth of a year.

Vesting Service

Service from date of hire. One year of service will be granted upon completion of 1,000 hours of service during the calendar year. No service will be granted for hours of service less than 1,000.

Former Tire & Wheel Employees

Participation

Any hourly paid employee shall become eligible upon completion of one year of service, if during this time the employee completes 1,000 or more hours of service. Employees hired after January 1, 2005 are not allowed to participate in the plan.

Normal Retirement

Condition

First day of the month following age 65 or the date five years of participation has been completed, if later.

Benefit

The rate specified below times years of Credited Service (maximum of 35 years):

Annual Benefit	
Labor Grade	Rate
7 through 10	\$144
29 through 40	\$144
47 through 51	\$144
6, 27, 28 and 46	\$150
5, 25, 26 and 45	\$156
4, 23, 24 and 44	\$168
3, 21, 22 and 43	\$180
2, 19, 20 and 42	\$192
1, 18 and 41	\$204

Early Retirement

Condition

Age 55 and 10 years of Vesting Service.

Benefit

Accrued normal retirement benefit reduced 1/15th per year for the first five years and 1/30th per year for the next five years that actual commencement precedes normal retirement.

Disability Retirement

Condition

Ten years of Vesting Service with total and permanent disability which is expected to result in death or last at least twelve months. Must be eligible for Social Security disability benefits.

Benefit

Same as normal retirement benefit with service credited to disability without reduction for commencement prior to normal retirement. Payment is for life commencing when Social Security disability benefits become payable and ending at the earlier of cessation of Social Security benefits or attainment of normal retirement eligibility. If payments terminate under conditions stated above, the participant shall be eligible to receive payments under provisions of a deferred vested retirement, an early retirement, or a normal retirement.

Deferred Vested Retirement

Condition

Five years of Vesting Service.

Benefit

Accrued normal retirement benefit as of termination date commencing at normal retirement (or age 55 with 10 years of Vesting Service-subject to a reduction of 1/15th per year for the first five years and 1/30th per year for the next five years that actual commencement precedes normal retirement).

Preretirement Death

Condition

Active or inactive participant with five years of Vesting Service.

Benefit

The early retirement benefit the spouse would have received had the participant terminated immediately prior to death with benefit payable on an actuarially equivalent 100% joint and survivor annuity basis beginning on or after the participant's early retirement eligibility.

Form of Benefit Payment

Condition

Single life annuity payable monthly, but for married participants, unless elected otherwise, there is in effect an automatic 50% joint and survivor option on an actuarially equivalent basis.

Benefit

Actuarially equivalent 100%, 75%, 66-2/3%, or 50% joint and survivor annuity, or 1 0-year certain and life annuity.

Actuarial Equivalence

Equality in the value of aggregate amounts expected to be received under different forms of payment, other than a lump sum amount, or at times other than the Normal Retirement Age based on the following assumptions except as otherwise provided in the Plan:

1. Mortality – the projections to 175, by Project Scale D, of the Male 1971 Group Annuity Mortality Table (six years setback for all Members and no setback for contingent annuitants); and
2. Interest – 5.5%

Aetna Benefits

A certain group of actives and inactives have a prefunded portion of their total pension benefit paid by Aetna annuity contracts. Under the current Aetna agreement, no more existing or new actives can have a portion of their total pension benefit paid by Aetna annuity contracts.

Special Retirement and Death Benefits

Certain actively employed participants and inactive participants on May 31, 1988 were eligible for special retirement and death benefits. A member whose participant share has remained in the plan after May 31, 1988 and who retires with eligibility for a normal, early, disability, or deferred vested retirement benefit under the plan shall also be entitled to a distribution of this accrued benefit derived from employee contributions. This benefit is not valued since the liability is deemed to be immaterial.

Credited Service

Service from date employee is eligible to participate in the plan. A year of service requires plan participation for the complete calendar year and a minimum of 1,000 hours of service during the calendar year. If there is less than a complete calendar year of participation, one month of service is granted for each calendar month in which the participant works one hour.

Vesting Service

Service from date of hire. One year of service will be granted upon completion of 1,000 hours of service during the calendar year. No service will be granted for hours of service less than 1,000.

