

|                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                              |
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| <b>Form 5500</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2015</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                    |                                                                                                                                                                                                                                   |  |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                    |                                                                                                                                                                                                                                   |  |
| For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u> |                                                                                                                                    |                                                                                                                                                                                                                                   |  |
| <b>A</b>                                                                                                 | This return/report is for:                                                                                                         | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or |  |
|                                                                                                          | <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                          |                                                                                                                                                                                                                                   |  |
| <b>B</b>                                                                                                 | This return/report is:                                                                                                             | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;                                                                                                                               |  |
|                                                                                                          | <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |                                                                                                                                                                                                                                   |  |
| <b>C</b>                                                                                                 | If the plan is a collectively-bargained plan, check here. . . . . <input checked="" type="checkbox"/>                              |                                                                                                                                                                                                                                   |  |
| <b>D</b>                                                                                                 | Check box if filing under:                                                                                                         | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;                                                                                           |  |
|                                                                                                          | <input type="checkbox"/> special extension (enter description)                                                                     |                                                                                                                                                                                                                                   |  |

|                |                                                                                                                                                                                                                                                                                                                                                              |           |                                                           |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------|
| <b>Part II</b> | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                               |           |                                                           |
| <b>1a</b>      | Name of plan<br><u>JARDEN CORPORATION SAVINGS AND RETIREMENT PLAN</u>                                                                                                                                                                                                                                                                                        | <b>1b</b> | Three-digit plan number (PN) ▶ <u>002</u>                 |
|                |                                                                                                                                                                                                                                                                                                                                                              | <b>1c</b> | Effective date of plan<br><u>04/02/1993</u>               |
| <b>2a</b>      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>JARDEN CORPORATION</u><br><br><u>2381 NW EXECUTIVE CENTER DRIVE</u><br><u>BOCA RATON, FL 33431</u> | <b>2b</b> | Employer Identification Number (EIN)<br><u>35-2551881</u> |
|                |                                                                                                                                                                                                                                                                                                                                                              | <b>2c</b> | Plan Sponsor's telephone number<br><u>561-912-4660</u>    |
|                |                                                                                                                                                                                                                                                                                                                                                              | <b>2d</b> | Business code (see instructions)<br><u>327210</u>         |

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

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

|                                                                                                 |                                                   |            |                                                              |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                | Filed with authorized/valid electronic signature. | 07/29/2016 | WILLIAM APPERT                                               |
|                                                                                                 | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                | Filed with authorized/valid electronic signature. | 07/29/2016 | WILLIAM APPERT                                               |
|                                                                                                 | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                |                                                   |            |                                                              |
|                                                                                                 | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address (include room or suite number) |                                                   |            | Preparer's telephone number                                  |
|                                                                                                 |                                                   |            |                                                              |

|                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                           | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                             |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br>JARDEN CORPORATION                                                                                                                                                                            | <b>4b</b> EIN<br>35-1828377<br><b>4c</b> PN<br>002                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                            | <b>5</b> 10130                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                             | <b>6a(1)</b> 7749                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                  | <b>6a(2)</b> 7571                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                 | <b>6b</b> 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                  | <b>6c</b> 2952                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                        | <b>6d</b> 10524                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                                                                                                                                                                                                                                                                                          | <b>6e</b> 22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                            | <b>6f</b> 10546                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                     | <b>6g</b> 9791                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                        | <b>6h</b> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                               | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2S 2T 3D 3H                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                      | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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| <b>Part III</b> | <b>Form M-1 Compliance Information (to be completed by welfare benefit plans)</b> |
|-----------------|-----------------------------------------------------------------------------------|

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**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.

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

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**11c** Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 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 \_\_\_\_\_

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|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2015</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015 |                                                             |     |
| <b>A</b> Name of plan<br>JARDEN CORPORATION SAVINGS AND RETIREMENT PLAN                    | <b>B</b> Three-digit plan number (PN) ▶                     | 002 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>JARDEN CORPORATION        | <b>D</b> Employer Identification Number (EIN)<br>35-2551881 |     |

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

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| ACADIAN FUNDS                                                                                                     |
| 04-2929221                                                                                                        |

|                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |
| NORTHERN FUNDS                                                                                                   |
| 39-1777365                                                                                                       |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| METROPOLITAN WEST FUNDS                                                                                           |
| 95-4597302                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| VANGUARD                                                                                                          |
| 23-1945930                                                                                                        |

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

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AMERICAN BEACON

75-2401150

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

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RIDGEWORTH

58-1604573

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

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GOLDMAN SACHS

13-5108880

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

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JPMORGAN

13-2624428

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

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HARBOR

04-2679462

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

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PIMCO FUNDS

95-2632339

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

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PRUDENTIAL INVESTMENTS

22-3703799

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

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T. ROWE PRICE

52-2264646

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

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VICTORY

13-2700161

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

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AMERICAN FUNDS

95-1411037

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

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FIDELITY INVESTMENTS

06-1194217

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

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

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

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

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**(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)

WELLS FARGO BANK, N.A.

94-1347393

| (b)<br>Service Code(s)     | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|----------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 21 37 49<br>50 60 62 64 | SERVICE PROVIDER                                                                                  | 783464                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

CAPTRUST FINANCIAL ADVISORS

26-0058143

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 50                     | NONE                                                                                              | 86250                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BKD, LLP

44-0160260

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 50                     | NONE                                                                                              | 35577                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

MORNINGSTAR ASSOCIATES, LLC

36-4317381

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 51                  | NONE                                                                                              | 11741                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

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

  

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

  

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                           |                                                                                                                                                                                                                              |                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2015</b><br><br><b>This Form is Open to Public Inspection.</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

|                                                                                                   |                                                                    |  |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--|
| <b>A</b> Name of plan<br><u>JARDEN CORPORATION SAVINGS AND RETIREMENT PLAN</u>                    | <b>B</b> Three-digit plan number (PN) <b>►</b> <u>002</u>          |  |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>JARDEN CORPORATION</u> | <b>D</b> Employer Identification Number (EIN)<br><u>35-2551881</u> |  |

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

|                                                                                           |                               |                                                                                                                     |  |  |
|-------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|--|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO STABLE RETURN FUND N15</u>  |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>           |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>80-6052573-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>73066857</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF/BLACKROCK INT'L EQ INDEX CIT</u>     |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>           |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>52-2265229-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>248127</u>   |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO CORE BOND CIT</u>           |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>           |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>94-3222878-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>956632</u>   |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF/CAUSEWAY INT'L VALUE CIT</u>         |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>           |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>47-6375784-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>470759</u>   |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO/MFS VALUE CIT</u>           |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>           |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>45-6648640-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1225274</u>  |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO/MULTI-MGR SMALL CAP CIT</u> |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>           |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>45-6648658-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>429529</u>   |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF/TRP INST. EQ. INCOME MGD CIT</u>     |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>           |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>46-6586666-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>487160</u>   |  |  |

|                                                                                                      |                                        |                                                                                                                            |
|------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">WELLS FARGO STABLE RETURN FUND</a>        |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">WELLS FARGO BANK, N.A.</a>             |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">46-6208187-001</a>                                                       | <b>d</b> Entity code <a href="#">C</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">361728</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">WF/BLACKROCK RUSSELL 2000 INDEX CIT</a>   |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">WELLS FARGO BANK, N.A.</a>             |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">52-2265233-001</a>                                                       | <b>d</b> Entity code <a href="#">C</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">69142</a>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">WF/TRP INST LRG CAP GRWTH MGD CIT</a>     |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">WELLS FARGO BANK, N.A.</a>             |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">45-6648614-001</a>                                                       | <b>d</b> Entity code <a href="#">C</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">598992</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">WELLS FARGO INTERNATIONAL BOND CIT</a>    |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">WELLS FARGO BANK, N.A.</a>             |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">46-6136833-001</a>                                                       | <b>d</b> Entity code <a href="#">C</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">427258</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">WELLS FARGO LARGE CAP GROWTH CIT</a>      |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">WELLS FARGO BANK, N.A.</a>             |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">56-6649361-001</a>                                                       | <b>d</b> Entity code <a href="#">C</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">0</a>      |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">WF/BLACKROCK S&amp;P MIDCAP INDEX CIT</a> |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">WELLS FARGO BANK, N.A.</a>             |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">52-2265235-001</a>                                                       | <b>d</b> Entity code <a href="#">C</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">193194</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">WF/BLACKROCK S&amp;P 500 INDEX CIT</a>    |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">WELLS FARGO BANK, N.A.</a>             |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">94-3224211-001</a>                                                       | <b>d</b> Entity code <a href="#">C</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">474391</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">WF/BLACKROCK US AGG BOND INDEX CIT</a>    |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">WELLS FARGO BANK, N.A.</a>             |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">20-5699010-001</a>                                                       | <b>d</b> Entity code <a href="#">C</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">436639</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">WF/DODGE &amp; COX INTERM BOND CIT</a>    |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">WELLS FARGO BANK, N.A.</a>             |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">47-6566265-001</a>                                                       | <b>d</b> Entity code <a href="#">C</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">672684</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                       |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a):                                                    |                                        |                                                                                                                            |
| <b>c</b> EIN-PN                                                                                      | <b>d</b> Entity code                   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                        |

