Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
LEVITON MANUFACTURING CO., INC. RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 12/01/1985

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

201 NORTH SERVICE ROAD
MELVILLE, NY 11747

2b Employer Identification Number (EIN) 11-1001790

2c Plan Sponsor's telephone number 631-812-6000

2d Business code (see instructions) 335900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2016	LUCY GUILHERME
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2016	MARK BAYDARIAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	2628
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1989
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2235
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	650
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2885
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	3
f	Total. Add lines **6d** and **6e**.	**6f**	2888
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	2647
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2S 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] ___ **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [X] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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_____

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

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

A Name of plan	**B** Three-digit plan number (PN) ▶	
LEVITON MANUFACTURING CO., INC. RETIREMENT SAVINGS PLAN		004
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
LEVITON MANUFACTURING CO., INC.	11-1001790	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 52 59 60 62 72	RECORDKEEPER	25799	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

BORIS BENIC AND ASSOCIATES LLP

500 OLD COUNTRY ROAD
SUITE 311
GARDEN CITY, NY 11530

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT	16936	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

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

A Name of plan
LEVITON MANUFACTURING CO., INC. RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 004

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
LEVITON MANUFACTURING CO., INC.

D Employer Identification Number (EIN)
11-1001790

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

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM STABLE VALUE FUND 15

b Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3159710-202	C	42773762

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

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

A Name of plan
LEVITON MANUFACTURING CO., INC. RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
LEVITON MANUFACTURING CO., INC.

D Employer Identification Number (EIN)
11-1001790

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4000000	4000000
(2) Participant contributions	1b(2)	0	
(3) Other	1b(3)		266754
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6270407	6936264
(2) U.S. Government securities	1c(2)		0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		0
(B) All other	1c(3)(B)		0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		0
(B) Common	1c(4)(B)		0
(5) Partnership/joint venture interests	1c(5)		0
(6) Real estate (other than employer real property)	1c(6)		0
(7) Loans (other than to participants)	1c(7)		0
(8) Participant loans	1c(8)	4659562	4342570
(9) Value of interest in common/collective trusts	1c(9)	42991707	42773762
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	164275583	166943876
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		0
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	222197259	225263226
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	222197259	225263226

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	8546715	
	(B) Participants	2a(1)(B)	10764402	
	(C) Others (including rollovers)	2a(1)(C)	440166	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		19751283
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	8050	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	188077	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		196127
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	10489418	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		10489418
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		368068
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(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)		-10241322
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		20563574
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	17432052	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		17432052
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		289574
h Interest expense	2h		0
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)	42735	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		42735
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		17764361
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2799213
l Transfers of assets:			
(1) To this plan	2l(1)		266754
(2) From this plan	2l(2)		0

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)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

(1) Name: BORIS BENIC AND ASSOCIATES LLP **(2)** EIN: 54-2190047

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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X		

		Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X		
e Was this plan covered by a fidelity bond?	4e	X			500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n				
o Did the plan trust incur unrelated business taxable income?	4o				
p Were in-service distributions made during the plan year?	4p				

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

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

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

A Name of plan
LEVITON MANUFACTURING CO., INC. RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
LEVITON MANUFACTURING CO., INC.

D Employer Identification Number (EIN)
11-1001790

Part I Distributions

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

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

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

EIN(s): 94-1687665

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b 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)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c 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))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b 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?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b 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).

22c 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 _____.

22d 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 _____/_____/_____.

23 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)?	☐ Yes	☐ No



Boris Benic and Associates LLP
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

Leviton Manufacturing Co., Inc. Retirement Savings Plan

Financial Statements
and Supplemental Schedule
as of December 31, 2015 and 2014

LEVITON MANUFACTURING CO., INC. RETIREMENT SAVINGS PLAN

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*Other schedules required by Section 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Independent Auditors' Report

To the participants and administrator of the
Leviton Manufacturing Co., Inc. Retirement Savings Plan:

Report on the Financial Statements
We were engaged to audit the financial statements of the Leviton Manufacturing Co., Inc. Retirement Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, 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 the accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility
Our responsibility is to express an opinion on these financial statements based on conducting the audit 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 ("DOL") for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Bank of America, N.A, the trustee of the Plan (the "Trustee"), except for comparing such information with the related information included in the financial statements. We have been informed by the Plan's administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan's administrator has obtained a certification from the Trustee as of December 31, 2015 and 2014, and for the year ended December 31, 2015, that the information provided to the Plan's administrator by the Trustee is complete and accurate.