Former Logansport Employees

Participation

Any employee who is represented by P.A.C.E., Paper, Allied Industrial, Chemical & Energy Workers, Local Union No. 06-00518, A.F.L.-C.I.O., the International Paper, Allied Industrial, Chemical & Energy Workers, A.F.L.-C.I.O, and the United Paperworkers A.F.L.-C.I.O., Local Union No. 7518 is eligible upon date of hire.

Normal Retirement

Condition

Age 65 and five years of participation.

Benefit

The rate specified below times years of Credited Service (maximum of 45 years):

Retirement Date	Annual Benefit Rate
Prior to 01/01/2003	\$252
01/01/2003 through 12/31/2003	\$258
01/01/2004 through 12/31/2004	\$264
01/01/2005 and later	\$270

Early Retirement

Condition

Age 55 and 10 years of Vesting Service.

Benefit

Accrued normal retirement benefit reduced 6.0% per year for each year actual commencement precedes normal retirement.

Disability Retirement

Condition

Age 50 and 10 years of Vesting Service with total and permanent disability which is expected to result in death or last at least 12 months. Must be eligible for Social Security benefits.

Benefit

Greater of \$1,200 or normal retirement benefit with service credited to disability without reduction for commencement prior to normal retirement. Payment is for life commencing when Social Security disability benefits become payable and ending at the earlier of cessation of Social Security benefit or attainment of normal retirement eligibility. If payments terminate under conditions stated above, the participant shall be eligible to receive payments under provisions of a deferred vested retirement, an early retirement, or a normal retirement.

Deferred Vested Retirement

Condition

Five years of Vesting Service.

Benefit

Accrued normal retirement benefit as of termination date reduced 6.0% per year for each year actual commencement precedes normal retirement (early commencement eligibility: age 55 and 10 years of Vesting Service).

Preretirement Death

Condition

Active or inactive participant with five years of Vesting Service.

Benefit

The early retirement benefit the spouse would have received had the participant terminated immediately prior to death with benefit payable on an actuarially equivalent 50% joint and survivor annuity basis beginning on or after the participant's early retirement eligibility.

Form of Benefit Payment

Normal

Single life annuity payable monthly, but for married participants, unless elected otherwise, there is in effect an automatic 50% joint and survivor option on an actuarially equivalent basis.

Optional

Actuarially equivalent 100%, 66-2/3%, 75%, or 50% joint and survivor annuity, or a 5, 10 or 15-year certain and life annuity.

Actuarial Equivalence

Equality in the value of aggregate amounts expected to be received under different forms of payment, other than a lump sum amount, or at times other than the Normal Retirement Age based on the following assumptions except as otherwise provided in the Plan:

1. Mortality – the projections to 175, by Project Scale D, of the Male 1971 Group Annuity Mortality Table (six years setback for all Members and no setback for contingent annuitants); and
2. Interest – 5.5%

Credited Service

Service from date of hire. A year of service requires a minimum of 1,710 hours of service during the calendar year. Any service less than 1,710 hours is prorated as follows:

Hours of Service	Credited Service
1,710 or more	1.00
1,530 but less than 1,710	0.90
1,350 but less than 1,530	0.80
1,170 but less than 1,350	0.70
990 but less than 1,170	0.60
810 but less than 990	0.50
630 but less than 810	0.40
450 but less than 630	0.30
270 but less than 450	0.20
90 but less than 270	0.10
Less than 90	0.00

Vesting Service

Service from date of hire. One year of service will be granted upon completion of 870 hours of service during the calendar year. No service will be granted for hours of service less than 870.

Core Plan Employees

Participation

Employees hired after 2004 are no longer eligible to participate.

Normal Retirement

Condition

Age 65 and three years of Vesting Service.

Benefit

Greatest of:

- Life annuity Actuarially Equivalent (417(e) Assumption Basis) to the accumulated Cash Balance Account. The accumulated Cash Balance Account includes the Initial Balance and the sum of the Compensation Credits and Interest Credits;
- December 31, 1996 Accrued Prior Plan Benefit;
- Transition Retirement Benefit, if applicable.

Account

Condition

Active participant.

Initial Balance

Present value (Plan Assumption Basis) of the December 31, 1996 Accrued Prior Plan Benefit.