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2015</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><u>JARDEN CORPORATION SAVINGS AND RETIREMENT PLAN</u>                                                                                                                                                                                           | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>002</u>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>JARDEN CORPORATION</u>                                                                                                                                                                               | <b>D</b> Employer Identification Number (EIN)<br><u>35-2551881</u>                                                                                                                                                                                                           |                                                                                                          |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |  | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |  |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                 |  |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     |  | 22304                 | -1              |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |  |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  |  |                       |                 |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>                  |  |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>                  |  |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |  |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  |  |                       |                 |
| <b>(2)</b> U.S. Government securities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(2)</b>                  |  |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |  |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |  |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b>               |  |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |  |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |  |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |  |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |  | 9902837               | 9556634         |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>                  |  | 81500610              | 80118366        |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(10)</b>                 |  |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |  |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |  |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>                 |  | 363205714             | 356523139       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |  |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>                 |  |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 454631465             | 446198138       |

**Liabilities**

|                                                                           |           |       |   |
|---------------------------------------------------------------------------|-----------|-------|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |       |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |       |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |       |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 10211 |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 10211 | 0 |

**Net Assets**

|                                                           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 454621254 | 446198138 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**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 Contributions:**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 6914600    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 25548954   |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 2486474    |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 34950028  |

**b Earnings on investments:****(1) Interest:**

|                                                                                                      |                 |        |        |
|------------------------------------------------------------------------------------------------------|-----------------|--------|--------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> |        |        |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |        |        |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |        |        |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |        |        |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> | 426731 |        |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> |        |        |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |        | 426731 |

|                                                                                           |                 |         |         |
|-------------------------------------------------------------------------------------------|-----------------|---------|---------|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> |         |         |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> |         |         |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> | 5737752 |         |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |         | 5737752 |

|                 |              |  |  |
|-----------------|--------------|--|--|
| (3) Rents ..... | <b>2b(3)</b> |  |  |
|-----------------|--------------|--|--|

|                                                                                           |                 |  |   |
|-------------------------------------------------------------------------------------------|-----------------|--|---|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> |  |   |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> |  |   |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |  | 0 |

|                                                                                                    |                 |  |   |
|----------------------------------------------------------------------------------------------------|-----------------|--|---|
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                 | <b>2b(5)(A)</b> |  |   |
| <b>(B)</b> Other .....                                                                             | <b>2b(5)(B)</b> |  |   |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> ..... | <b>2b(5)(C)</b> |  | 0 |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | 1042172   |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | -9526252  |
| c Other income .....                                                                            | 2c     |            | -245      |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 32630186  |

**Expenses**

|                                                                                      |       |          |          |
|--------------------------------------------------------------------------------------|-------|----------|----------|
| e Benefit payment and payments to provide benefits:                                  |       |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 40136522 |          |
| (2) To insurance carriers for the provision of benefits .....                        | 2e(2) |          |          |
| (3) Other .....                                                                      | 2e(3) |          |          |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                        | 2e(4) |          | 40136522 |
| f Corrective distributions (see instructions) .....                                  | 2f    |          |          |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |          | 44852    |
| h Interest expense .....                                                             | 2h    |          |          |
| i Administrative expenses: (1) Professional fees .....                               | 2i(1) |          |          |
| (2) Contract administrator fees .....                                                | 2i(2) |          |          |
| (3) Investment advisory and management fees .....                                    | 2i(3) |          |          |
| (4) Other .....                                                                      | 2i(4) | 871928   |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |          | 871928   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |          | 41053302 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | -8423116 |
| l Transfers of assets:                                   |       |  |          |
| (1) To this plan .....                                   | 2l(1) |  |          |
| (2) From this plan .....                                 | 2l(2) |  |          |

**Part III Accountant's Opinion**

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

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

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

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

☒ Yes ☐ No

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

(1) Name: **BKD**

(2) EIN: **44-0160260**

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

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

**Part IV Compliance Questions**

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

During the plan year:

|                                                                                                                                                                                                                                                                                                                  | Yes | No                                  | N/A | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------|-----|--------|
| <b>a</b> 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.) .....                 |     | <input checked="" type="checkbox"/> |     |        |
| <b>b</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.) ..... |     | <input checked="" type="checkbox"/> |     |        |

|                                                                                                                                                                                                                         | Yes | No | N/A | Amount   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|----------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)                                          |     | X  |     |          |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)                               |     | X  |     |          |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                      | X   |    |     | 10000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                       |     | X  |     |          |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                    |     | X  |     |          |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?                                          |     | X  |     |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                | X   |    |     |          |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) |     | X  |     |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                           |     | X  |     |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                            |     | X  |     |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                  |     | X  |     |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.                                     |     |    |     |          |
| <b>o</b> Did the plan trust incur unrelated business taxable income?                                                                                                                                                    |     |    |     |          |
| <b>p</b> Were in-service distributions made during the plan year?                                                                                                                                                       |     |    |     |          |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  
 If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount:

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

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

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

## Part V Trust Information

|                                        |                                                     |
|----------------------------------------|-----------------------------------------------------|
| <b>6a</b> Name of trust                | <b>6b</b> Trust's EIN                               |
| <b>6c</b> Name of trustee or custodian | <b>6d</b> Trustee's or custodian's telephone number |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2015</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

|                                                                                            |                                                                    |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>JARDEN CORPORATION SAVINGS AND RETIREMENT PLAN</u>             | <b>B</b> Three-digit plan number (PN) ▶<br><u>002</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>JARDEN CORPORATION</u> | <b>D</b> Employer Identification Number (EIN)<br><u>35-2551881</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>41-6257133</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> |          |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                             |                                                                                                                         |                             |                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                        | <input type="checkbox"/> Yes                                                                                            | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                        |                                                                                                                         |                             |                              |
| <b>5</b> 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. |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                              | <b>6a</b>                                                                                                               |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                  | <b>6b</b>                                                                                                               |                             |                              |
| <b>c</b> 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).....                                                                                                                             | <b>6c</b>                                                                                                               |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                               |                                                                                                                         |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                          | <input type="checkbox"/> Yes                                                                                            | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... | <input type="checkbox"/> Yes                                                                                            | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                             |                                   |                                   |                               |                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. .... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2015  
v. 150123

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

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

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

|           |                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ..... <input type="checkbox"/> |
| <b>19</b> | If the total number of participants is 1,000 or more, complete lines (a) through (c)                                                                                                                                                                                                                                                                                                                  |
|           | <b>a</b> Enter the percentage of plan assets held as:<br>Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%                                                                                                                                                                                                                                        |
|           | <b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br><input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more  |
|           | <b>c</b> What duration measure was used to calculate line 19(b)?<br><input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____                                                                                                                                                 |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                                                                                |                                                          |                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| <b>20a</b> Is the plan a 401(k) plan? .....                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |
| <b>20b</b> If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? .....                                                              | <input type="checkbox"/> Design-based safe harbor method | <input type="checkbox"/> ADP/ACP test                    |
| <b>20c</b> If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))? .....                   | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |
| <b>21a</b> Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): .....                                                                                                                                              | <input type="checkbox"/> Ratio percentage test           | <input type="checkbox"/> Average benefit test            |
| <b>21b</b> Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? .....                                                                           | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |
| <b>22a</b> Has the plan been timely amended for all required tax law changes? .....                                                                                                                                                                                            | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No <input type="checkbox"/> N/A |
| <b>22b</b> Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).                                                                            |                                                          |                                                          |
| <b>22c</b> If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____. |                                                          |                                                          |
| <b>22d</b> If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.                                                                           |                                                          |                                                          |
| <b>23</b> Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? .....                               | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |

# **Jarden Corporation Savings and Retirement Plan**

EIN 35-2551881    PN 002

Independent Auditor's Report and Financial Statements

December 31, 2015 and 2014

# Jarden Corporation Savings and Retirement Plan

December 31, 2015 and 2014

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## Independent Auditor's Report

Plan Administrator  
Jarden Corporation Savings and Retirement Plan  
Boca Raton, Florida

### Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Jarden Corporation Savings and Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, 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.

