Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
TGL PENSION PLAN

1b Three-digit plan number (PN) ▶ 099

1c Effective date of plan 01/31/1986

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)
TYCO INTERNATIONAL MANAGEMENT COMPANY LLC

9 ROSZEL ROAD
PRINCETON, NJ 08540-6205

9 ROSZEL ROAD
PRINCETON, NJ 08540-6205

2b Employer Identification Number (EIN) 20-5073412

2c Plan Sponsor's telephone number 609-720-4200

2d Business code (see instructions) 332900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2017	KAARE A. LEIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number

3a Plan administrator's name and address ☐ Same as Plan Sponsor

JOHNSON CONTROLS EMPLOYEE BENEFIT POLICY COMMITTEE

5757 N. GREEN BAY AVENUE
MILWAUKEE, WI 53209-4408

3b Administrator's EIN: 02-0328430

3c Administrator's telephone number: 414-524-1200

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	1079
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)**	54
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	52
b	Retired or separated participants receiving benefits	**6b**	436
c	Other retired or separated participants entitled to future benefits	**6c**	463
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	951
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	86
f	Total. Add lines **6d** and **6e**.	**6f**	1037
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1B 1I 3H

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

9a Plan funding arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

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

a Pension Schedules

(1)	☒	**R** (Retirement Plan Information)
(2)	☐	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	☒	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	☒	**H** (Financial Information)
(2)	☐	**I** (Financial Information – Small Plan)
(3)	☐	**A** (Insurance Information)
(4)	☒	**C** (Service Provider Information)
(5)	☒	**D** (DFE/Participating Plan Information)
(6)	☐	**G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

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

A Name of plan
TGL PENSION PLAN

B Three-digit plan number (PN) ▶ 099

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TYCO INTERNATIONAL MANAGEMENT COMPANY LLC

D Employer Identification Number (EIN)
20-5073412

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2016

2 Assets:

a Market value	**2a**	16160169
b Actuarial value	**2b**	16923289

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	496	7453862	7453862
b For terminated vested participants	531	6928887	6928887
c For active participants	54	489871	493584
d Total	1081	14872620	14876333

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.09 %
6 Target normal cost	**6**	410000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

Date

MATTHEW KUMPF

Type or print name of actuary

17-07351

Most recent enrollment number

MERCER

Firm name

212-345-7000

Telephone number (including area code)

1166 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		492213
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		492213
10	Interest on line 9 using prior year's actual return of -2.37%		-11665
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.29%		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	480548

Part III Funding Percentages

14	Funding target attainment percentage	14	110.52%
15	Adjusted funding target attainment percentage	15	113.75%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	112.26%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/15/2017	2500000				
			Totals ► 18(b)	2500000	18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
b	Contributions made to avoid restrictions adjusted to valuation date	19b	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2260414

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.43%	5.91%	6.65%	☐ N/A, full yield curve used

b Applicable month (enter code) **21b**

22 Weighted average retirement age **22** 62

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

Part VI Miscellaneous Items

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

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28**

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29**

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6) **31a** 410000

b Excess assets, if applicable, but not greater than line 31a **31b** 410000

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment		
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34**

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

36 Additional cash requirement (line 34 minus line 35) **36**

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 2260414

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36) **38a** 2260414

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b**

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0

40 Unpaid minimum required contributions for all years **40**

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ..... ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ..... ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment **42**

43 Excess installment acceleration amount to be carried over to future plan years **43**

SCHEDULE C (Form 5500)	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.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
TGL PENSION PLAN

B Three-digit plan number (PN) ▶ 099

C Plan sponsor's name as shown on line 2a of Form 5500
TYCO INTERNATIONAL MANAGEMENT COMPANY LLC

D Employer Identification Number (EIN)
20-5073412

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

NORTHERN TRUST CORPORATION

36-2723087

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

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

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

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

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

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

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

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

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

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

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

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

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

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	178219	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	49702	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	TRUSTEE	17112	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

O'BRIEN, RILEY & RYAN, P.C

04-3176941

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	11875	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

REEDSMITH LLP

25-0749630

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	9887	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

UBS GLOBAL ASSETS MANAGEMENT

36-3664388

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	6284	Yes [ ] No [X]	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

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
TGL PENSION PLAN

B Three-digit plan number (PN) ▶ 099

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TYCO INTERNATIONAL MANAGEMENT COMPANY LLC

D Employer Identification Number (EIN)
20-5073412

Part I **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: TYCO MASTER TRUST

b Name of sponsor of entity listed in (a): TYCO INTERNATIONAL MANAGEMENT COMPANY, LLC

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)
25-1431141-001	M	15588899

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)

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)

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

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
TGL PENSION PLAN

B Three-digit plan number (PN) ▶ 099

C Plan sponsor's name as shown on line 2a of Form 5500
TYCO INTERNATIONAL MANAGEMENT COMPANY LLC

D Employer Identification Number (EIN)
20-5073412

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		2500000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	16160169	15588899
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	16160169	18088899
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	114147	97075
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	114147	97075
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	16046022	17991824

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)	2500000	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2500000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		1374624
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3874624
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1499074	
(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)		1499074
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	266796	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	26786	
(4) Other	2i(4)	136166	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		429748
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1928822
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1945802
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: O'BRIEN, RILEY & RYAN PC **(2)** EIN: 04-3176941

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	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		25000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4011473. (See instructions.)

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 sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
TGL PENSION PLAN

B Three-digit plan number (PN) ▶ 099

C Plan sponsor's name as shown on line 2a of Form 5500
TYCO INTERNATIONAL MANAGEMENT COMPANY LLC

D Employer Identification Number (EIN)
20-5073412

Part I Distributions

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

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

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

EIN(s): 36-1561860

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 17

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: 59.0 % Investment-Grade Debt: 16.8 % High-Yield Debt: 0.8 % Real Estate: 0.0 % Other: 23.4 %

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? If "No," skip b	☐ Yes	☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Current year" ADP test	☐ "Prior year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test	☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes	☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter ____/____/____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter ____/____/____.