Compensation Credit

For each Plan Year that an Active Participant receives one year of Credited Service, an amount will be credited to the Active Participant's Cash Balance Account at the end of the Plan Year based on the following schedule:

Credited Service on Last Day of Plan Year	Percentage of Compensation
Less than 5 years	2%
5 to 9 years	3%
10 to 14 years	4%
15 to 19 years	5%
20 to 24 years	6%
25 or more years	7%

New Active Participants

Active participants will receive a Compensation Credit for the Plan Year in which they first become a participant. The Compensation Credit will be based on the Compensation earned during the portion of the Plan Year that the employee was an active participant.

Termination/ Retirement

Terminating/retiring participants receive a Compensation Credit for the Plan Year in which they terminate/retire. The Compensation Credit is based on Compensation for the Plan Year of termination/retirement and Credit Service at the time of termination/retirement.

Discretionary Credit

Carlisle may choose to provide an additional discretionary credit to Active Participants at the end of the year. Historically, this amount has been 0.5% per year for all Active Participants.

Interest Credit

Account

Each Plan Year the Active Participant's Cash Balance Account will be credited with interest. The interest rate for the Plan Year is equal to the one-year Treasury Constant rate for the December prior to the Plan Year plus one percent. The interest crediting rate shall not exceed 10% per year nor be lower than four percent per year. Interest will be credited on the Cash Balance Account at the end of the Plan Year.

Terminated vested participants may elect to keep their Cash Balance Account in the Plan provided their accumulated Cash Balance Account balance is greater than \$1,000. Accounts left in the Plan will be credited with interest in the same manner as the Accounts maintained for Active Participants.

Compensation Credit

Each Plan Year's Compensation Credit is made at the end of the Plan Year and, therefore, does not receive an Interest Credit for the Plan Year in which it is made.

Accrued Prior Plan Benefit

0.75% of Final Compensation not in excess of Social Security Covered Compensation (as defined in the Plan) plus 1.5% of Final Compensation in excess of Social Security Covered Compensation multiplied by Credited Service (maximum 35 years). There is a minimum benefit of \$180 times years of Credited Service (maximum 35 years). For the December 31, 1996 Accrued Prior Plan Benefit, Final Compensation, Social Security Covered Compensation and Credited Service are frozen as of December 31, 1996.

Termination Retirement

Condition

Active participant and attained age 45 on December 31, 1996 and with retirement at age 55 or later.

Benefit

Accrued Prior Plan Benefit as of date of retirement. Final Compensation, Credited Service and Social Security Covered Compensation are frozen as of December 31, 2006.

Lump Sum Benefit

Present value (417(e) Assumption Basis) of the Transition Benefit.

Early Retirement Eligibility and Reductions

Early retirement eligibility is age 55 and 10 years of Vesting Service. The reduction is 5% per year for each year actual retirement precedes normal retirement.

Disability Retirement

Condition

Total and permanent disability which is expected to result in death or last at least twelve months. Must be eligible for Social Security disability benefits.

Benefit

Same as Normal Retirement Benefit with Compensation and service credited from disability to Normal Retirement Eligibility. The disabled participant's Cash Balance Account continues to be credited with Compensation Credits and Interest Credits. Disabled participants are eligible to receive their Cash Balance Account at any time after becoming disability benefit eligible.

Preretirement Death

Condition

Three years of Vesting Service. (Five years prior to January 1, 2008.)

Benefit

Greatest of:

- Immediate life annuity Actuarially Equivalent (417(e) Assumption Basis) to the accumulated Cash Balance Account payable to the surviving spouse. The surviving spouse can elect a one-time payment equal to the accumulated Cash Balance Account.
- The December 31, 1996 Accrued Prior Plan Benefit. This benefit equals the early retirement benefit the spouse would have received had the participant terminated immediately prior to death with a benefit payable on an actuarially equivalent 100% joint and survivor annuity basis beginning on or after the participant's early retirement eligibility. The surviving spouse can elect a one-time payment equal to the present value (417(e) Assumption Basis) of this benefit.
- The Transition Retirement Benefit, if applicable. This benefit equals the early retirement benefit the spouse would have received had the participant terminated immediately prior to death with a benefit payable on an actuarially equivalent 100% joint and survivor annuity basis beginning on or after the participant's early retirement eligibility. The surviving spouse can elect a one-time payment equal to the present value (417(e) Assumption Basis) of this benefit.