### *Auditor's Responsibility*

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

### *Basis for Disclaimer of Opinion*

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, N.A, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and notes receivable from participants and executes investment transactions. The Plan Administrator has obtained certifications from the trustee as of and for the years ended December 31, 2015 and 2014, 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 listed in the table of contents is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974* and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

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

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

*BKD, LLP*

Indianapolis, Indiana  
June 15, 2016

Federal Employer Identification Number: 44-0160260

# Jarden Corporation Savings and Retirement Plan

## Statements of Net Assets Available for Benefits

December 31, 2015 and 2014

|                                                                                                                                         | 2015                  | 2014                  |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| <b>Assets</b>                                                                                                                           |                       |                       |
| <b>Investments</b> , at fair value                                                                                                      | \$ 437,008,746        | \$ 445,752,307        |
| <b>Receivables</b>                                                                                                                      |                       |                       |
| Notes receivable from participants                                                                                                      | 9,733,944             | 10,035,293            |
| Employer's contribution                                                                                                                 | 82,671                | 98,944                |
|                                                                                                                                         | <u>9,816,615</u>      | <u>10,134,237</u>     |
| <b>Cash</b>                                                                                                                             | <u>-</u>              | <u>12,093</u>         |
| <b>Net Assets Available for Benefits, at Fair Value</b>                                                                                 | 446,825,361           | 455,898,637           |
| Adjustment from fair value to contract value for interest in collective trust relating to fully benefit-responsive investment contracts | <u>(367,241)</u>      | <u>(1,045,983)</u>    |
| <b>Net Assets Available for Benefits</b>                                                                                                | <u>\$ 446,458,120</u> | <u>\$ 454,852,654</u> |

# Jarden Corporation Savings and Retirement Plan

## Statements of Changes in Net Assets Available for Benefits

### Years Ended December 31, 2015 and 2014

|                                                              | 2015                         | 2014                         |
|--------------------------------------------------------------|------------------------------|------------------------------|
| <b>Additions</b>                                             |                              |                              |
| <b>Investment Income (Loss)</b>                              |                              |                              |
| Net appreciation (depreciation) in fair value of investments | \$ (10,400,056)              | \$ 20,541,087                |
| Interest and dividends                                       | 7,653,728                    | 7,996,172                    |
| Miscellaneous income                                         | 268                          | 36,934                       |
| Net investment income (loss)                                 | <u>(2,746,060)</u>           | <u>28,574,193</u>            |
| <b>Interest Income on Notes Receivable From Participants</b> | <u>426,731</u>               | <u>419,988</u>               |
| <b>Contributions</b>                                         |                              |                              |
| Employer                                                     | 6,897,817                    | 6,488,895                    |
| Participants                                                 | 25,548,954                   | 23,794,970                   |
| Rollovers                                                    | 2,486,474                    | 2,044,674                    |
|                                                              | <u>34,933,245</u>            | <u>32,328,539</u>            |
| <b>Transfer-in of</b>                                        |                              |                              |
| Lifoam Industries LLC 401(k) Savings Plan                    | -                            | 3,633,073                    |
| Backcountry Access, Inc. 401(k) Plan                         | -                            | 1,084,394                    |
|                                                              | <u>-</u>                     | <u>4,717,467</u>             |
| Total additions                                              | <u>32,613,916</u>            | <u>66,040,187</u>            |
| <b>Deductions</b>                                            |                              |                              |
| Benefits paid to participants                                | 40,136,522                   | 42,454,557                   |
| Administrative expenses                                      | 871,928                      | 711,482                      |
| Total deductions                                             | <u>41,008,450</u>            | <u>43,166,039</u>            |
| <b>Net Increase (Decrease)</b>                               | (8,394,534)                  | 22,874,148                   |
| <b>Net Assets Available for Benefits, Beginning of Year</b>  | <u>454,852,654</u>           | <u>431,978,506</u>           |
| <b>Net Assets Available for Benefits, End of Year</b>        | <u><u>\$ 446,458,120</u></u> | <u><u>\$ 454,852,654</u></u> |

# Jarden Corporation Savings and Retirement Plan

## Notes to Financial Statements

December 31, 2015 and 2014

### Note 1: Description of the Plan

The following description of the Jarden Corporation Savings and Retirement Plan (Plan) provides only general information. Participants should refer to the Plan Document and *Summary Plan Description*, which are available from the Plan Administrator, for a more complete description of the Plan's provisions.

#### **General**

The Plan is a defined-contribution plan sponsored by Jarden Corporation (Company) for the benefit of certain hourly and salaried employees who have at least 30 days of continuous employment and are age 18 or older. Effective January 1, 2015, the Plan was amended to change eligibility to age 21 or older. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). Wells Fargo Bank, N.A. serves as the trustee of the Plan.

#### **Contributions**

The Plan permits eligible employees through a compensation deferral election to make annual contributions of 1% to 50% of eligible compensation. Effective January 1, 2015, the Plan was amended to adjust the maximum employee contributions to 75% of eligible compensation. Employee rollover and catch-up contributions are also permitted. Contributions are subject to certain limitations.

The Plan provides for a discretionary Company contribution as determined by the Plan Sponsor. No discretionary profit-sharing contribution was made during 2015 or 2014. The Company also makes a fixed employer match of 50% of the first 3% and 25% of the next 2% of eligible compensation for the majority of the noncollectively bargained employees and Enka Bargained Employees. All remaining employees have various employer matching contributions as specifically defined by the plan.

The Plan includes a nonelective fixed contribution for participants who were employed at the Company's McMinnville, Tennessee facility on December 31, 2005, and were accruing benefits under the Sunbeam Products, Inc. Consolidated Retirement Plan. The participant must remain employed at the McMinnville, Tennessee facility on the last day of the Plan year. A participant who has less than 30 years of service on the last day of the Plan year will receive a contribution of 1.5% of eligible compensation, and a participant who has greater than 30 years of service on the last day of the Plan year will receive a contribution of 2.5% of eligible compensation.

Lifoam Industries, LLC 401(k) Savings Plan and the Backcountry Access, Inc. 401(k) Plan merged into the Plan effective February 1, 2014.

The Plan includes an automatic deferral feature whereby new participants are treated as electing to defer 3% of eligible compensation unless the participant makes an affirmative election otherwise. The automatic deferral feature does not apply to certain bargained employees as defined in the Plan Document.

# **Jarden Corporation Savings and Retirement Plan**

## **Notes to Financial Statements December 31, 2015 and 2014**

### ***Administration***

The Company delegates the day-to-day administration of the Plan to an administrative committee appointed by the Board of Directors.

### ***Participant Investment Account Options***

Investment account options available include various funds. Each participant has the option of directing their employee and Company contributions into any of the separate investment accounts and may change the allocation daily.

### ***Participant Accounts***

Each participant's account is credited with the participant's contribution and allocation of the Company's contribution, Plan earnings and administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### ***Vesting***

Participants are immediately vested in their voluntary and matching contributions plus earnings thereon. Employer contributions from merged plans are vested balances on years of continuous service, as defined by the Plan.

Forfeited nonvested accounts totaled \$87,092 and \$83,904 at December 31, 2015 and 2014.

### ***Payment of Benefits***

A participant or his beneficiary may only elect to receive a lump-sum amount equal to the vested value of the participant's account upon the participants' death or termination of service. Withdrawals other than for termination are permitted under circumstances provided by the Plan.

### ***Notes Receivable From Participants***

The Plan Document includes provisions authorizing loans from the Plan to active eligible participants. The minimum amount of a loan shall be \$1,000. The maximum amount of a loan is determined by the available loan balance restricted to the lesser of \$50,000 or 50% of the vested portion of their account balance. All loans are covered by demand notes and are repayable over a period not to exceed five years (except for loans for the purchase of a primary residence) through payroll withholdings or periodic payments. Loans bear a fixed interest rate of 1% above the prime interest rate as promulgated by Wells Fargo Bank, N.A.

Notes receivable from participants are reported at the amortized principal balance plus accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan Document.