TGL Pension Plan

Financial Statements

December 31, 2016

TGL Pension Plan
Table of Contents

	Page(s)
Independent Auditors' Report	2
Statement of Net Assets Available for Benefits as of December 31, 2016 and 2015	3
Statement of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2016 and 2015	4
Notes to Financial Statements	5-17

Supplemental Schedules: *

* Certain schedules are included with Form 5500 of the Master Trust (Annual Return/Report of Employee Benefit Plan) filed with the Department of Labor for the plan year ended December 31, 2016 and are not required to be disclosed for this Plan.

O'Brien Riley & Ryan, P.C.
Certified Public Accountants + Advisors
30 Braintree Hill Office Park, Suite 102 • Braintree, Massachusetts 02184
Phone 781.410.2300 • Fax 781.320.8608 • www.orrpc.com

Independent Auditors' Report

To the Participants and Administrator
of the TGL Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the TGL Pension Plan, which comprise the statement of net assets available for benefits as of December 31, 2016 and 2015, the related statement of changes in net assets available for benefits for the years ended December 31, 2016 and 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 accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by The Northern Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2016 and 2015, 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.

Emphasis of Matter

As discussed in Note 2 to the financial statements, in 2016 and 2015 the Plan adopted new accounting guidance FASB ASU 2015-12 Plan Accounting: Defined Benefit Pension Plans (Topic 960) and FASB ASU 2015-7 Fair Value Measurement (Topic 820). Our opinion is not modified with respect to this matter.

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

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

Braintree, Massachusetts
October 12, 2017

O'Brien Riley & Ryan PC

TGL Pension Plan
Statement of Net Assets Available for Benefits

	December 31, 2016	December 31, 2015
Assets		
Investment in the Tyco Master Trust, at fair value	$15,588,899	$16,160,169
Employer Contributions Receivable	2,500,000	-
Total Assets	18,088,899	16,160,169
Liabilities		
Administrative Expenses Payable	97,075	114,147
Net Assets Available for Benefits	$17,991,824	$16,046,022

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

TGL Pension Plan
Statement of Changes in Net Assets Available for Benefits

	Year Ended December 31, 2016	2015
Additions		
Plan Interest in the Tyco Master Trust		
Net Investment Income (Loss)	$ 1,374,624	$ (411,574)
Employer Contributions	2,500,000	-
Total Additions (Reductions)	3,874,624	(411,574)
Deductions		
Benefit Payments	1,499,074	1,313,237
Administrative Expenses	429,748	372,281
Total Deductions	1,928,822	1,685,518
Net Increase (Decrease)	1,945,802	(2,097,092)
Net Assets Available for Benefits		
Beginning of Year	16,046,022	18,143,114
End of Year	$ 17,991,824	$ 16,046,022

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

1. DESCRIPTION OF PLAN

The following brief description of the TGL Pension Plan (the "Plan"), formerly the Tyco/Grinnell/Ludlow Pension Plan for Certain Hourly Employees, is provided for general information purposes only. Selected Plan provisions are described below. Participants should refer to the Plan document and summary of Plan description for more complete information regarding the terms of the Plan.

General

The Plan is a trusteed, noncontributory, defined benefit pension plan covering certain hourly employees of Grinnell Corporation, Gimpel Corporation, Ludlow Corporation, and certain employees of Batts, Inc. and Forever Hangers, Inc. (collectively, "TGL"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and the Internal Revenue Code of 1986, as amended (the "Code"). The Plan was amended and restated effective January 1, 2016.

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

Effective December 31, 2001, the benefit accruals and future participation under the Plan for the employees of GFPS (Lubbock) division were frozen.

Effective as of January 1, 2012, the assets and liabilities of the Graphic Controls division of the ADT Security Services Pension Plan ("ADT Plan") were spun off from the ADT Plan to the Plan, which is a tax-qualified defined benefit retirement plan sponsored by the Plan Sponsor. In connection with the transfer of assets and liabilities, the Plan assumed the aggregate liability for the benefits accrued by participants in the Graphic Controls division of the ADT Plan as of December 31, 2011, and such persons cease to have a right to any benefit under the ADT Plan.

On September 2, 2016, Johnson Controls, Inc. ("JCI Inc.") and Tyco International plc ("Tyco"), TIMCO LLC's parent company, completed a merger, with JCI Inc. being the surviving corporation in the merger and a wholly owned indirect subsidiary of Tyco (the "Merger"). Following the Merger, Tyco changed its name to Johnson Controls International plc (the "Company").

Funding Policy

The Plan Sponsor's funding policy is to make all required contributions to the pension plan in accordance with applicable pension laws and regulations. Additional, voluntary contributions (in excess of required minimum amounts) are periodically considered based on their individual merits. The Company's contributions for 2016 met the minimum funding requirements under ERISA. No Company contributions were necessary during 2015 in order to meet the minimum funding requirements under ERISA.

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

Pension Benefits

The pension benefit calculations vary due to the merger of a number of TIMCO LLC subsidiary pension plans into the Plan. The merging plans continue to calculate their pension benefit in accordance with each plan, as in effect immediately prior to the merger. Participants who have completed five or more years of continuous service are entitled to annual pension benefits. For a more complete schedule of pension benefits, participants should refer to the Plan document.

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

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

Plan Administration
Johnson Controls Employee Benefit Policy Committee serves as plan administrator. The Investment Committee acts in the capacity of plan fiduciary and appoints the investment managers to manage the assets of the Master Trust.

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

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

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

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan's sponsor and the level of benefits guaranteed by the PBGC.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Actuarial Valuation Method and Assumptions
Independent actuaries are employed by the Company to determine the Plan's required contributions, present value of accumulated plan benefits, and prior service costs using the traditional unit credit method. The significant actuarial assumptions including mortality, salary increases, and investment returns, used by the independent actuaries in the January 1, 2016 valuation are summarized as follows:

Investment Return Rate:	4.30% effective interest rate based on nonstabilized funding segment rates: 1.41% for the first 5 years, 3.96% for the next 15 years, and 4.97% for years after 20 years
Retirement:	Weighted average age 62
Mortality:	MRP-2007 mortality tables for males and females without collar adjustment projected with generational mortality improvements using MMP-2007 mortality improvement scale.