For unmarried participants, or for surviving spouses who die prior to receiving their surviving spouse benefits, the accumulated Cash Balance Account shall be paid to the beneficiary named by the participant..

Deferred Vested Retirement

Condition

Three years of Vesting Service. (Five years prior to January 1, 2008.)

Benefit

Immediate life annuity Actuarially Equivalent (417(e) Assumption Basis) to the accumulated Cash Balance Account. Terminated vested participants can elect a one-time payment equal to the accumulated Cash Balance Account. There is a minimum benefit equal to the present value (417(e) Assumption Basis) of the December 31, 1996 Accrued Prior Plan Benefit.

Form of Benefit Payment

Normal

A 50% joint and survivor annuity payable monthly for married participants and a single life annuity payable monthly for single participants.

Optional

Retirement Benefit as a one-time payment. If the Retirement Benefit equals the life annuity Actuarially Equivalent (417(e) Assumption Basis) to the accumulated Cash Balance Account, then the one-time payment shall be equal to accumulated Cash Balance Account. If the Retirement Benefit equals the Transition Benefit, then the one-time payment shall equal the Transition Lump Sum Benefit. If the Retirement Benefit equals the December 31, 1996 Accrued Prior Plan Benefit, then the one-time payment

shall equal the present value (417(e) Assumption Basis) of the December 31, 1996 Accrued Prior Plan Benefit. Other optional forms include a 100%, 75%, or 66-2/3% joint and survivor annuity or a 10-year certain and life annuity. All annuities are Actuarially Equivalent (Actuarial Factors Basis) to the Retirement Benefit.

Plan Year

Calendar year.

Active Participant

An employee who has satisfied the Plan's participation requirements and who is actively working or who is absent from active employment due to disability, military service or on an authorized leave of absence

Accrued Prior Plan Benefit

Accrued monthly pension benefit based on the plan provisions in effect on December 31, 1996.

Actuarial Equivalence

Equality in the value of different amounts payable under different forms of payment. This value is determined based on assumptions regarding interest and mortality See actuarial factors basis.

Aetna Benefit

A certain group of actives and inactives have a prefunded portion of their total pension benefit paid by Aetna annuity contracts. Under the current Aetna agreement, no more existing or new actives can have a portion of their total pension benefit paid by Aetna annuity contracts.

Cash Balance Account

A bookkeeping account established and maintained for plan participants.

Actuarial Factors Basis

1971 Group Annuity Mortality Table (projected to 1975 by Scale D, set back six years for all participants with no setback for contingent annuitants) and an interest rate of 6.0%. This assumption basis is used to determine optional payment forms.

417(e) Assumption Basis

Interest rates and mortality as specified in code section 417(e). These are the assumptions currently used for small amount lump sum cash outs. This assumption basis will be used for converting the Cash Balance Accounts into life annuities at retirement or termination.

Plan Assumption Basis

1983 Group Annuity Mortality Table (weighted 50/50; male/female) and an interest rate of 7.5% This assumption basis is used in determining the present value of the December 31, 1996 accrued benefit which will be the initial Cash Balance Account balance.

Vesting Service

Service from date of hire. One year of Vesting Service will be granted upon completion of 1,000 hours of service during the calendar year. No Vesting Service will be granted for hours of service less than 1,000.

Credited Service

Service from the date the employee is eligible to participate in the Plan. Periods while an "inactive participant" (such as after a transfer to a location not covered by the Plan) or while on an authorized but unpaid leave of absence are excluded. One month of service is granted for each calendar month in which the participant works one hour.

Social Security Covered Compensation

35-year average of the taxable wage bases under the Social Security Act ending in the year that the participant attains Social Security Normal Retirement Age.

Social Security Normal Retirement Age

Participant's Year of Birth	Social Security Normal Retirement Age
Before 1938	65
1938-1954	66
After 1954	67

Compensation

W-2 earnings subject to the following adjustments:

- Subtract any amounts reported for:
 - Value of group life insurance of more than \$50,000;
 - Value of non-qualified stock options exercised during the year;
 - Other non-cash compensation;
 - Value of moving, tuition and automobile expense reimbursements; and
 - Lump sum severance payments.
- Add the amount of any payroll deductions for pre-tax contributions to EISP or Section 125 Plan.