# **Jarden Corporation Savings and Retirement Plan**

## **Notes to Financial Statements December 31, 2015 and 2014**

### ***Plan Termination***

Although it has not expressed an intention 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 of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

### ***Subsequent Events***

Subsequent events have been evaluated through the date of the Independent Auditor's Report, which is the date the financial statements were available to be issued.

Effective January 1, 2016, the Plan was amended to change the fixed employer match to 50% of the first 4% and 12.5% of the next 4% of eligible compensation for the majority of the noncollectively bargained employees and Enka Bargained Employees.

Effective April 16, 2016, Jarden Corporation was acquired by Newell Rubbermaid.

## **Note 2: Summary of Significant Accounting Policies**

### ***Method of Accounting***

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

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

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets available for benefits. Actual results could differ from those estimates.

### ***Valuation of Investments and Income Recognition***

Investments are valued at quoted market price or prices established by local security brokers. Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year end. The Plan's interests in the common collective trust funds are valued based on information reported by the investment advisor using the audited financial statements of the common collective trust funds at year end. The collective investment fund invests in investments that pursue multiple strategies to exceed the performance of certain industrial averages. The funds may invest in securities, guaranteed investment contracts, a combination of other collective funds, or swap and option contracts. The net asset value of the fund is determined by utilizing the values of the underlying assets. The fund can be redeemed daily.

# **Jarden Corporation Savings and Retirement Plan**

## **Notes to Financial Statements December 31, 2015 and 2014**

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts, because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in investment contracts through collective trusts. For the years ended December 31, 2015 and 2014, the investments in the Wells Fargo Stable Return Fund N15 and Wells Fargo Stable Return Fund Advice Track are considered to be fully benefit-responsive. The statements of net assets available for benefits present the fair value of the investment in the collective trust, as well as the adjustment of the investment in the collective trust from fair value to contract value relating to the investment contracts. The statements of changes in net assets available in benefits are prepared on a contract value basis.

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.

### ***Plan Tax Status***

The Plan operates under a nonstandardized adoption agreement in connection with a prototype retirement plan and trust document sponsored by Wells Fargo Bank, N.A. This prototype plan document has been filed with the appropriate agency. The Plan has applied for a determination letter, but the determination letter has not yet been received. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

### ***Payment of Benefits***

Benefit payments to participants are recorded upon distribution.

### ***Administrative Expenses***

Administrative expenses may be paid by the Company or the Plan, at the Company's discretion.

# Jarden Corporation Savings and Retirement Plan

## Notes to Financial Statements December 31, 2015 and 2014

### Note 3: Certification of Plan Trustee

The Company has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Wells Fargo Bank, N.A., the trustee of the Plan, has certified the following information included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments and notes receivable from participants as shown in the statements of net assets available for benefits and related disclosures as of December 31, 2015 and 2014
- Investment income and interest income from notes receivable from participants as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2015 and 2014
- Investment information included in the accompanying schedule of assets (held at year end) as of December 31, 2015

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

### Note 4: Investments

The Plan's investments are held by a bank-administered trust fund. The Plan's investments (including investments bought, sold and held during the year) appreciated (depreciated) in fair value as follows:

|                               | 2015                                                |                                 |
|-------------------------------|-----------------------------------------------------|---------------------------------|
|                               | Net<br>Depreciation<br>in Fair Value<br>During Year | Fair Value<br>at End<br>of Year |
| Mutual funds                  | \$ (10,310,424)                                     | \$ 356,523,140                  |
| Common collective trust funds | (89,632)                                            | 80,485,606                      |
|                               | <u>\$ (10,400,056)</u>                              | <u>\$ 437,008,746</u>           |

# Jarden Corporation Savings and Retirement Plan

## Notes to Financial Statements December 31, 2015 and 2014

|                               | 2014                                                |                                 |
|-------------------------------|-----------------------------------------------------|---------------------------------|
|                               | Net<br>Appreciation<br>in Fair Value<br>During Year | Fair Value<br>at End<br>of Year |
| Mutual funds                  | \$ 13,237,663                                       | \$ 363,205,714                  |
| Common collective trust funds | 7,303,424                                           | 82,546,593                      |
|                               | <u>\$ 20,541,087</u>                                | <u>\$ 445,752,307</u>           |

The fair value of individual investments that represented 5% or more of the Plan's assets were as follows:

|                                                 | 2015          | 2014          |
|-------------------------------------------------|---------------|---------------|
| JPMorgan Core Bond Fund Select                  | \$ 25,897,477 | \$ 26,175,218 |
| JPMorgan Smart Retirement 2020 Fund             | 41,977,894    | 42,997,377    |
| JPMorgan Smart Retirement 2030 Fund             | 41,759,889    | 40,155,578    |
| Prudential Jennison Small Company Fund Z        | 24,460,280    | 27,760,822    |
| Vanguard Institutional Index Fund               | 47,302,762    | 47,724,920    |
| Wells Fargo Stable Return Fund N15              | 73,434,095    | 75,858,690    |
| American Beacon Large Cap Value Investment Fund | 24,375,244    | 28,904,718    |
| Fidelity Contrafund                             | 41,608,051    | 38,092,614    |

Interest and dividends realized on the Plan's investments for the years ended 2015 and 2014 were \$7,653,728 and \$7,996,172, respectively.

### Note 5: Disclosures About Fair Value of Plan Assets

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3** Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets or liabilities

# Jarden Corporation Savings and Retirement Plan

## Notes to Financial Statements December 31, 2015 and 2014

### *Recurring Measurements*

The following tables present the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2015 and 2014:

|                               |                       | 2015<br>Fair Value Measurements Using                                         |                                                           |                                                    |
|-------------------------------|-----------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
|                               |                       | Quoted Prices<br>in Active<br>Markets for<br>Identical<br>Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
|                               | Fair<br>Value         |                                                                               |                                                           |                                                    |
| Mutual funds                  |                       |                                                                               |                                                           |                                                    |
| Equity                        |                       |                                                                               |                                                           |                                                    |
| Large cap                     | \$ 113,286,057        | \$ 113,286,057                                                                | \$ -                                                      | \$ -                                               |
| Small/mid cap                 | 71,907,319            | 71,907,319                                                                    | -                                                         | -                                                  |
| Asset allocation              | 124,625,961           | 124,625,961                                                                   | -                                                         | -                                                  |
| Fixed                         | 30,707,498            | 30,707,498                                                                    | -                                                         | -                                                  |
| International equity          | 15,594,596            | 15,594,596                                                                    | -                                                         | -                                                  |
| Other                         | 401,709               | 401,709                                                                       | -                                                         | -                                                  |
|                               | <u>356,523,140</u>    | <u>356,523,140</u>                                                            | <u>-</u>                                                  | <u>-</u>                                           |
| Common collective trust funds | <u>80,485,606</u>     | <u>-</u>                                                                      | <u>80,485,606</u>                                         | <u>-</u>                                           |
|                               | <u>\$ 437,008,746</u> | <u>\$ 356,523,140</u>                                                         | <u>\$ 80,485,606</u>                                      | <u>\$ -</u>                                        |

# Jarden Corporation Savings and Retirement Plan

## Notes to Financial Statements December 31, 2015 and 2014

|                               |                | 2014                                                                          |                                                           |                                                    |
|-------------------------------|----------------|-------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
|                               |                | Fair Value Measurements Using                                                 |                                                           |                                                    |
|                               | Fair Value     | Quoted Prices<br>in Active<br>Markets for<br>Identical<br>Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
|                               |                |                                                                               |                                                           |                                                    |
| Mutual funds                  |                |                                                                               |                                                           |                                                    |
| Equity                        |                |                                                                               |                                                           |                                                    |
| Large cap                     | \$ 114,722,252 | \$ 114,722,252                                                                | \$ -                                                      | \$ -                                               |
| Small/mid cap                 | 78,995,208     | 78,995,208                                                                    | -                                                         | -                                                  |
| Asset allocation              | 123,622,117    | 123,622,117                                                                   | -                                                         | -                                                  |
| Fixed                         | 30,675,394     | 30,675,394                                                                    | -                                                         | -                                                  |
| International equity          | 14,467,719     | 14,467,719                                                                    | -                                                         | -                                                  |
| Other                         | 723,024        | 723,024                                                                       | -                                                         | -                                                  |
|                               | 363,205,714    | 363,205,714                                                                   | -                                                         | -                                                  |
| Common collective trust funds | 82,546,593     | -                                                                             | 82,546,593                                                | -                                                  |
|                               | \$ 445,752,307 | \$ 363,205,714                                                                | \$ 82,546,593                                             | \$ -                                               |

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the year ended December 31, 2015. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

### Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. Level 1 securities include mutual funds. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of securities with similar characteristics or discounted cash flows. Level 2 securities include the common collective trust funds. See Note 2 for description of inputs used to determine the fair value of Level 2 investments.