500 Old Country Road, Suite 311 Garden City, NY 11530 t 516.248.7361 f 516.248.7382 www.bbcpas.com

Boris Benic and Associates LLP
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

Independent Auditors' Report

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, as listed on the Index on page 1, as of December 31, 2015 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA 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.

As discussed in Note 2, to the financial statements, the Plan changed its method of accounting from the modified cash basis to the accrual basis in 2015. The statement of net assets available for benefits as of December 31, 2014 has been restated to reflect the accrual basis of accounting applied in 2015.

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, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Boris Benic and Associates LLP

October 14, 2016
Garden City, New York

500 Old Country Road, Suite 311 Garden City, NY 11530 t 516.248.7361 f 516.248.7382 www.bbcpas.com

LEVITON MANUFACTURING CO., INC. RETIREMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AS OF DECEMBER 31, 2015 AND 2014

	2015	2014
Assets:		
Investments, at fair value:		
Interest-bearing bash	$ 6,936,263	$ 6,270,416
Mutual funds	166,943,877	164,275,574
Common collective trust	42,773,762	42,991,707
Total investments	216,653,902	213,537,697
Notes receivable from participants	4,342,570	4,659,562
Profit Sharing contribution receivable	4,000,000	4,000,000
Unsettled trades relating to merged plan	266,754	
Net assets reflecting investments at fair value	225,263,226	222,197,259
Adjustments from fair value to contract value for fully benefit-responsive investment contracts	(332,183)	(794,576)
Net assets available for benefits	$ 224,931,043	$ 221,402,683

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

LEVITON MANUFACTURING CO., INC. RETIREMENT SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2015

Additions to net assets attributed to:		
Investment (loss) income:		
Net loss of the fair value on the investments	$	(9,410,861)
Dividend income from mutual funds		10,489,418
Interest		8,050
Total investment income		1,086,607
Interest income on notes receivable from participants		188,077
Contribution income:		
Participant contributions		10,764,403
Employer contributions		8,546,715
Rollovers		440,165
Total contribution income		19,751,283
Total additions		21,025,967
Deductions from net assets attributed to:		
Benefits paid to participants or beneficiaries		17,721,626
Administrative expenses		42,735
Total deductions		17,764,361
Net increase		3,261,606
Transfer from merged plan		266,754
Net Assets Available for Benefits:		
Beginning of year		221,402,683
End of year	$	224,931,043

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

1. Description of the Plan

The following description of the Leviton Manufacturing Co., Inc. Retirement Savings Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering eligible employees of Leviton Manufacturing Co., Inc. (the "Company"). The Plan provides deferred compensation benefits and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Bank of America, N.A. is the trustee and custodian of the Plan (the "Trustee"). Merrill Lynch, Pierce, Fenner, & Smith, Inc. ("Merrill Lynch"), an affiliate of the Trustee, is the record-keeper of the Plan. The Plan's trustee, custodian, record-keeper and administrator are appointed by the Company. In anticipation of the January 1, 2016 merger, the assets of Intense Lighting 401K Plan were transferred into the Plan on December 31, 2015. On December 31, 2015 the merged assets of $266,754 were treated as an unsettled trade on the Plan's Statement of Net Assets Available for Benefits.

Eligibility

The Plan covers all eligible employees as of the first day of the month following the date of hire. Eligibility for all purposes of the Plan has no age limit requirement. The Plan excludes those employees who are employed in the capacity or designated as an intern or temporary employee. Participants are eligible to participate in the Company's matching contribution after completing one year of service (see below).

Participant Contributions

The employees may make rollover contributions and voluntary contributions, to be placed into a trust fund for their benefit. Each participant may elect to defer up to 60% of his or her eligible compensation, as defined by the Plan.

Participants who do not affirmatively elect to have a specified amount contributed automatically have 4% of their compensation deferred unless they opt-out of the Plan. If a participant does not make an election as to how the Plan should invest their directed account they will have a Merrill Lynch fiduciary apply generally accepted investment theories to allocate the assets of that participant's individual account.

Total participant contributions are limited to a maximum of $18,000 for 2015. Additionally, individuals who are at least 50 years of age can make a "catch-up" contribution not to exceed $6,000 for 2015. The maximum annual addition for 2015 that

1. Description of the Plan (Continued)

Participant Contributions (Continued)
may be contributed or allocated to a participant's account under the Plan shall not exceed the lesser of 100% of a participant's compensation or $53,000.