Certain actuarial assumptions discussed above have changed since the January 1, 2015 valuation. The actuarial assumption used in the January 1, 2015 valuation was the effective investment return of 4.48% based on nonstabilized funding segment rates: 1.22% for the first 5 years, 4.11% for the next 15 years, and 5.20% for years after 20 years.

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

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

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

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

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

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

> Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
>
> Level 2: Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in markets that are not active; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.
>
> If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
>
> Level 3: Inputs for the valuation methodology are unobservable and significant to the fair value measurement.

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

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

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

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

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

Investment Valuation and Income Recognition, continued

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

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

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

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

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodologies used at December 31, 2016 and 2015.

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

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

Federal Income Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated April 11, 2017, that the Plan and related trust are designed in compliance with applicable sections of the Code. The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes is required.

New Accounting Pronouncements

Recently Adopted Accounting Pronouncements

In July 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-12 "Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient." Only Part II of ASU 2015-12 is applicable to the Plan. Part II of ASU 2015-12 eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. It also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics, and risks. ASU 2015-12 was effective retrospectively for fiscal years beginning after December 15, 2015. The Plan adopted Part II of this guidance effective January 1, 2016 and applied the change retrospectively to all periods presented. The adoption of this guidance did impact disclosures in the notes to the financial statements, but did not impact the net assets available for benefits.

In May 2015, the FASB issued ASU No. 2015-07, "Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)." ASU No. 2015-07 removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. Such investments should be disclosed separate from the fair value hierarchy. The Plan adopted this guidance on January 1, 2016. As the Plan did not measure any investments using the net asset value practical expedient, there was no impact to the Plan’s financial statements.

Recently Issued Accounting Pronouncements

In February 2017, the FASB issued Accounting Standards Update ASU No. 2017-06, "Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): Employee Benefit Plan Master Trust Reporting." ASU No. 2017-06 clarifies the presentation requirements by a plan's interest in a master trust and requires disclosure of the dollar amount of the plan's interest in each investment type held by a master trust, as well as disclosure of the master trust's other assets and liabilities, and the dollar amount of the plan's interest in each of those balances. ASU No. 2017-06 is effective for fiscal years beginning after December 15, 2018 with early adoption permitted, and will be applied retrospectively to all periods presented. The Company is currently evaluating the impact the adoption of the guidance will have on the Plan’s financial statements.

3. ACCUMULATED PLAN BENEFITS

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

	January 1, 2016
Vested benefits:	
Participants or beneficiaries currently receiving payments	$ 9,071,268
Other participants	9,926,367
	18,997,635
Nonvested benefits	730
Total actuarial present value of accumulated plan benefits	$ 18,998,365

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

	Year Ended January 1, 2016
Actuarial present value of accumulated plan benefits at beginning of year	$ 19,254,292
Increase (decrease) during the year attributable to:	
Benefits accumulated	(355,140)
Change in actuarial assumptions	581,726
Increase for interest due to decrease in discount period	830,724
Benefits paid	(1,313,237)
Total changes	(255,927)
Actuarial present value of accumulated plan benefits at end of year	$ 18,998,365

The actuarial present value of accumulated plan benefits as of January 1, 2016 is based upon an effective interest rate of 4.30% based on nonstabilized funding segment rates. See Note 2.

4. INFORMATION CERTIFIED BY THE TRUSTEE

The following summarized information and certain underlying detail included in the accompanying financial statements was obtained from data that has been prepared and certified to as complete and accurate by The Northern Trust Company, the trustee for the Plan as of and for the years ended December 31, 2016 and 2015.

	December 31, 2016	December 31, 2015
Investment in the Tyco Master Trust, at fair value	$ 15,588,899	$16,160,169
Plan Interest in the Tyco Master Trust Net Investment Income (Loss)	$ 1,374,624	$ (411,574)

5. INVESTMENT IN THE MASTER TRUST

As of December 31, 2016 and 2015 the Plan's sole investment is in the Master Trust, which was established for the investment of assets of the Plan and several other TIMCO LLC and affiliated companies' sponsored retirement plans. The assets of the Master Trust are held by its trustee, The Northern Trust Company, for the years ended December 31, 2016 and 2015. Each participating retirement plan has an undivided interest in the assets of the Master Trust except for any other securities, which, if applicable, are identifiable with individual plans. The Plan's interest in the net assets of the Master Trust is approximately 2% at both December 31, 2016 and 2015.

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

The following table presents the net assets of the Master Trust.

	December 31,	
ASSETS:	**2016**	**2015**
Investments, at fair value		
Cash and Cash Equivalents	$ 491,194	$ 613,001
Common Stocks	12,156,702	68,869,809
Common Collective Trusts	451,648,753	382,767,925
Corporate Bonds	64,174,308	62,518,394
U.S. Government Securities	42,612,979	43,397,783
Registered Investment Companies	99,992,168	100,084,599
Other Investments	13,859,235	12,680,608
Total Investments, at fair value	684,935,339	670,932,119
Other Receivables	1,533,152	2,763,539
Total Assets	686,468,491	673,695,658
LIABILITIES:		
Other Payables	10,548,199	4,580,392
Net Assets	$ 675,920,292	$ 669,115,266

The following are the changes in net assets for the Master Trust for the years ended December 31, 2016 and 2015.

Changes in Net Assets:		
Net Appreciation/(Depreciation) in Fair Value of Investments:	$ 48,983,048	$ (27,221,905)
Interest and Dividends	9,840,939	10,068,071
Net Investment Income (Loss)	58,823,987	(17,153,834)
Net Transfers	(40,919,898)	(29,461,612)
Administrative Expenses	(11,099,063)	(7,744,525)
Increase (Decrease) in Net Assets	6,805,026	(54,359,971)
Net Assets:		
Beginning of year	669,115,266	723,475,237
End of Year	$675,920,292	$ 669,115,266

The following table sets forth by level, within the fair value hierarchy, the Master Trust's investments measured at fair value on a recurring basis as of December 31, 2016:

	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
Cash and Cash Equivalents	$ 491,194	$ 491,194	$ -
Common Stocks	12,156,702	12,156,702	-
Common Collective Trusts	451,648,753	25,787,602	425,861,151
Corporate Bonds	64,174,308	-	64,174,308
U.S. Government Securities	42,612,979	-	42,612,979
Registered Investment Companies	99,992,168	45,377,918	54,614,250
Other Investments	13,859,235	753,000	13,106,235
Total Investments at Fair Value	$ 684,935,339	$ 84,566,416	$ 600,368,923

The following table sets forth by level, within the fair value hierarchy, the Master Trust's investments measured at fair value on a recurring basis as of December 31, 2015.