# Jarden Corporation Savings and Retirement Plan

## Notes to Financial Statements December 31, 2015 and 2014

### Note 6: Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50 percent or more of such an employer or employee association, or relatives of such persons.

The Plan invests in certain funds of the Plan trustee. The Plan paid \$738,360 and \$564,002 of recordkeeping fees to the trustee during 2015 and 2014. Other professional service expenses paid to parties-in-interest aggregated to \$133,568 and \$147,480 for 2015 and 2014. The Company provides certain administrative services at no cost to the Plan.

### Note 7: Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2015 and 2014, to Form 5500:

|                                                                | <b>2015</b>           | <b>2014</b>           |
|----------------------------------------------------------------|-----------------------|-----------------------|
| Net assets available for benefits per the financial statements | \$ 446,458,120        | \$ 454,852,654        |
| Less: Contribution receivable of the Plan                      | (82,671)              | (98,944)              |
| Less: Deemed distribution of participant loans                 | (177,311)             | (132,456)             |
| Net assets available for benefits per Form 5500                | <u>\$ 446,198,138</u> | <u>\$ 454,621,254</u> |

The following is a reconciliation of contributions per the financial statements for the years ended December 31, 2015 and 2014, to Form 5500:

|                                                        | <b>2015</b>          | <b>2014</b>          |
|--------------------------------------------------------|----------------------|----------------------|
| Contributions per the financial statements             | \$ 34,933,245        | \$ 32,328,539        |
| Add: Prior year contribution receivable of the Plan    | 98,944               | 503,844              |
| Add: Immaterial difference                             | 510                  | -                    |
| Less: Current year contribution receivable of the Plan | (82,671)             | (98,944)             |
| Contributions per Form 5500                            | <u>\$ 34,950,028</u> | <u>\$ 32,733,439</u> |

# Jarden Corporation Savings and Retirement Plan

## Notes to Financial Statements December 31, 2015 and 2014

The following is a reconciliation of distributions per the financial statements for the years ended December 31, 2015 and 2014, to Form 5500:

|                                                                                            | <b>2015</b>          | <b>2014</b>          |
|--------------------------------------------------------------------------------------------|----------------------|----------------------|
| Distributions per the financial statements                                                 | \$ 40,136,522        | \$ 42,454,557        |
| Add: Deemed distribution of participant loans                                              | 177,311              | 132,456              |
| Less: Prior year deemed distribution of participant loans                                  | <u>(132,456)</u>     | <u>(127,681)</u>     |
| Total of benefit payments, corrective distributions and deemed distributions per Form 5500 | <u>\$ 40,181,377</u> | <u>\$ 42,459,332</u> |

The above reconciling items result from the Plan's financial statements being prepared on the accrual basis of accounting while the Form 5500 is prepared on the modified cash basis of accounting. Certain amounts recorded on Form 5500 are classified differently than the accompanying financial statements; however, these are not significant amounts.

### **Note 8: Significant Estimates and Concentrations**

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 statements of net assets available for benefits.

## **Supplemental Schedule**

# Jarden Corporation Savings and Retirement Plan

EIN 35-2551881 PN 002

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2015

| (a)(b)<br>Identity of Issuer                                 | (c)<br>Description of Investment                                                      | (e)<br>Current Value  |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------|
| <b>Mutual Funds</b>                                          |                                                                                       |                       |
| Acadian Emerging Markets Equity Fund                         | 32,810 shares                                                                         | \$ 260,292            |
| American Beacon Large Cap Value Investment Fund              | 1,062,565 shares                                                                      | 24,375,244            |
| American Europac Growth                                      | 290,703 shares                                                                        | 12,939,206            |
| Fidelity Contrafund                                          | 420,496 shares                                                                        | 41,608,051            |
| Goldman Sachs Mid Cap Value Fund                             | 532,380 shares                                                                        | 17,680,334            |
| Harbor International Institutional for Advice Track          | 43,833 shares                                                                         | 522,416               |
| JPMorgan Core Bond Fund Select                               | 2,246,095 shares                                                                      | 25,897,477            |
| JPMorgan Smart Retirement Fund                               | 665,708 shares                                                                        | 11,283,751            |
| JPMorgan Smart Retirement 2020 Fund                          | 2,379,699 shares                                                                      | 41,977,894            |
| JPMorgan Smart Retirement 2030 Fund                          | 2,283,209 shares                                                                      | 41,759,889            |
| JPMorgan Smart Retirement 2040 Fund                          | 1,140,935 shares                                                                      | 21,335,491            |
| JPMorgan Smart Retirement 2050 Fund                          | 467,172 shares                                                                        | 8,268,936             |
| Met West Total Return Fund                                   | 125,470 shares                                                                        | 1,332,494             |
| Northern Global Real Estate Index                            | 26,189 shares                                                                         | 263,652               |
| PIMCO High Yield Fund for Advice Track                       | 19,762 shares                                                                         | 401,709               |
| PIMCO Real Return Fund Inst. for Advice Track                | 24,188 shares                                                                         | 336,367               |
| Prudential Jennison Mid-Cap Growth Fund Z                    | 576,194 shares                                                                        | 20,696,898            |
| Prudential Jennison Small Company Fund Z                     | 1,088,091 shares                                                                      | 24,460,280            |
| RidgeWorth High Income Fund I                                | 537,870 shares                                                                        | 3,141,160             |
| Vanguard Extended Market Index Fund                          | 26,500 shares                                                                         | 1,684,901             |
| Vanguard Institutional Index Fund                            | 253,471 shares                                                                        | 47,302,762            |
| Vanguard Total International Stock Index Admiral             | 66,379 shares                                                                         | 1,609,030             |
| Victory Integrity Small-Cap Value R6                         | 237,228 shares                                                                        | 7,384,906             |
|                                                              |                                                                                       | <u>356,523,140</u>    |
| <b>*Common Collective Trust Funds</b>                        |                                                                                       |                       |
| Wells Fargo Stable Return Fund N15                           | 6,265,972 units                                                                       | 73,434,095            |
| Wells Fargo Stable Return Fund Advice Track                  | 28,419 units                                                                          | 361,728               |
| Wells Fargo Blackrock International Equity Index CIT TR      | 26,663 units                                                                          | 248,127               |
| Wells Fargo Blackrock Russell 2000 Index CIT TR              | 6,773 units                                                                           | 69,143                |
| Wells Fargo Blackrock S&P Mid-Cap Index CIT TR               | 18,981 units                                                                          | 193,194               |
| Wells Fargo Blackrock S&P 500 Index CIT TR                   | 45,401 units                                                                          | 474,391               |
| Wells Fargo Blackrock US Agg Bond Index CIT TR               | 42,839 units                                                                          | 436,639               |
| Wells Fargo Dodge & Cox Intermediate Bond CIT TR             | 68,622 units                                                                          | 672,685               |
| Wells Fargo Causeway Institutional Value CIT AT              | 44,229 units                                                                          | 470,759               |
| Wells Fargo Core Bond Fund CIT                               | 70,800 units                                                                          | 956,632               |
| Wells Fargo International Bond CIT                           | 50,338 units                                                                          | 427,258               |
| Wells Fargo MFS Value CIT                                    | 80,586 units                                                                          | 1,225,274             |
| Wells Fargo Multi-manager Small Cap CIT                      | 28,682 units                                                                          | 429,529               |
| Wells Fargo/T. Rowe Price Institutional Large-Cap Growth CIT | 34,573 units                                                                          | 598,992               |
| Wells Fargo/T. Rowe Price Institutional EQ INC MGD CIT       | 42,821 units                                                                          | 487,160               |
|                                                              |                                                                                       | <u>80,485,606</u>     |
|                                                              | Various maturity dates through<br>October 2030; interest rates<br>from 4.25% to 9.75% |                       |
| <b>*Participant Loans</b>                                    |                                                                                       | <u>9,733,944</u>      |
|                                                              |                                                                                       | <u>\$ 446,742,690</u> |

\*Party-in-interest

# **Jarden Corporation Savings and Retirement Plan**

EIN 35-2551881    PN 002

Independent Auditor's Report and Financial Statements

December 31, 2015 and 2014

# Jarden Corporation Savings and Retirement Plan

December 31, 2015 and 2014

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### Financial Statements

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### Supplemental Schedule

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## Independent Auditor's Report

Plan Administrator  
Jarden Corporation Savings and Retirement Plan  
Boca Raton, Florida

### Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Jarden Corporation Savings and Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, 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.