Eligible compensation in relation to participant contributions means wages, tips and other compensation on Form W-2, adjusted to include: (a) compensation which is not currently included in the participant's gross income by reason of the application of Internal Revenue Code ("IRC") Section 125 (cafeteria plan), (b) IRC Section 132(f)(4) (qualified transportation fringe), (c) IRC Section 402(e)(3)(401(k) plan), (d) IRC Section 402(h)(1)(B)(simplified employee pension plan), (e) IRC Section 414(h)(employer pickup contributions under a governmental plan), (f) IRC Section 403(b) (tax sheltered annuity) or (g) IRC Section 457(b) (eligible deferred compensation plan). Compensation is also adjusted to exclude reimbursements or other expense allowances, fringe benefits (cash or non-cash), moving expenses, deferred compensation (other than deferrals specified as being included in compensation), and welfare benefits.

Employer Matching Contributions
The Company provides for matching contributions of elective deferrals, after the participant has completed one year of service, of 100% of the first 3% of compensation and 50% of the next 2% of compensation for a maximum of 4% of total compensation, limited to the maximum covered compensation level for the year ended December 31, 2015.

Employer Profit Sharing Contributions
The Company provides for at its sole discretion a profit sharing contribution. The profit sharing contribution, if any, will be allocated based on a point system, in which points are allocated based on an eligible employee's years of service with the Company and level of compensation. To share in the profit sharing contribution, an eligible employee must have been employed for the entire year, still be actively employed on December 31st and was not eligible to receive a distribution from the Company's Long-Term Incentive Plan. The profit sharing contribution, if any, is 100% vested immediately. The Company elected to make a profit sharing contribution of $4,000,000 for each of the 2014 and 2015 Plan years.

1. Description of the Plan (Continued)

Rollover Contributions

Rollover contributions are accepted by the Plan from any eligible employee, even if they are not a participant.

Investments

All investment options are participant directed and consist of interest bearing cash, mutual funds and a stable value fund offered under a common collective trust. Participants may change their investment allocation at any time. Rollover contributions are invested at the election of the participant.

Vesting

Participants are immediately vested in their voluntary and rollover contributions, Company matching and profit sharing contributions and Plan earnings thereon.

Participant Accounts

The Plan's record-keeper establishes and maintains a separate account for each participant, who is credited for rollover and voluntary contributions the participants make, Company matching and profit sharing contributions and Plan earnings. Income earned and net appreciation or depreciation on Plan investments, for a given investment, are allocated in proportion to the participant's account balances in that fund. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Notes Receivable from Participants

Each participant may borrow up to the lesser of: (1) 50% of the present value of the participant's vested interest in the account or (2) $50,000. No note shall be less than $1,000 and only one note at a time is allowed.

An outstanding note is repayable, with interest, in full at any time or in monthly installments by means of a payroll deduction from the participant's salary over a term not to exceed five years. However, if the note is for the purchase of a principal residence, the Plan administrator may permit a longer repayment term. The notes are secured by the vested balance in the participant's account, not to exceed 50% of such vested balance.

1. Description of the Plan (Continued)

Notes Receivable from Participants (Continued)
The notes shall bear a reasonable rate of interest as determined by the Plan administrator. The interest rate on notes outstanding at December 31, 2015, ranged from 4.25% to 9.25%. Notes receivable from participants are measured at their unpaid principal balance plus any accrued and unpaid interest. Delinquent notes are treated as distributions based upon the terms of the Plan document.

Retirement
The normal retirement age is defined as when the participant reaches the age of 65. At the normal retirement date, the participant is entitled to 100% of their account balance. The participant can elect late retirement after the age of 65. A participant, who becomes disabled, as defined in the Plan document, is eligible for a disability retirement. There are no early retirement provisions.

Distribution of Benefits
An active participant, or a designated beneficiary, is entitled to withdraw the entire vested amount (or in some cases, a portion thereof) within 60 days of the close of the Plan year in the event of normal retirement, death, disability, termination of employment, termination of the Plan, attainment of age 59 ½, or under hardship circumstances, as defined in the Plan document. Distributions are made only in the form of a lump sum distribution.

Terminated employees whose vested balance exceeds $5,000 at termination may elect to leave their account balances in the Plan. Participants must begin receiving Required Minimum Distributions, under Internal Revenue Service ("IRS") guidelines, upon reaching the age of 70 ½. Terminated employees whose vested balances are under $5,000 will be subject to an involuntary distribution.