	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
Cash and Cash Equivalents	$ 613,001	$ 613,001	$ -
Common Stocks	69,502,893	69,502,893	-
Common Collective Trusts	382,767,925	14,025,639	368,742,286
Corporate Bonds	62,518,394	-	62,518,394
U.S. Government Securities	43,397,783	29,568,405	13,829,378
Registered Investment Companies	100,084,599	41,432,210	58,652,389
Other Investments	12,047,524	656,402	11,391,122
Total Investments at Fair Value	$ 670,932,119	$ 155,798,550	$ 515,133,569

The Master Trust did not have any investments measured at fair value on a recurring basis using significant unobservable inputs (level 3) for the years ended December 31, 2016 and 2015.

Transfers Between Levels

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

Management or the Plan Sponsor evaluated the significance of transfers between levels based upon the nature of the financial instruments and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2016 and 2015, there were no significant transfers in or out of any levels.

6. DERIVATIVE FINANCIAL INSTRUMENTS

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

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

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

During 2016 and 2015, the Master Trust was a party to futures contracts held for trading purposes for U.S Treasury Bonds and Notes and Eurodollars. At December 31, 2016, other investments of the Master Trust include derivative investment assets with a notional value of approximately $4.4 million which were offset by derivative investment liabilities with a notional value of approximately $4.4 million. At December 31, 2015, other investments of the Master Trust include derivative investment assets with a notional value of approximately $0.5 million which were offset by derivative investment liabilities with a notional value of approximately $0.5 million. Realized and unrealized gains and (losses) on derivative contracts entered into by the Master Trust of approximately $107,000 and $76,000 for the years ended December 31, 2016 and 2015, respectively, were recorded as net appreciation (depreciation) in the fair value of investments by the Master Trust.

7. MASTER NETTING AGREEMENTS

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

The following is a summary of the Master Trust's net exposure to derivative assets and liabilities, by financial instrument type, available for offset and net of collateral under master netting agreements as of December 31, 2016 and December 31, 2015:

December 31, 2016			
Derivative Type	Gross Amounts of Recognized Derivative Assets	Gross Amounts of Recognized Derivative Liabilities	Net Amount of Derivatives Presented in the Statement of Net Assets
Futures Contracts			
Interest Rate	$ 4,443,002	$ 4,443,002	$ -
Total	$ 4,443,002	$ 4,443,002	$ -

December 31, 2015			
Derivative Type	Gross Amounts of Recognized Derivative Assets	Gross Amounts of Recognized Derivative Liabilities	Net Amount of Derivatives Presented in the Statement of Net Assets
Futures Contracts			
Interest Rate	$ 492,465	$ 492,465	$ -
Total	$ 492,465	$ 492,465	$ -

8. RISKS & UNCERTAINTIES

The Master Trust invests in a highly diversified portfolio of investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

9. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

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

10. SUBSEQUENT EVENTS

After December 31, 2016, but on or before September 16, 2017, the Company made a discretionary contribution of $2,500,000 for the 2016 Plan year in accordance with the Company's funding policy.

The Plan Sponsor has evaluated subsequent events through October 12, 2017, which is the date the financial statements were available to be issued.

Schedule SB, line 26 — Schedule of Active Participant Data

Attained age	Years of credited service[1]										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											0
25–29											0
30–34											0
35–39											0
40–44		1	2								3
45–49		6	2	2							10
50–54		8	3	2	1	1					15
55–59		3	3	2	3	2					13
60–64		1	2	2		2	1				8
65–69			1	1	1		1				4
70 & up					1						1
Total	0	19	13	9	6	5	2	0	0	0	54

In each cell, the number is the count of active participants for each age/service combination.

[1] Service used is as of plan freeze date.

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 62.

(A) Retirement age	(B) Retirement Percent	(C) Number of employees expected to retire, per 1000 retirements	(D) (A) x (C)
55	10.0%	100.00	5,500.00
56	2.0%	18.00	1,008.00
57	4.0%	35.28	2,010.96
58	6.0%	50.80	2,946.40
59	8.0%	63.67	3,756.53
60	10.0%	73.23	4,393.80
61	12.0%	79.08	4,823.88
62	25.0%	144.99	8,989.38
63	15.0%	65.24	4,110.12
64	15.0%	55.46	3,549.44
65	100.0%	314.25	20,426.25
Total		1,000.00	61,514.76
Average			61.51

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

Actuarial Assumptions

Discount rate sponsor elections			
• Segment rates or full yield curve	Segment		
• Look-back months	0		
	Stabilized	**Nonstabilized**	
• First 5 years	4.43%	1.41%	
• Next 15 years	5.91%	3.96%	
• Over 20 years	6.65%	4.97%	
Mortality sponsor elections	Section 430(h)(3) prescribed separate static annuitant and non-annuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA.		
417(e) lump sums	Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and current year 417(e) unisex mortality.		
Other economic assumptions			
• Salary increases	N/A		
• Flat-dollar benefit increases	N/A		
• Social Security wage base	N/A		
• Inflation	N/A		
• Expected investment return	7.50% for 2014; 6.25% for 2015 and 2016		
• Expenses	$410,000 added to current year normal cost		

Rationale for Economic Assumptions

- Expected investment return – Based on the median simulated investment return using capital market assumptions published in Mercer Investment Consulting's January 2016 Capital Markets Outlook for the plan's target asset mix, net of an adjustment of 20 bps for expenses assumed to be paid from plan assets.
- Expenses – Determined based on prior year's actual administrative expenses and adjusted to incorporate any expected changes in PBGC premiums or other administrative expenses.

Demographic assumptions	
• Withdrawal	See table of sample rates.
• Disability incidence	See table of sample rates.