### *Auditor's Responsibility*

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

### *Basis for Disclaimer of Opinion*

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, N.A, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and notes receivable from participants and executes investment transactions. The Plan Administrator has obtained certifications from the trustee as of and for the years ended December 31, 2015 and 2014, 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 listed in the table of contents is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974* and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

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

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

*BKD, LLP*

Indianapolis, Indiana  
June 15, 2016

Federal Employer Identification Number: 44-0160260

# Jarden Corporation Savings and Retirement Plan

## Statements of Net Assets Available for Benefits

December 31, 2015 and 2014

|                                                                                                                                         | 2015                  | 2014                  |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| <b>Assets</b>                                                                                                                           |                       |                       |
| <b>Investments</b> , at fair value                                                                                                      | \$ 437,008,746        | \$ 445,752,307        |
| <b>Receivables</b>                                                                                                                      |                       |                       |
| Notes receivable from participants                                                                                                      | 9,733,944             | 10,035,293            |
| Employer's contribution                                                                                                                 | 82,671                | 98,944                |
|                                                                                                                                         | <u>9,816,615</u>      | <u>10,134,237</u>     |
| <b>Cash</b>                                                                                                                             | <u>-</u>              | <u>12,093</u>         |
| <b>Net Assets Available for Benefits, at Fair Value</b>                                                                                 | 446,825,361           | 455,898,637           |
| Adjustment from fair value to contract value for interest in collective trust relating to fully benefit-responsive investment contracts | <u>(367,241)</u>      | <u>(1,045,983)</u>    |
| <b>Net Assets Available for Benefits</b>                                                                                                | <u>\$ 446,458,120</u> | <u>\$ 454,852,654</u> |

# Jarden Corporation Savings and Retirement Plan

## Statements of Changes in Net Assets Available for Benefits

### Years Ended December 31, 2015 and 2014

|                                                              | 2015                         | 2014                         |
|--------------------------------------------------------------|------------------------------|------------------------------|
| <b>Additions</b>                                             |                              |                              |
| <b>Investment Income (Loss)</b>                              |                              |                              |
| Net appreciation (depreciation) in fair value of investments | \$ (10,400,056)              | \$ 20,541,087                |
| Interest and dividends                                       | 7,653,728                    | 7,996,172                    |
| Miscellaneous income                                         | 268                          | 36,934                       |
| Net investment income (loss)                                 | <u>(2,746,060)</u>           | <u>28,574,193</u>            |
| <b>Interest Income on Notes Receivable From Participants</b> | <u>426,731</u>               | <u>419,988</u>               |
| <b>Contributions</b>                                         |                              |                              |
| Employer                                                     | 6,897,817                    | 6,488,895                    |
| Participants                                                 | 25,548,954                   | 23,794,970                   |
| Rollovers                                                    | 2,486,474                    | 2,044,674                    |
|                                                              | <u>34,933,245</u>            | <u>32,328,539</u>            |
| <b>Transfer-in of</b>                                        |                              |                              |
| Lifoam Industries LLC 401(k) Savings Plan                    | -                            | 3,633,073                    |
| Backcountry Access, Inc. 401(k) Plan                         | -                            | 1,084,394                    |
|                                                              | <u>-</u>                     | <u>4,717,467</u>             |
| Total additions                                              | <u>32,613,916</u>            | <u>66,040,187</u>            |
| <b>Deductions</b>                                            |                              |                              |
| Benefits paid to participants                                | 40,136,522                   | 42,454,557                   |
| Administrative expenses                                      | 871,928                      | 711,482                      |
| Total deductions                                             | <u>41,008,450</u>            | <u>43,166,039</u>            |
| <b>Net Increase (Decrease)</b>                               | (8,394,534)                  | 22,874,148                   |
| <b>Net Assets Available for Benefits, Beginning of Year</b>  | <u>454,852,654</u>           | <u>431,978,506</u>           |
| <b>Net Assets Available for Benefits, End of Year</b>        | <u><u>\$ 446,458,120</u></u> | <u><u>\$ 454,852,654</u></u> |

# Jarden Corporation Savings and Retirement Plan

## Notes to Financial Statements

December 31, 2015 and 2014

### Note 1: Description of the Plan

The following description of the Jarden Corporation Savings and Retirement Plan (Plan) provides only general information. Participants should refer to the Plan Document and *Summary Plan Description*, which are available from the Plan Administrator, for a more complete description of the Plan's provisions.

#### **General**

The Plan is a defined-contribution plan sponsored by Jarden Corporation (Company) for the benefit of certain hourly and salaried employees who have at least 30 days of continuous employment and are age 18 or older. Effective January 1, 2015, the Plan was amended to change eligibility to age 21 or older. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). Wells Fargo Bank, N.A. serves as the trustee of the Plan.

#### **Contributions**

The Plan permits eligible employees through a compensation deferral election to make annual contributions of 1% to 50% of eligible compensation. Effective January 1, 2015, the Plan was amended to adjust the maximum employee contributions to 75% of eligible compensation. Employee rollover and catch-up contributions are also permitted. Contributions are subject to certain limitations.

The Plan provides for a discretionary Company contribution as determined by the Plan Sponsor. No discretionary profit-sharing contribution was made during 2015 or 2014. The Company also makes a fixed employer match of 50% of the first 3% and 25% of the next 2% of eligible compensation for the majority of the noncollectively bargained employees and Enka Bargained Employees. All remaining employees have various employer matching contributions as specifically defined by the plan.

The Plan includes a nonelective fixed contribution for participants who were employed at the Company's McMinnville, Tennessee facility on December 31, 2005, and were accruing benefits under the Sunbeam Products, Inc. Consolidated Retirement Plan. The participant must remain employed at the McMinnville, Tennessee facility on the last day of the Plan year. A participant who has less than 30 years of service on the last day of the Plan year will receive a contribution of 1.5% of eligible compensation, and a participant who has greater than 30 years of service on the last day of the Plan year will receive a contribution of 2.5% of eligible compensation.

Lifoam Industries, LLC 401(k) Savings Plan and the Backcountry Access, Inc. 401(k) Plan merged into the Plan effective February 1, 2014.

The Plan includes an automatic deferral feature whereby new participants are treated as electing to defer 3% of eligible compensation unless the participant makes an affirmative election otherwise. The automatic deferral feature does not apply to certain bargained employees as defined in the Plan Document.

# **Jarden Corporation Savings and Retirement Plan**

## **Notes to Financial Statements December 31, 2015 and 2014**

### ***Administration***

The Company delegates the day-to-day administration of the Plan to an administrative committee appointed by the Board of Directors.

### ***Participant Investment Account Options***

Investment account options available include various funds. Each participant has the option of directing their employee and Company contributions into any of the separate investment accounts and may change the allocation daily.

### ***Participant Accounts***

Each participant's account is credited with the participant's contribution and allocation of the Company's contribution, Plan earnings and administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### ***Vesting***

Participants are immediately vested in their voluntary and matching contributions plus earnings thereon. Employer contributions from merged plans are vested balances on years of continuous service, as defined by the Plan.

Forfeited nonvested accounts totaled \$87,092 and \$83,904 at December 31, 2015 and 2014.

### ***Payment of Benefits***

A participant or his beneficiary may only elect to receive a lump-sum amount equal to the vested value of the participant's account upon the participants' death or termination of service. Withdrawals other than for termination are permitted under circumstances provided by the Plan.

### ***Notes Receivable From Participants***

The Plan Document includes provisions authorizing loans from the Plan to active eligible participants. The minimum amount of a loan shall be \$1,000. The maximum amount of a loan is determined by the available loan balance restricted to the lesser of \$50,000 or 50% of the vested portion of their account balance. All loans are covered by demand notes and are repayable over a period not to exceed five years (except for loans for the purchase of a primary residence) through payroll withholdings or periodic payments. Loans bear a fixed interest rate of 1% above the prime interest rate as promulgated by Wells Fargo Bank, N.A.