Administrative Expenses
Administrative expenses may be paid out of the Plan or by the Company. Administrative expenses that are to be paid from the Plan are paid from the Plan's trust funds and allocated to all participants on a pro rata basis. The Company incurred certain administrative expenses relating to the Plan without charge to the Plan during 2015.

2. Summary of Significant Accounting Policies

Basis of Accounting

On January 1, 2015, the Plan have elected to change its method of accounting to the accrual basis, whereas in all prior years the modified cash basis of accounting was applied. The new method of accounting was adopted to conform to the accrual basis of accounting to better reflect the plan's additions and deductions from net assets as related to a particular Plan year. Comparative financial statements of 2014 have been adjusted to apply the new method retrospectively. The change related to the the change in accounting principle was that a profit sharing receivable of $4,000,000 was recorded as of December 31, 2014.

Use of Estimates and Assumptions

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value, except for a stable value fund held in a common collective trust that invests in fully benefit-responsive investment contracts, which is valued at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for a discussion of fair value measurements.

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 Putnam Stable Value fund is an investment contract that is fully benefit-responsive so that in the Statements of Net Assets Available for Benefits it is presented both at fair value and adjusted to its contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Purchases and sales of securities are reflected on a trade date basis. Interest and dividend income are reflected when received. The Plan presents, in the Statement of Changes in Net Assets Available for Benefits, the net appreciation (depreciation) of the fair value of its investments, which includes the Plan's gains and losses on investments bought and sold as well as held during the year.

2. Summary of Significant Accounting Policies (Continued)

Payment of Benefits

Benefit payments to participants or beneficiaries are recorded upon distribution or when deemed distributed.

Risks and Uncertainties

The Plan provides for various investment options. Investment securities are exposed to various risks including but not limited to, 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 participant's account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

Income Tax Status

The Plan is an adoption of a standardized prototype plan that received an IRS opinion letter on March 31, 2008, stating that the prototype plan, as then designed, was then in compliance with the applicable requirements of the IRC. The Company amended the Plan during 2013, to include a profit sharing contribution. Since the restatement was a remedial amendment the new determination letter was requested during 2016 and is still pending. The Plan administrator and the Plan's legal counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. No provision for income taxes has been included in the financial statements since the Plan has no unrelated business income tax.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or Department of Labor ("DOL"). The Plan administrator has analyzed the tax positions taken by the Plan and had concluded that as of December 31, 2015, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by the IRS and the DOL, however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2012.

3. Plan Termination

Although it has not expressed any intent 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.

4. Investments

The following table presents the individual investment securities that exceeded 5 percent of the Plan's net assets available for benefits as of December 31, 2015 and 2014:

	2015		2014	
	No. of Shares	Fair Value	No. of Shares	Fair Value
Mutual funds:				
American Funds EuroPacific Growth	337,021	$ 15,256,918	311,960	$ 14,674,582
American Funds Growth Fund of America	283,916	11,708,686	298,303	12,716,660
Columbia Management Advisors, LLC Large Cap Index	731,052	28,679,163	663,119	26,372,224
Columbia Management Advisors, LLC Mid Cap Value	821,190	11,406,322	671,063	11,441,628
Hartford Dividend	698,065	15,957,772	761,723	19,538,183
Neuberger & Berman Genesis Trust	256,275	13,772,221	250,712	14,852,170
Wells Fargo Advance ADV Core BD C Inst	1,229,112	15,523,685	1,065,521	13,606,700
Common collective trust:				
Putnam Stable Value Fund *	42,441,579	42,441,579	42,197,131	42,197,131

* This investment is stated at contract value as described in note 2.

For the year ended December 31, 2015, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated (lost) in value as follows:

	Net Appreciation/ (Depreciation)
Mutual funds	$ (10,241,322)
Common collective trusts	830,461
	$ (9,410,861)

5. Fair Value Measurements

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1: Quoted market prices in active markets for identical assets or liabilities.

Level 2: Quoted prices for similar assets and liabilities; quoted prices for identically similar assets or liabilities in markets that are not active and models for which all significant inputs are observable either directly or indirectly.