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

• Retirement age	**Attained age**	**Percentage**
	Under 55	0%
	55	10%
	56	2%
	57	4%
	58	6%
	59	8%
	60	10%
	61	12%
	62	25%
	63	15%
	64	15%
	65 and above	100%

• Benefit commencement age for				
— Future vested deferred	65			
— Current vested deferred	65			
• Spouse assumptions		**Male participants**		**Female participants**
— Percentage married		85%		75%
— Spouse age difference		3 years younger		3 years older

Form of payment	**Lump sum**	**Single life**	**50% J&S**	**66.67% J&S**
• Non-clerical, Grinnell and Homer	0%	70%	0%	30%
• Graphic Controls, Gimpel and Batts	100%	0%	0%	0%
• Future deaths (all groups)	0%	0%	100%	0%

Unpredictable contingent event assumptions	N/A

Rationale for Demographic Assumptions

- Withdrawal – Developed based on the actuary's experience with similar plans. Annual review of the experience has shown that this assumption provides similar results to the actual rates of withdrawal experienced under the plan.
- Retirement age – Developed based on the actuary's experience with similar plans. Annual review of the experience has shown that this assumption provides similar results to the actual rates of retirement experienced under the plan.
- Benefit commencement age for current and future vested deferred employees – Based on an annual review of plan experience and client expectation of future experience.
- Spouse assumptions – Because the employer does not have enough credible experience to analyze spousal demographics, the assumptions regarding percent married/spouse age difference at benefit commencement are based on the actuary's experience with many plans and discussions with employer representatives.
- Form of payment – Based on a study undertaken in 2008, which reviewed elections of the January 1, 2008 retiree population. The assumption is reviewed annually for reasonability.

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

Table of Sample Rates

	Percentage	
Attained age	**Withdrawal**	**Disability incidence**
25	12.00%	0.03%
30	9.00%	0.04%
35	6.00%	0.05%
40	5.00%	0.07%
45	4.00%	0.08%
50	3.00%	0.12%
55	2.00%	0.23%
56	2.00%	0.26%
57	2.00%	0.30%
58	2.00%	0.34%
59	2.00%	0.39%
60	2.00%	0.44%
61	2.00%	0.51%
62	2.00%	0.58%
63	2.00%	0.67%
64	2.00%	0.76%

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

Actuarial Methods

Asset Methods

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

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

Participant Methods

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

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

Minimum Funding Methods

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

A detailed description of the calculation follows:

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

Schedule SB, Part V — Summary of Plan Provisions

Summary of Major Plan Provision

Part I—Non-clerical, non-represented

Employer identification number	20-5073412
Plan number	099
Effective date and plan year	Established 1/1/1974; calendar year
Most recent amendment	Plan amended and restated effective January 1, 2016
Sponsoring employer	Tyco International Management Company, LLC
Definitions	
§ Covered employees	Non-clerical, non-represented employees Participation frozen for Statesboro employees on 8/1/1994. There are no active participants as of January 1, 2016
§ Participation	Age 21 and one year of continuous service
§ Employer contributions	100% employer funded
§ Employee contributions	None
§ Service considered	Continuous service: § 1,000 hours Credited service: § 1,680 hours, prorated for partial years; maximum 35 years
Normal retirement	
§ Eligibility	Age 65
§ Benefit	
(a) Statesboro Hourly	Credited service times $10.00 For the following, sum of the monthly benefit rate for each of the service periods:

	Period Service	**Benefit Rate**
(b) Supply Sales Hourly (other locations)	Before 12/31/1971	$4.00
	1/1/1972–12/31/1980	$6.00
	1/1/1981–12/31/1984	$7.00
	After 12/31/1984	$8.00
(c) For all other locations	Before 12/31/1976	$4.00
	1/1/1977–12/31/1980	$5.00
	After 12/31/1980	$7.00

Early retirement	
§ Eligibility	Age 55 with 10 years of continuous service
§ Benefit	Accrued benefit, reduced by 6% per year for first 5 years that commencement precedes normal retirement date and by 4% per year for each additional year.

Schedule SB, Part V — Summary of Plan Provisions

Late retirement	
§ Eligibility	Working beyond normal retirement age.
§ Benefit	The late retirement benefit is calculated in the same way as at normal retirement, reflecting any service earned after age 65.
Deferred vested	
§ Eligibility	5 years of continuous service
§ Benefit	Accrued benefit at termination, payable at normal retirement date. Benefits can commence first day of month following normal retirement date or a reduced benefit at 55 with 10 years of continuous service.
Disability	
§ Eligibility	10 years of continuous service and age plus service of 60 or more and total and permanent disability.
§ Benefit	Accrued benefit payable immediately reduced by any amounts received under applicable worker's compensation laws.
Pre-retirement death	
§ Eligibility	Married and eligible for a pension benefit.
§ Benefit	Annuity based on accrued benefit at death. Payable at normal retirement date in the normal form for married participants as if participant died on that date. Reduced benefit is available, subject to the same factors as early retirement.
Form of benefits	
§ Automatic form for unmarried participants	Life Annuity
§ Automatic form for married participants	Joint & Survivor
§ Optional forms	Life Annuity 50% Joint & Survivor 75% Joint & Survivor 100% Joint & Survivor If the total value of benefits is under $1,000, the benefit will be paid as a lump sum.
§ Optional form conversion factors	Amount of an alternative form of benefit (other than a lump sum cash out) which has a value equivalent to the benefit or benefits otherwise payable under the plan, computed on the basis of a 5.00% compound annual interest rate and a 60% male and 40% female blend of the 1974 George B. Buck Mortality Table with ages set forward one year.
Funding medium	Master trust administered by Northern Trust.
Miscellaneous	
§ Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2016, limit is $210,000.