Compensation used by the Plan will be limited by the Code Section 401 (a)(17) qualified pay cap.

Final Compensation

Average of the participant's annual compensation for any five consecutive calendar years prior to 2007 in which such pay was the highest.

Schedule SB, line 26 – Schedule of Active Participant Data as of
January 1, 2014

EIN/PN: 23-0457510/007

Summary of Participant Data – Cash Balance Participants

Distribution of Active Participants with Average Compensation and Cash Balance Accounts

Attained Age	Years of Credited Service										Total
	Under 1	1 – 4	5 – 9	10 – 14	15 – 19	20 – 24	25 – 29	30 – 34	35 – 39	Over 39	
Under 25											
25 – 29			1								1
30 – 34			8	15	2						25 62,022
35 – 39			11	25 70,143 23,608	17	1					54 66,166
40 – 44			9	25 72,098 24,685	37 86,064 46,891	15	1				87 75,287
45 – 49			2	22 78,432 25,287	29 69,319 39,302	16	13	3			85 72,476
50 – 54			3	33 79,676 31,005	33 103,200 49,589	15	29 81,049 78,102	29 90,680 107,974	11		153 90,785
55 – 59			1	17	14	9	18	35 91,147 119,434	35 74,162 108,825	6	135 85,870
60 – 64		1	2	13	10	5	12	17	10	14	84 81,263
65 – 69				1	4	2	1	2	2	2	14
Over 69				1	1						2
Total		1	37 56,096 14,212	152 73,077 26,286	147 82,788 44,910	63 93,189 61,630	74 92,703 86,088	86 93,409 115,887	58 74,16 111,384	22 64,824 124,082	640 81,008 63,540

Schedule SB, line 26 – Schedule of Active Participant Data as of
January 1, 2014

Retirement Plan for Employees of Carlisle Corporation
Year: 2014
EIN/PN: 23-0457510/007

Summary of Participant Data – Non-Cash Balance Participants

Distribution of Active Participants

Attained Age	Years of Credited Service										Total
	Under 1	1 – 4	5 – 9	10 – 14	15 – 19	20 – 24	25 – 29	30 – 34	35 – 39	Over 39	
Under 25											
25 – 29		1									1
30 – 34		2	4	2							8
35 – 39		3	9	2	3						17
40 – 44		1	1	12	6	2					22
45 – 49		3	10	13	11	5	1				43
50 – 54		3	7	5	8	3	3	5	2		36
55 – 59		1	4	8	4	4	1	11	1		34
60 – 64		1	3	5	7	3		2	1	1	23
65 – 69			1	5			1	1			8
Over 69			1	1	1						3
Total		15	40	53	40	17	6	19	4	1	195

	Funding Standard Carryover Balance	Prefunding Balance
(1) Beginning Balance, January 1, 2013	\$ 18,146,757	\$ 29,514,379
(2) Balances Used During 2013		
(a) Balance Applied to 2013 MRC	\$ 3,015,145	\$ 0
(b) Balance Waived or Deemed Waived for 2013 Plan Year	<u>0</u>	<u>0</u>
(c) Total	\$ 3,015,145	\$ 0
(3) Amount Remaining, (1) – 2(c)	\$ 15,131,612	\$ 29,514,379
(4) Investment Return During 2013 Plan Year	-0.15%	-0.15%
(5) Interest Earned on Balance, (3) x (4)	\$ (22,697)	\$ (44,272)
(6) Prior Year Excess Contributions		
(a) Excess 2013 Plan Year Contributions	N/A	\$ 0
(b) Interest to December 31, 2013	N/A	<u>0</u>
(c) Total Available to Add to Balance	N/A	\$ 0
(d) Excess Contributions Added to Balance	N/A	\$ 0
(7) Preliminary Balance, January 1, 2014, (3) + (5) + 6(d)	\$ 15,108,915	\$ 29,470,107
(8) Balance Waived or Deemed Waived for 2014 Plan Year	<u>0</u>	<u>0</u>
(9) Balance, January 1, 2014, (7) – (8)	\$ 15,108,915	\$ 29,470,107
(10) Spin-off Allocation to Carlisle Corporation	0.88767713	0.88767713
(11) Final Balance, January 1, 2014, (9) x (10)	\$ 13,411,838	\$ 26,159,940