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2015 and 2014:

Interest-bearing cash and mutual funds: Valued at the daily closing price as reported by the fund. Interest-bearing cash and mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common Collective Trust: Valued at the NAV of units of the trust company's collective trust. The NAV, as provided by the Trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. There are currently no redemption restrictions or unfunded commitments on these investments

5. Fair Value Measurements (Continued)

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015 and 2014:

	2015			
	Level 1	**Level 2**	**Level 3**	**Total**
Interest-bearing cash	$ 6,936,263	$ -	$ -	$ 6,936,263
Mutual funds:				
Government	755,188			755,188
Growth Fund	75,815,405			75,815,405
Intermediate Term	15,523,685			15,523,685
Large Blend	3,532,513			3,532,513
Large Cap	28,679,163			28,679,163
Mid Cap	11,976,385			11,976,385
Real Estate Equity	6,183,142			6,183,142
Small Cap	24,478,396			24,478,396
Total mutual funds	166,943,877			166,943,877
Common collective trust:				
Putnam Stable Value Fund		42,773,762		42,773,762
Total assets at fair value	$173,880,140	$42,773,762	$ -	$216,653,902

5. Fair Value Measurements (Continued)

	2014			
	Level 1	**Level 2**	**Level 3**	**Total**
Interest-bearing cash	$ 6,270,416	$ -	$ -	$ 6,270,416
Mutual funds:				
Government	860,504			860,504
Growth Fund	74,779,225			74,779,225
Intermediate Term	13,606,700			13,606,700
Large Blend	3,547,632			3,547,632
Large Cap	26,372,224			26,372,224
Mid Cap	12,065,474			12,065,474
Real Estate Equity	5,610,850			5,610,850
Small Cap	27,432,965			27,432,965
Total mutual funds	164,275,574			164,275,574
Common collective trust:				
Putnam Stable Value Fund		42,991,707		42,991,707
Total assets at fair value	$170,545,990	$42,991,707	$ -	$213,537,697

There were no significant transfers between level 1 and level 2 investments during the year ended December 31, 2015.

6. Party-in-Interest Transactions

Certain of the Plan's investments are managed by the Trustee or its affiliates. Also administrative expenses are paid to the Trustee or Merrill Lynch. The transactions with the Trustee and its affiliates qualify as parties-in-interest transactions. Also notes receivable from Plan participants qualify as party-in-interest transactions. The above transactions are not, however, considered prohibited transactions under CFR 408 (b) of the ERISA regulations.

7. Unaudited Information Certified by the Plan's Trustee

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by the Trustee as complete and accurate, except for comparing such information certified by the Trustee to information included in the Plan's financial statements and supplemental schedule:

As of December 31,	**2015**	**2014**
Investments, at fair value	$ 216,653,902	$ 213,537,697
Notes receivable from participants	$ 4,342,570	$ 4,659,562

For the Year Ended December 31, 2015	
Investment (loss) income:	
Net loss of the fair value on the investments	$ (9,410,861)
Dividend income from mutual funds	10,489,418
Interest	8,050
Total investment income	$ 1,086,607
Interest income on notes receivable from participants	$ 188,077

In addition, the information in the supplemental Schedule of Assets (Held at End of Year) as of December 31, 2015, has been certified by the Trustee to be complete and accurate.

8. Reconciliation to Form 5500

Net assets available for benefits in the accompanying financial are presented on a contract value basis, however, they are recorded at fair value in the Plan's Form 5500. Also in 2015 as described in Note 2 the Plan changed to the accrual basis of accounting. The 2015 5500 follows the same basis of accounting as in the financials. The 2014 Plan's financial statements were restated to the accrual basis of accounting, but the 2014 5500 was filed under the modified cash basis of accounting. The following reconciles net assets available for benefits per the financial statements as of December 31, 2015 and 2014, to the Plan's Form 5500, as filed by the Company:

8. Reconciliation to Form 5500 (Continued)

	2015	2014
Net assets available for benefits per financial statements	$ 224,931,043	$ 221,402,683
Adjustment from contract value to fair value for fully benfit responsive contracts	332,183	794,576
Adjustment made for change in accounting prinicple to the accrual basis (see Note 2)		(4,000,000)
Amounts reported per Form 5500	$ 225,263,226	$ 218,197,259

The following reconciles the net increase in net assets available for benefits per the financial statements for the year ended December 31, 2015, to the Form 5500, as filed by the Company:

Net increase as reported per financial statements	$ 3,261,606
Plus, 2015 adjustment from contract value to fair value for fully benefit-responsive investment contracts	332,183
Less, 2014 adjustment from contract value to fair value for fully benefit-responsive investment contracts	(794,576)
Net increase as reported per Form 5500	$ 2,799,213

9. Subsequent Events

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through October 14, 2016, which is the date the financial statements were available to be issued.