Notes receivable from participants are reported at the amortized principal balance plus accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan Document.

# **Jarden Corporation Savings and Retirement Plan**

## **Notes to Financial Statements December 31, 2015 and 2014**

### ***Plan Termination***

Although it has not expressed an intention 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 of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

### ***Subsequent Events***

Subsequent events have been evaluated through the date of the Independent Auditor's Report, which is the date the financial statements were available to be issued.

Effective January 1, 2016, the Plan was amended to change the fixed employer match to 50% of the first 4% and 12.5% of the next 4% of eligible compensation for the majority of the noncollectively bargained employees and Enka Bargained Employees.

Effective April 16, 2016, Jarden Corporation was acquired by Newell Rubbermaid.

## **Note 2: Summary of Significant Accounting Policies**

### ***Method of Accounting***

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

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

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets available for benefits. Actual results could differ from those estimates.

### ***Valuation of Investments and Income Recognition***

Investments are valued at quoted market price or prices established by local security brokers. Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year end. The Plan's interests in the common collective trust funds are valued based on information reported by the investment advisor using the audited financial statements of the common collective trust funds at year end. The collective investment fund invests in investments that pursue multiple strategies to exceed the performance of certain industrial averages. The funds may invest in securities, guaranteed investment contracts, a combination of other collective funds, or swap and option contracts. The net asset value of the fund is determined by utilizing the values of the underlying assets. The fund can be redeemed daily.

# **Jarden Corporation Savings and Retirement Plan**

## **Notes to Financial Statements December 31, 2015 and 2014**

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts, because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in investment contracts through collective trusts. For the years ended December 31, 2015 and 2014, the investments in the Wells Fargo Stable Return Fund N15 and Wells Fargo Stable Return Fund Advice Track are considered to be fully benefit-responsive. The statements of net assets available for benefits present the fair value of the investment in the collective trust, as well as the adjustment of the investment in the collective trust from fair value to contract value relating to the investment contracts. The statements of changes in net assets available in benefits are prepared on a contract value basis.

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.

### ***Plan Tax Status***

The Plan operates under a nonstandardized adoption agreement in connection with a prototype retirement plan and trust document sponsored by Wells Fargo Bank, N.A. This prototype plan document has been filed with the appropriate agency. The Plan has applied for a determination letter, but the determination letter has not yet been received. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

### ***Payment of Benefits***

Benefit payments to participants are recorded upon distribution.

### ***Administrative Expenses***

Administrative expenses may be paid by the Company or the Plan, at the Company's discretion.

# Jarden Corporation Savings and Retirement Plan

## Notes to Financial Statements December 31, 2015 and 2014

### Note 3: Certification of Plan Trustee

The Company has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Wells Fargo Bank, N.A., the trustee of the Plan, has certified the following information included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments and notes receivable from participants as shown in the statements of net assets available for benefits and related disclosures as of December 31, 2015 and 2014
- Investment income and interest income from notes receivable from participants as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2015 and 2014
- Investment information included in the accompanying schedule of assets (held at year end) as of December 31, 2015

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

### Note 4: Investments

The Plan's investments are held by a bank-administered trust fund. The Plan's investments (including investments bought, sold and held during the year) appreciated (depreciated) in fair value as follows:

|                               | 2015                                                |                                 |
|-------------------------------|-----------------------------------------------------|---------------------------------|
|                               | Net<br>Depreciation<br>in Fair Value<br>During Year | Fair Value<br>at End<br>of Year |
| Mutual funds                  | \$ (10,310,424)                                     | \$ 356,523,140                  |
| Common collective trust funds | (89,632)                                            | 80,485,606                      |
|                               | <u>\$ (10,400,056)</u>                              | <u>\$ 437,008,746</u>           |

# Jarden Corporation Savings and Retirement Plan

## Notes to Financial Statements December 31, 2015 and 2014

|                               | 2014                                                |                                 |
|-------------------------------|-----------------------------------------------------|---------------------------------|
|                               | Net<br>Appreciation<br>in Fair Value<br>During Year | Fair Value<br>at End<br>of Year |
| Mutual funds                  | \$ 13,237,663                                       | \$ 363,205,714                  |
| Common collective trust funds | 7,303,424                                           | 82,546,593                      |
|                               | <u>\$ 20,541,087</u>                                | <u>\$ 445,752,307</u>           |

The fair value of individual investments that represented 5% or more of the Plan's assets were as follows:

|                                                 | 2015          | 2014          |
|-------------------------------------------------|---------------|---------------|
| JPMorgan Core Bond Fund Select                  | \$ 25,897,477 | \$ 26,175,218 |
| JPMorgan Smart Retirement 2020 Fund             | 41,977,894    | 42,997,377    |
| JPMorgan Smart Retirement 2030 Fund             | 41,759,889    | 40,155,578    |
| Prudential Jennison Small Company Fund Z        | 24,460,280    | 27,760,822    |
| Vanguard Institutional Index Fund               | 47,302,762    | 47,724,920    |
| Wells Fargo Stable Return Fund N15              | 73,434,095    | 75,858,690    |
| American Beacon Large Cap Value Investment Fund | 24,375,244    | 28,904,718    |
| Fidelity Contrafund                             | 41,608,051    | 38,092,614    |

Interest and dividends realized on the Plan's investments for the years ended 2015 and 2014 were \$7,653,728 and \$7,996,172, respectively.

### Note 5: Disclosures About Fair Value of Plan Assets

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3** Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets or liabilities

# Jarden Corporation Savings and Retirement Plan

## Notes to Financial Statements December 31, 2015 and 2014

### *Recurring Measurements*

The following tables present the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2015 and 2014:

|                               |                       | 2015<br>Fair Value Measurements Using                                         |                                                           |                                                    |
|-------------------------------|-----------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
|                               |                       | Quoted Prices<br>in Active<br>Markets for<br>Identical<br>Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
|                               | Fair<br>Value         |                                                                               |                                                           |                                                    |
| Mutual funds                  |                       |                                                                               |                                                           |                                                    |
| Equity                        |                       |                                                                               |                                                           |                                                    |
| Large cap                     | \$ 113,286,057        | \$ 113,286,057                                                                | \$ -                                                      | \$ -                                               |
| Small/mid cap                 | 71,907,319            | 71,907,319                                                                    | -                                                         | -                                                  |
| Asset allocation              | 124,625,961           | 124,625,961                                                                   | -                                                         | -                                                  |
| Fixed                         | 30,707,498            | 30,707,498                                                                    | -                                                         | -                                                  |
| International equity          | 15,594,596            | 15,594,596                                                                    | -                                                         | -                                                  |
| Other                         | 401,709               | 401,709                                                                       | -                                                         | -                                                  |
|                               | <u>356,523,140</u>    | <u>356,523,140</u>                                                            | <u>-</u>                                                  | <u>-</u>                                           |
| Common collective trust funds | <u>80,485,606</u>     | <u>-</u>                                                                      | <u>80,485,606</u>                                         | <u>-</u>                                           |
|                               | <u>\$ 437,008,746</u> | <u>\$ 356,523,140</u>                                                         | <u>\$ 80,485,606</u>                                      | <u>\$ -</u>                                        |

# Jarden Corporation Savings and Retirement Plan

## Notes to Financial Statements December 31, 2015 and 2014

|                               |                | 2014                                                                          |                                                           |                                                    |
|-------------------------------|----------------|-------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
|                               |                | Fair Value Measurements Using                                                 |                                                           |                                                    |
|                               | Fair Value     | Quoted Prices<br>in Active<br>Markets for<br>Identical<br>Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
|                               |                |                                                                               |                                                           |                                                    |
| Mutual funds                  |                |                                                                               |                                                           |                                                    |
| Equity                        |                |                                                                               |                                                           |                                                    |
| Large cap                     | \$ 114,722,252 | \$ 114,722,252                                                                | \$ -                                                      | \$ -                                               |
| Small/mid cap                 | 78,995,208     | 78,995,208                                                                    | -                                                         | -                                                  |
| Asset allocation              | 123,622,117    | 123,622,117                                                                   | -                                                         | -                                                  |
| Fixed                         | 30,675,394     | 30,675,394                                                                    | -                                                         | -                                                  |
| International equity          | 14,467,719     | 14,467,719                                                                    | -                                                         | -                                                  |
| Other                         | 723,024        | 723,024                                                                       | -                                                         | -                                                  |
|                               | 363,205,714    | 363,205,714                                                                   | -                                                         | -                                                  |
| Common collective trust funds | 82,546,593     | -                                                                             | 82,546,593                                                | -                                                  |
|                               | \$ 445,752,307 | \$ 363,205,714                                                                | \$ 82,546,593                                             | \$ -                                               |

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the year ended December 31, 2015. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

### Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. Level 1 securities include mutual funds. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of securities with similar characteristics or discounted cash flows. Level 2 securities include the common collective trust funds. See Note 2 for description of inputs used to determine the fair value of Level 2 investments.