**RETIREMENT PLAN FOR EMPLOYEES OF
CARLISLE CORPORATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 23-0457510
PLAN NUMBER 007
December 31, 2014**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
		<u>Fixed Income Mutual Funds</u>		
*	SEI Private Trust Company	Core Fixed Income Fund	\$ 62,493,029	\$ 64,486,047
*	SEI Private Trust Company	High Yield Bond Fund	13,343,511	13,359,340
*	SEI Private Trust Company	Long Duration Fund	71,182,975	75,072,691
		Total Fixed Income Mutual Funds	147,019,515	152,918,078
		<u>Equity Mutual Funds</u>		
*	SEI Private Trust Company	Extended Market Index A Fund	2,997,463	3,667,075
*	SEI Private Trust Company	Institutional Investments S&P 500 Index Fund	12,193,290	13,849,796
*	SEI Private Trust Company	World Equity EX-US Fund	2,992,188	3,592,330
		Total Equity Mutual Funds	18,182,941	21,109,201
		Total	<u>\$ 165,202,456</u>	<u>\$ 174,027,279</u>

* Indicates party-in-interest

**RETIREMENT PLAN FOR EMPLOYEES OF
CARLISLE CORPORATION
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 23-0457510
PLAN NUMBER 007
Year Ended December 31, 2014**

(a)	(b)	(c)	(d)	(e)	(f)
Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Category (i)- Single Transactions Exceeding 5% of value					
SEI Investments Company:					
Long Duration Fund	\$ -	\$ 7,999,614	\$ 7,842,375	\$ 7,999,614	\$ 157,239
Category (iii) - Series of transactions in excess of 5% of Plan assets					
SEI Investments Company:					
Core Fixed Income Fund	\$ 5,854,038	\$ -	\$ 5,854,038	\$ 5,854,038	\$ -
Core Fixed Income Fund	\$ -	\$ 11,718,285	\$ 11,408,423	\$ 11,718,285	\$ 309,862
Long Duration Fund	\$ 3,906,884	\$ -	\$ 3,906,884	\$ 3,906,884	\$ -
Long Duration Fund	\$ -	\$ 18,223,638	\$ 17,727,172	\$ 18,223,638	\$ 496,466

**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

Retirement Plan for Employees of Carlisle Corporation

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

Carlisle Corporation

B Three-digit
plan number (PN) ▶

007

D Employer Identification Number (EIN)

23-0457510

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 1 Day 1 Year 2014**2** Assets:**a** Market value **2a** 140,563,951**b** Actuarial value **2b** 145,755,725**3** Funding target/participant count breakdown**a** For retired participants and beneficiaries receiving payment..... (1) Number of participants 1,483 (2) Vested Funding Target 52,086,789 (3) Total Funding Target 52,086,789**b** For terminated vested participants..... 809 17,360,153 17,360,153**c** For active participants..... 835 40,151,399 40,658,845**d** Total..... 3,127 109,598,341 110,105,787**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** 6.26%**6** Target normal cost **6** 2,990,114**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***Thomas A. Vaught*
Signature of actuary

10/07/2015

Date

Thomas A. Vaught

Type or print name of actuary

14-06120

Most recent enrollment number

BPSM LLC

Firm name

(615) 665-5437

Telephone number (including area code)

5301 Virginia Way
Suite 400
Brentwood

Address of the firm

TN 37027

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)	18,146,757	29,514,379
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	3,015,145	0
9 Amount remaining (line 7 minus line 8)	15,131,612	29,514,379
10 Interest on line 9 using prior year's actual return of <u>-0.15%</u>	-22697	-44272
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.14%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	1,697,077	3310167
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	13,411,838	26159940

Part III Funding Percentages

14 Funding target attainment percentage	14	96.43 %
15 Adjusted funding target attainment percentage	15	132.37 %
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	106.68 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
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 60
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	2,990,114
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment			
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	2,990,114
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	2,990,114	0	2,990,114
36 Additional cash requirement (line 34 minus line 35)		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX Pension Funding Relief Under 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	