Schedule SB, Part V — Summary of Plan Provisions

Part II—Grinnell Fire Protection Systems

Employer identification number	20-5073412
Plan number	099
Effective date and plan year	Established 7/1/1966; calendar year
Most recent amendment	Plan amended and restated effective January 1, 2016
Sponsoring employer	Tyco International Management Company, LLC
Definitions	
§ Covered employees	Regular non-union hourly employees of the Lubbock manufacturing facility (not including construction or installation employees). Participation is closed to new entrants
§ Participation	All participants as of 6/30/1997 After 7/1/1997: Age 21 and 1 year of continuous service
§ Employer contributions	100% employer funded
§ Employee contributions	None
§ Service considered	Continuous service: § 1,000 hours Credited service: § 1 year equals 1,000 hours in a calendar year (not including service before 1/1/1988 for employees who became participants on or after 1/1/1988 and date of hire was after 60th birthday)
Normal retirement	
§ Eligibility	Age 65
§ Benefit	Benefits are frozen as of 12/31/1988 for participants at the Non-Lubbock locations Benefits are frozen as of 12/31/2001 for participants at Lubbock If termination occurs before 9/1/1990: § For service before 1/1/1985: $5.50 times credited service § For service 1/1/1985–12/31/1985: $7 times credited service § For service 1/1/1986-8/31/1990: $8.50 times credited service If termination on or after 9/1/1990: § $10 times credited service Maximum credited service: 35 years.
Early retirement	
§ Eligibility	Age 55 and 10 years of continuous service.
§ Benefit	Accrued benefit, reduced by 6.67% per year for first 5 years that commencement precedes normal retirement date and by 3.33% per year for next five years.

Schedule SB, Part V — Summary of Plan Provisions

Late retirement	
§ Eligibility	Working beyond normal retirement age.
§ Benefit	Better of: 1. Continued accruals, or 2. Actuarially increased normal retirement benefit (annual recomputation).
Deferred vested	
§ Eligibility	5 years of continuous service.
§ Benefit	Accrued benefit at termination, payable at normal retirement date. Benefits can commence first day of month following normal retirement date or a reduced benefit at 55 with 10 years of continuous service.
Pre-retirement death	
§ Eligibility	Married (or Domestic Partner) and eligible for a pension benefit.
§ Benefit	Annuity based on accrued benefit at death. Payable at normal retirement date in the normal form for married participants as if participant died on that date. Reduced benefit is available, subject to the same factors as early retirement.
Form of benefits	
§ Automatic form for unmarried participants	Life Annuity
§ Automatic form for married participants	Joint & Survivor
§ Optional forms	Life Annuity 50% Joint & Survivor 75% Joint & Survivor If total value of benefits is under $1,000, the benefit will be paid as a lump sum.
§ Optional form conversion factors	Amount of an alternative form of benefit (other than a lump sum cash out) which has a value equivalent to the benefit or benefits otherwise payable under the plan, computed on the basis of a 5.00% compound annual interest rate and a 60% male and 40% female blend of the 1974 George B. Buck Mortality Table with ages set forward one year.
Funding medium	Master trust administered by Northern Trust
Miscellaneous	
Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2016, limit is $210,000.

Schedule SB, Part V — Summary of Plan Provisions

Part III—Homer

Employer identification number	20-5073412
Plan number	099
Effective date and plan year	Established 1/1/1976; calendar year
Most recent amendment	Plan amended and restated effective January 1, 2016
Sponsoring employer	Tyco International Management Company, LLC
Definitions	
§ Covered employees	Employees at Homer Plant. There are no active participants as of January 1, 2016
§ Participation	Age 21 and one year of continuous service
§ Employer contributions	100% employer funded
§ Employee contributions	None
§ Service considered	Continuous service: § 1,000 hours, prorated if hours are between 500 and 1,000 Credited service: § 1,800 hours, prorated if hours are between 500 and 1,800
Normal retirement	
§ Eligibility	Age 65
§ Benefit	Benefits are frozen as of 9/30/1993 If termination occurs after 10/1/1989: $11 times credited service.
Early retirement	
§ Eligibility	Age 62 with 20 years of continuous service
§ Benefit	Accrued benefit, reduced by 6% per year for each year that commencement precedes normal retirement date.
Late Retirement	
§ Eligibility	Working beyond normal retirement age.
§ Benefit	Better of: § Continued accruals, or § Actuarially increased normal retirement benefit (annual recomputation)
Deferred vested	
§ Eligibility	5 years of continuous service.
§ Benefit	Accrued benefit at termination, payable at normal retirement date. Benefits can commence first day of month following normal retirement date or a reduced benefit at 62 with 20 years of continuous service.
Disability	

Schedule SB, Part V — Summary of Plan Provisions

§ Eligibility	15 years of continuous service and total and permanent disability.
§ Benefit	Accrued benefit actuarially reduced to date of disability.
Pre-retirement death	
§ Eligibility	Married and eligible for a pension benefit
§ Benefit	Annuity based on accrued benefit at death. Payable at normal retirement date in the normal form for married participants as if participant died on that date. Reduced benefit is available, subject to the same factors as early retirement.
Form of benefits	
§ Automatic form for unmarried participants	Life Annuity
§ Automatic form for married participants	Joint & Survivor
§ Optional forms of retirement benefits	Life Annuity 50% Joint & Survivor 75% Joint & Survivor If total value of benefits is under $1,000, the benefit will be paid as a lump sum
§ Actuarial equivalence basis of optional forms	Amount of an alternative form of benefit (other than a lump sum cash out) which has a value equivalent to the benefit or benefits otherwise payable under the plan, computed on the basis of a 7.00% compound annual interest rate and UP-1984 Mortality Table.
Funding medium	Master trust administered by Northern Trust
Miscellaneous	
§ Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2016, limit is $210,000.