# Jarden Corporation Savings and Retirement Plan

## Notes to Financial Statements December 31, 2015 and 2014

### Note 6: Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50 percent or more of such an employer or employee association, or relatives of such persons.

The Plan invests in certain funds of the Plan trustee. The Plan paid \$738,360 and \$564,002 of recordkeeping fees to the trustee during 2015 and 2014. Other professional service expenses paid to parties-in-interest aggregated to \$133,568 and \$147,480 for 2015 and 2014. The Company provides certain administrative services at no cost to the Plan.

### Note 7: Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2015 and 2014, to Form 5500:

|                                                                | <b>2015</b>           | <b>2014</b>           |
|----------------------------------------------------------------|-----------------------|-----------------------|
| Net assets available for benefits per the financial statements | \$ 446,458,120        | \$ 454,852,654        |
| Less: Contribution receivable of the Plan                      | (82,671)              | (98,944)              |
| Less: Deemed distribution of participant loans                 | (177,311)             | (132,456)             |
| Net assets available for benefits per Form 5500                | <u>\$ 446,198,138</u> | <u>\$ 454,621,254</u> |

The following is a reconciliation of contributions per the financial statements for the years ended December 31, 2015 and 2014, to Form 5500:

|                                                        | <b>2015</b>          | <b>2014</b>          |
|--------------------------------------------------------|----------------------|----------------------|
| Contributions per the financial statements             | \$ 34,933,245        | \$ 32,328,539        |
| Add: Prior year contribution receivable of the Plan    | 98,944               | 503,844              |
| Add: Immaterial difference                             | 510                  | -                    |
| Less: Current year contribution receivable of the Plan | (82,671)             | (98,944)             |
| Contributions per Form 5500                            | <u>\$ 34,950,028</u> | <u>\$ 32,733,439</u> |

# Jarden Corporation Savings and Retirement Plan

## Notes to Financial Statements December 31, 2015 and 2014

The following is a reconciliation of distributions per the financial statements for the years ended December 31, 2015 and 2014, to Form 5500:

|                                                                                            | <b>2015</b>          | <b>2014</b>          |
|--------------------------------------------------------------------------------------------|----------------------|----------------------|
| Distributions per the financial statements                                                 | \$ 40,136,522        | \$ 42,454,557        |
| Add: Deemed distribution of participant loans                                              | 177,311              | 132,456              |
| Less: Prior year deemed distribution of participant loans                                  | <u>(132,456)</u>     | <u>(127,681)</u>     |
| Total of benefit payments, corrective distributions and deemed distributions per Form 5500 | <u>\$ 40,181,377</u> | <u>\$ 42,459,332</u> |

The above reconciling items result from the Plan's financial statements being prepared on the accrual basis of accounting while the Form 5500 is prepared on the modified cash basis of accounting. Certain amounts recorded on Form 5500 are classified differently than the accompanying financial statements; however, these are not significant amounts.

### Note 8: Significant Estimates and Concentrations

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 statements of net assets available for benefits.

## **Supplemental Schedule**

# Jarden Corporation Savings and Retirement Plan

EIN 35-2551881 PN 002

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2015

| (a)(b)<br>Identity of Issuer                                 | (c)<br>Description of Investment                                                      | (e)<br>Current Value  |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------|
| <b>Mutual Funds</b>                                          |                                                                                       |                       |
| Acadian Emerging Markets Equity Fund                         | 32,810 shares                                                                         | \$ 260,292            |
| American Beacon Large Cap Value Investment Fund              | 1,062,565 shares                                                                      | 24,375,244            |
| American Europac Growth                                      | 290,703 shares                                                                        | 12,939,206            |
| Fidelity Contrafund                                          | 420,496 shares                                                                        | 41,608,051            |
| Goldman Sachs Mid Cap Value Fund                             | 532,380 shares                                                                        | 17,680,334            |
| Harbor International Institutional for Advice Track          | 43,833 shares                                                                         | 522,416               |
| JPMorgan Core Bond Fund Select                               | 2,246,095 shares                                                                      | 25,897,477            |
| JPMorgan Smart Retirement Fund                               | 665,708 shares                                                                        | 11,283,751            |
| JPMorgan Smart Retirement 2020 Fund                          | 2,379,699 shares                                                                      | 41,977,894            |
| JPMorgan Smart Retirement 2030 Fund                          | 2,283,209 shares                                                                      | 41,759,889            |
| JPMorgan Smart Retirement 2040 Fund                          | 1,140,935 shares                                                                      | 21,335,491            |
| JPMorgan Smart Retirement 2050 Fund                          | 467,172 shares                                                                        | 8,268,936             |
| Met West Total Return Fund                                   | 125,470 shares                                                                        | 1,332,494             |
| Northern Global Real Estate Index                            | 26,189 shares                                                                         | 263,652               |
| PIMCO High Yield Fund for Advice Track                       | 19,762 shares                                                                         | 401,709               |
| PIMCO Real Return Fund Inst. for Advice Track                | 24,188 shares                                                                         | 336,367               |
| Prudential Jennison Mid-Cap Growth Fund Z                    | 576,194 shares                                                                        | 20,696,898            |
| Prudential Jennison Small Company Fund Z                     | 1,088,091 shares                                                                      | 24,460,280            |
| RidgeWorth High Income Fund I                                | 537,870 shares                                                                        | 3,141,160             |
| Vanguard Extended Market Index Fund                          | 26,500 shares                                                                         | 1,684,901             |
| Vanguard Institutional Index Fund                            | 253,471 shares                                                                        | 47,302,762            |
| Vanguard Total International Stock Index Admiral             | 66,379 shares                                                                         | 1,609,030             |
| Victory Integrity Small-Cap Value R6                         | 237,228 shares                                                                        | 7,384,906             |
|                                                              |                                                                                       | <u>356,523,140</u>    |
| <b>*Common Collective Trust Funds</b>                        |                                                                                       |                       |
| Wells Fargo Stable Return Fund N15                           | 6,265,972 units                                                                       | 73,434,095            |
| Wells Fargo Stable Return Fund Advice Track                  | 28,419 units                                                                          | 361,728               |
| Wells Fargo Blackrock International Equity Index CIT TR      | 26,663 units                                                                          | 248,127               |
| Wells Fargo Blackrock Russell 2000 Index CIT TR              | 6,773 units                                                                           | 69,143                |
| Wells Fargo Blackrock S&P Mid-Cap Index CIT TR               | 18,981 units                                                                          | 193,194               |
| Wells Fargo Blackrock S&P 500 Index CIT TR                   | 45,401 units                                                                          | 474,391               |
| Wells Fargo Blackrock US Agg Bond Index CIT TR               | 42,839 units                                                                          | 436,639               |
| Wells Fargo Dodge & Cox Intermediate Bond CIT TR             | 68,622 units                                                                          | 672,685               |
| Wells Fargo Causeway Institutional Value CIT AT              | 44,229 units                                                                          | 470,759               |
| Wells Fargo Core Bond Fund CIT                               | 70,800 units                                                                          | 956,632               |
| Wells Fargo International Bond CIT                           | 50,338 units                                                                          | 427,258               |
| Wells Fargo MFS Value CIT                                    | 80,586 units                                                                          | 1,225,274             |
| Wells Fargo Multi-manager Small Cap CIT                      | 28,682 units                                                                          | 429,529               |
| Wells Fargo/T. Rowe Price Institutional Large-Cap Growth CIT | 34,573 units                                                                          | 598,992               |
| Wells Fargo/T. Rowe Price Institutional EQ INC MGD CIT       | 42,821 units                                                                          | 487,160               |
|                                                              |                                                                                       | <u>80,485,606</u>     |
|                                                              | Various maturity dates through<br>October 2030; interest rates<br>from 4.25% to 9.75% |                       |
| <b>*Participant Loans</b>                                    |                                                                                       | <u>9,733,944</u>      |
|                                                              |                                                                                       | <u>\$ 446,742,690</u> |

\*Party-in-interest