SCHEDULE H, PART IV, LINE 4i
LEVITON MANUFACTURING CO., INC. RETIREMENT SAVINGS PLAN
PLAN SPONSOR: LEVITON MANUFACTURING CO., INC.
PLAN SPONSOR EIN: 11-1001790
PLAN NUMBER: 004
SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2015

(a)	(b) Identity of issuer, lesser, borrower or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, maturity value	Units/ Shares	(d) Cost	(e) Current Value
Interest-Bearing Cash:					
*	Bank of America, N.A.	Retirement Bank Account, money market account	6,920,370	**	$ 6,920,370
	Blackrock	BIF Money Fund	14,609	**	14,609
	Bank of America, N.A.	Interest-bearing cash	1,284		1,284
				**	6,936,263
Mutual Funds:					
	Allianzgi	High Yield Bond Interest	175,289		1,458,407
	American Funds	EuroPacific Growth	337,021	**	15,256,918
	American Funds	Growth Fund of America	283,916	**	11,708,686
	Aston	Montag & Caldwell Growth	96,286	**	1,932,468
*	Columbia Management Advisors, LLC	Capital Allocation Model	542,696	**	6,316,982
*	Columbia Management Advisors, LLC	Large Cap Index	731,052	**	28,679,163
*	Columbia Management Advisors, LLC	Mid Cap Value	821,190	**	11,406,322
	Delaware	Small Cap Core	448,454	**	8,520,624
	Hartford	Dividend	698,065	**	15,957,772
	Neuberger & Berman	Genesis Trust	256,275	**	13,772,221
	Principal Investors	Real Estate Equity	277,395	**	6,183,142
	T Rowe Price	2010 Retirement	33,771	**	570,063
	T Rowe Price	2020 Retirement	161,985	**	3,189,480
	T Rowe Price	2030 Retirement	284,122	**	6,196,711
	T Rowe Price	2040 Retirement	192,197	**	4,339,802
	T Rowe Price	2050 Retirement	134,129	**	1,708,802
	T Rowe Price	Dividend	219,447	**	7,535,825
	T Rowe Price	Retirement Balance Inv	24,089	**	343,033
	Virtus	Merging Markets	213,165	**	1,909,961
	Voya	Mid Cap Opportunities Cl I	159,248	**	3,678,622
	Wells Fargo	Core BD CL I	1,229,112	**	15,523,685
	Wells Fargo	Government	67,974	**	755,188
				**	166,943,877
Common Collective Trust:					
	Putnam	Stable Value Fund	42,441,579	**	42,773,762
Other:					
*	Participant loans	Various participant loans – Interest rates ranged from 4.25% to 9.25%		- 0 -	4,342,570
	Total investments			**	$ 220,996,472

* Represents a party-in-interest as defined by the Employee Retirement Income Security Act of 1974.
** Cost omitted for participant directed investments.

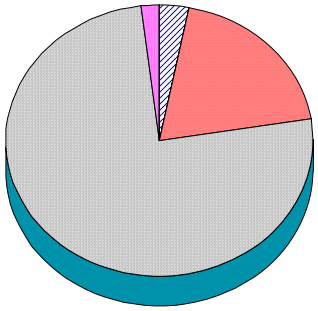
The above information was certified to be complete and accurate by the Bank of America, N.A., the trustee and custodian of the Plan.

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2015 - 12/31/2015

LEVITON MANUFACTURING CO., INC.
RETIREMENT SAVINGS PLAN
CONSOLIDATION

ALLOCATION OF PLAN ASSETS



- 3.14% CERT OF DEPOSIT / BANK DEPOSIT
- 19.23% COMMON / COLLECTIVE TRUSTS
- 1.97% LOANS
- 0.00% ACCRUED INCOME
- 0.01% MONEY MARKET
- 75.66% MUTUAL FUNDS
- 0.00% PENDING SETTLEMENT FUNDS