Schedule SB, Part V — Summary of Plan Provisions

Part IV—Gimpel

Employer identification number	20-5073412
Plan number	099
Effective date and plan year	Established 12/1/1959; calendar year
Most recent amendment	Plan amended and restated effective January 1, 2016
Sponsoring employer	Tyco International Management Company, LLC
Definitions	
§ Covered employees	Employees at Gimpel Corporation. Participation is closed to new entrants. There are no active participants as of January 1, 2016.
§ Participation	Age 20 1/2 and one year of continuous service
§ Employer contributions	100% employer funded
§ Employee contributions	None
§ Service considered	Continuous service: § Completed months Credited service § Completed months
§ Compensation considered	Total earnings in calendar year, excluding commissions. Compensation cannot exceed the following amounts: 1/1/1989–12/31/1993: $100,000 1/1/1994–12/31/1996: $150,000 1/1/1997–12/31/1998: 401(a)(17) limit
§ Average annual compensation	Compensation earned in the highest 5 consecutive years of last 10 years.
Normal retirement	
§ Eligibility	Age 65
§ Benefit	Benefits are frozen as of 12/31/1998 Sum of the following: Greater of 1. or 2. plus 3.: 1. (1.2% times final average compensation up to Covered Compensation plus 1.6% times final average compensation in excess of Covered Compensation) times credited service up to 25 years 2. 2.0% times final average compensation times credited service up to 10 years 3. For those participants who have an accumulation account with Langhorne, the actuarial equivalence of their pension accumulation account

Schedule SB, Part V — Summary of Plan Provisions

Early retirement	
§ Eligibility	Age 55 and 15 years of continuous service.
§ Benefit	Accrued benefit, reduced by 6.67% per year for first 2 years that commencement precedes age 62 and by 3.33% per year for next five years.
Late Retirement	
§ Eligibility	Working beyond normal retirement age.
§ Benefit	Better of: § Continued accruals, or § Actuarially increased normal retirement benefit (annual recomputation).
Deferred vested	
§ Eligibility	Graded vesting:

Years of Service	Vesting Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

§ Benefit	Accrued benefit, reduced by 6.67% per year for first 5 years that commencement precedes normal retirement date and by 3.33% per year for next five years.
Disability	
§ Eligibility	10 years of continuous service and total and permanent disability.
§ Benefit	Accrued benefit payable immediately.
Pre-retirement death	
§ Eligibility	Married (or Domestic Partner) and eligible for a pension benefit.
§ Regular benefit	Annuity based on accrued benefit at death. Payable at normal retirement date in the normal form for married participants as if participant died on that date. Reduced benefit is available, subject to the same factors as early retirement.
§ Active pre-retirement benefit	Lump sum equal to the greater of [1 or 2, minus 3]: 1. The participant's annual compensation (compensation after 12/31/1998 will not be considered) or 2. Any minimum life insurance coverage on account of participation in a prior group insurance program 3. Amount of life insurance provided for the participant under a group term life insurance contract issued by the Company.

Schedule SB, Part V — Summary of Plan Provisions

§	Special post-retirement benefit	Participant who is receiving benefit but dies before receiving 60 monthly payments; benefit payable to beneficiary or estate Lump sum equal to monthly benefit before reduction for optional form times (60 minus number of benefit payments the participant received before death).
Form of benefits		
§	Automatic form for unmarried participants	Life Annuity
§	Automatic form for married participants	Joint & Survivor
•	Optional forms	Life Annuity Lump Sum 50% Joint & Survivor 75% Joint & Survivor 100% Joint & Survivor 10-Year Certain & Life 15-Year Certain & Life If total value of benefits is under $1,000, the benefit will be paid as a lump sum.
•	Optional form conversion factors	Amount of an alternative form of benefit (other than a lump sum) which has a value equivalent to the benefit or benefits otherwise payable under the plan, computed on the basis of a 7.00% compound annual interest rate and UP-1984 Mortality Table with ages set forward one year for participants and ages set back four years for surviving spouses, domestic partners, and beneficiaries.
§	Conversion factors for Lump Sum	The equivalent value when calculated under the mortality table and segment rates mandated by IRS under PPA and 417(e)(3).
Funding medium		Master trust administered by Northern Trust
Miscellaneous		
§	Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2016, limit is $210,000.

Schedule SB, Part V — Summary of Plan Provisions

Part V—Batts

Employer identification number	20-5073412
Plan number	099
Effective date and plan year	Established 7/1/1964; calendar year
Most recent amendment	Plan amended and restated effective January 1, 2016
Sponsoring employer	Tyco International Management Company, LLC
Definitions	
§ Covered employees	Employees of Batts, Inc. Participation is closed to new entrants. There are no active participants as of January 1, 2016
§ Participation	One year of continuous service
§ Employer contributions	100% employer funded
§ Employee contributions	None
§ Service considered	Continuous service: § 1,000 hours Credited service: § 1,000 hours
Normal retirement	
§ Eligibility	Age 65
§ Benefit	Benefits are frozen as of 4/9/1999 Credited service times benefit rate

Termination Date	Benefit Rate
7/1/1984–6/30/1987	$10.00
7/1/1987–6/30/1989	$11.00
7/1/1989–6/30/1991	$13.00
7/1/1991–6/30/1997	$15.00
7/1/1997–4/9/1999	$17.00

Early retirement	
§ Eligibility	Age 55 with 5 years of continuous service.
§ Benefit	Accrued benefit, reduced by 6.67% per year for first 5 years that commencement precedes normal retirement date and by 3.33% per year for next five years.
Late retirement	
§ Eligibility	Working beyond normal retirement age.
§ Benefit	Better of: § Continued accruals, or § Actuarially increased normal retirement benefit (annual recomputation).

Schedule SB, Part V — Summary of Plan Provisions

Deferred vested	
§ Eligibility	5 years of continuous service.
§ Benefit	Accrued benefit at termination, payable at normal retirement date. Benefits can commence first day of month following normal retirement date or a reduced benefit at 55 with 5 years of continuous service.
Disability	
§ Eligibility	10 years of continuous service and total and permanent disability.
§ Benefit	Accrued benefit payable immediately.
Death benefit	
Eligibility	Married (or Domestic Partner) and eligible for a pension benefit
§ Regular benefit	Annuity based on accrued benefit at death. Payable at normal retirement date in the normal form for married participants as if participant died on that date. Reduced benefit is available, subject to the same factors as early retirement.
§ Special pre-retirement death benefit for participants with 10 years of continuous service	Present value of accrued benefit minus present value of regular death benefit, assuming commencement at normal retirement date.
Form of benefits	
§ Automatic form for unmarried participants	Life Annuity
§ Automatic form for married participants	Joint & Survivor
§ Optional forms	Life Annuity Lump Sum 50% Joint & Survivor 100% Joint & Survivor 10-Year Certain & Life If total value of benefits is under $1,000, the benefit will be paid as a lump sum.
§ Optional form conversion factors	Amount of an alternative form of benefit (other than a lump sum) which has a value equivalent to the benefit or benefits otherwise payable under the plan, computed on the basis of a 7.00% compound annual interest rate and UP-1984 Mortality Table.
§ Conversion factors for Lump Sum	The equivalent value when calculated under the mortality table and segment rates mandated by IRS under PPA and 417(e)(3).
Funding medium	Master trust administered by Northern Trust