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
CERT OF DEPOSIT / BANK DEPOSIT					
RETIREMENT BANK ACCOUNT	6,920,369.9200	1.000	6,920,369.92	6,920,369.92	3.14%
MONEY MARKET					
BIF MONEY FUND		1.000	14,609.01	14,609.01	0.01%
COMMON / COLLECTIVE TRUSTS					
PUTNAM STABLE VALUE FUND	42,441,579.1497	1.000	42,441,579.16	42,441,579.15	19.23%
MUTUAL FUNDS					
COLUMBIA MID CAP VAL Z	821,189.5035	13.890	12,831,299.37	11,406,322.20	5.17%
ASTON/MONTAG & CALDWELL GROWTH	96,286.3828	20.070	2,370,572.29	1,932,467.70	0.88%
COLUMBIA LARGE CAP INDEX - Z	731,051.8135	39.230	21,744,612.39	28,679,162.64	13.00%
AMERICAN EUROPACIFIC GR FD R5	337,020.5032	45.270	15,032,997.56	15,256,918.18	6.91%

Balances include pending activity

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2015 - 12/31/2015

LEVITON MANUFACTURING CO., INC.
RETIREMENT SAVINGS PLAN
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
AMERICAN GRTH FD OF AMER CL R5	283,915.7680	41.240	10,652,090.79	11,708,686.27	5.31%
T. ROWE PRICE 2040 RETIREMENT	192,196.7033	22.580	3,937,375.42	4,339,801.56	1.97%
ALLIANZGI HIGH YIELD BOND INST	175,289.3521	8.320	1,654,974.98	1,458,407.41	0.66%
WELLS FARGO CORE BD FD CL I	1,229,111.9928	12.630	15,583,062.61	15,523,684.47	7.03%
COLUMBIA CAPITAL ALLC MOD AG Z	542,696.0205	11.640	6,094,779.54	6,316,981.68	2.86%
PRINCIPAL INVESTORS REAL INSTL	277,395.3212	22.290	5,859,543.76	6,183,141.71	2.80%
T ROWE PRICE DIVIDEND	219,447.4308	34.340	6,328,501.39	7,535,824.77	3.42%
T. ROWE PRICE 2010 RETIREMENT	33,771.4840	16.880	565,625.36	570,062.65	0.26%
T. ROWE PRICE 2020 RETIREMENT	161,984.7812	19.690	3,077,826.50	3,189,480.34	1.45%
T. ROWE PRICE 2030 RETIREMENT	284,122.4866	21.810	5,866,837.48	6,196,711.43	2.81%
T ROWE PRICE RTRMT BALANCE INV	24,089.3996	14.240	343,828.34	343,033.05	0.16%
VOYA MIDCAP OPPORTUNITIES CL I	159,247.7004	23.100	3,686,834.46	3,678,621.88	1.67%
DELAWARE SMALL CAP CORE	448,453.8910	19.000	9,074,717.20	8,520,623.93	3.86%
HARTFORD DIVIDEND	698,065.2477	22.860	15,340,321.59	15,957,771.56	7.23%
T. ROWE PRICE 2050 RETIREMENT	134,128.8918	12.740	1,605,052.62	1,708,802.08	0.77%
WELLS FARGO GOVT SECURITS INST	67,973.7412	11.110	759,037.66	755,188.26	0.34%
VIRTUS EMERGING MRKTS OPPOR -I	213,165.2567	8.960	2,104,364.95	1,909,960.70	0.87%
NEUBERG & BERMN GENESIS TRUST	256,275.0502	53.740	12,107,364.66	13,772,221.20	6.24%
TOTAL MUTUAL FUNDS			**156,621,620.92**	**166,943,875.67**	**75.66%**
LOANS					
LOAN FUND	4,342,570.4200	1.000	4,342,570.42	4,342,570.42	1.97%

Balances include pending activity

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2015 - 12/31/2015

LEVITON MANUFACTURING CO., INC.
RETIREMENT SAVINGS PLAN
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
PENDING SETTLEMENT FUNDS					
PENDING SETTLEMENT FUND	1,210.0000	1.000	1,210.00	1,210.00	0.00%
INVESTMENT TOTAL			**210,341,959.43**	**220,664,214.17**	**100.00%**
UNINVESTED CASH			0.00	0.00	0.00%
ACCRUED INCOME			74.12	74.12	0.00%
TOTAL ASSETS			**210,342,033.55**	**220,664,288.29**	**100.00%**

A portion of the balance displayed in the BIF Money Fund or the Merrill Lynch Bank Deposit Program (MLBD Program) may contain a pending deposit. If cash funds are invested / deposited in the BIF or MLBD Program, sweep activity details are available upon request.

Balances include pending activity