Miscellaneous

Schedule SB, Part V — Summary of Plan Provisions

§	Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2016, limit is $210, 000

Schedule SB, Part V — Summary of Plan Provisions

Part VI—Graphic Controls

Employer identification number	20-5073412
Plan number	099
Effective date and plan year	Established 4/1/1961; calendar year
Most recent amendment	Plan amended and restated effective January 1, 2016
Sponsoring employer	Tyco International Management Company, LLC
Definitions	
§ Participating employees	Employees of the former Graphic Controls, Inc.; excludes employees covered by collective bargaining agreements.
§ Eligibility	Participation was frozen as of 12/31/1999; no new participants
§ Employer contributions	100% employer funded
§ Participant contributions	None
§ Service considered	Continuous service: § 1/1/1975-12/31/1986: calendar year with 1,000 hours § After 1/1/1987: elapsed time excluding breaks Credited service (frozen 12/31/1999): § Hourly employees: calendar year with 1,950 hours § Salaried employees: calendar year with 2,080 hours § Partial service based on actual hours divided by 1,950 or 2,080
§ Compensation considered	Base pay plus overtime (up to $4,200) plus commissions, excluding non-qualified deferrals, bonuses and cafeteria plan
§ Average annual compensation	60 highest consecutive months of last 120 months or any 5-year period before 1/1/2000
§ Normal retirement age	Age 65
Normal retirement benefit	Benefits are frozen as of 12/31/1999 Greater of A or B: A. 1.5% times final average earnings times credited service; minus the lesser of: i.) Credited service times 1.5% of the Social Security primary insurance amount ii.) 50% times the Social Security primary insurance amount B. $15 times credited service
Late retirement benefit	Actuarially increased normal retirement benefit

Schedule SB, Part V — Summary of Plan Provisions

Early retirement benefit	
(a) Eligibility	Age 55 with 5 years of continuous service
(b) Benefit	Accrued benefit, reduced 6 2/3% for first 5 years and 3 1/3% per year for each additional year
(c) Special early retirement benefit	§ If job is eliminated, under age 62 and age + continuous service = 75: Benefit is reduced as if commenced at age 62 and add (62 minus participant's age) to beneficiary's age § For job elimination between 6/1/1998 to 12/31/1998: same as above, except age plus continuous service equals 65.
Deferred vested benefit	
(a) Eligibility	5 years of continuous service
(b) Benefit	Accrued benefit Benefits can commence at early retirement date, subject to same reduction factors as early retirement
Disability benefit	
(a) Eligibility	Total & permanent disability (receiving company LTD benefits); no service requirement
(b) Benefit	Regular deferred vested benefit; accruals stop on date of disability
Death benefit	
(a) Eligibility	Spouse or domestic partner of vested participant
(b) Benefit	50% J&S (REA) annuity based on accrued benefit at date of death and payable on later of: § Date of death, or § Age 55. Same reduction factors as early retirement
§ Optional forms of retirement benefits	Life Annuity 50% Joint & Survivor 75% Joint & Survivor 100% Joint & Survivor 10-Year Certain & Life 15-Year Certain & Life Single Life Level Income (age 65) Lump sum (no limit)
§ Actuarial equivalence basis of optional forms	Amount of an alternative form of benefit (other than a lump sum cash out) which has a value equivalent to the benefit or benefits otherwise payable under the plan, computed based on tabular factors as found in the plan document.
§ Actuarial equivalence for Lump Sum	The equivalent value when calculated under the mortality table and segment rates mandated by the IRS under PPA and 417(e)(3).
Funding medium	Master trust administered by Northern Trust

Schedule SB, Part V — Summary of Plan Provisions

Miscellaneous	
§ Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2016, limit is $210,000.

Significant Events

None

Benefits Included or Excluded

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

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

Unpredictable contingent event benefits: The plan does not have any unpredictable contingent event benefits

Plan Provision Changes Since Prior Valuation

Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2015 to 2016, but the rounded dollar amounts have not changed.

Schedule SB, line 24 — Change in Actuarial Assumptions

Actuarial Assumption Changes Since Prior Valuation

- The expense component of normal cost increased from $360,000 to $410,000 to reflect our expectations for the current plan year.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

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

A Name of plan
TGL PENSION PLAN

B Three-digit plan number (PN) ▶ 099

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TYCO INTERNATIONAL MANAGEMENT COMPANY, LLC

D Employer Identification Number (EIN)
20-5073412

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2016

2 Assets:

a Market value	**2a**	16,160,169
b Actuarial value	**2b**	16,923,289

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	496	7,453,862	7,453,862
b For terminated vested participants	531	6,928,887	6,928,887
c For active participants	54	489,871	493,584
d Total	1,081	14,872,620	14,876,333

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.09%
6 Target normal cost	**6**	410,000

Statement by Enrolled Actuary

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

SIGN HERE MATTHEW KUMPF MK — 10/4/17

Signature of actuary — Date

MATTHEW KUMPF — 1707351

Type or print name of actuary — Most recent enrollment number

MERCER — 212-345-7000

Firm name — Telephone number (including area code)

1166 AVENUE OF THE AMERICAS

NEW YORK NY 10036

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	492,213
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	492,213
10	Interest on line 9 using prior year's actual return of -2.37%	0	-11,665
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.29%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	480,548

Part III Funding Percentages

14	Funding target attainment percentage	14	110.52%
15	Adjusted funding target attainment percentage	15	113.75%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	112.26%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/15/2017	2,500,000				
			Totals ► 18(b)	2,500,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2,260,414

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.43 %	5.91 %	6.65%	

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	62

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6)	**31a**	410,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	410,000

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2,260,414
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	2,260,414
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	