

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 2017 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
	☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ an amended return/report ☐ the final 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 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>COOPER PENSION PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>290</u>
		1c	Effective date of plan <u>07/01/1993</u>
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) <u>EATON ELECTRIC HOLDINGS LLC</u> <u>1000 EATON BOULEVARD</u> <u>CLEVELAND, OH 44122</u> <u>1000 EATON BOULEVARD</u> <u>CLEVELAND, OH 44122</u>	2b	Employer Identification Number (EIN) <u>76-0518215</u>
		2c	Plan Sponsor's telephone number <u>440-523-5000</u>
		2d	Business code (see instructions) <u>335900</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2018	GORDON HARMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2018	GORDON HARMAN
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 10095
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) 1109
a(2) Total number of active participants at the end of the plan year	6a(2) 978
b Retired or separated participants receiving benefits	6b 4080
c Other retired or separated participants entitled to future benefits	6c 3519
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 8577
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 1093
f Total. Add lines 6d and 6e	6f 9670
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 who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

1C 1D 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
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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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

▶ **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 <u>COOPER PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>290</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>EATON ELECTRIC HOLDINGS LLC</u>	D Employer Identification Number (EIN) <u>76-0518215</u>

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500
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Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>			
2 Assets:			
a Market value	2a	<u>463848553</u>	
b Actuarial value	2b	<u>471138940</u>	
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	<u>5297</u>	<u>232115124</u>	<u>232115124</u>
b For terminated vested participants	<u>3689</u>	<u>99177016</u>	<u>99177016</u>
c For active participants	<u>1109</u>	<u>31048808</u>	<u>31048808</u>
d Total	<u>10095</u>	<u>362340948</u>	<u>362340948</u>
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	<u>5.64 %</u>	
6 Target normal cost	6	<u>1315000</u>	

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	<u>10/08/2018</u>	Date
<u>SUZANNE HUGHES</u>	<u>17-07118</u>	Most recent enrollment number
Type or print name of actuary	<u>201-902-2615</u>	Telephone number (including area code)
<u>BUCK GLOBAL, LLC</u>		
Firm name		
<u>500 PLAZA DRIVE</u> <u>SECAUCUS, NJ 07096-1533</u>		
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)		67903962
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)		67903962
10 Interest on line 9 using prior year's actual return of <u>8.33</u> %		5656400
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 <u>5.86</u> %		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	73560362

Part III Funding Percentages

14 Funding target attainment percentage	14	109.72%
15 Adjusted funding target attainment percentage	15	130.02%
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	111.15%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

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

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: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
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	1315000	
b Excess assets, if applicable, but not greater than line 31a	31b	1315000	
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		
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a		
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan COOPER PENSION PLAN	B Three-digit plan number (PN) ▶ 290
C Plan sponsor's name as shown on line 2a of Form 5500 EATON ELECTRIC HOLDINGS LLC	D Employer Identification Number (EIN) 76-0518215

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(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 12 15		534438	Yes ☒ No ☐	Yes ☒ No ☐	0	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?
17		120000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BUCK GLOBAL, LLC

13-3954297

(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 17		39043	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PWC

13-4008324

(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?
17		35000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THOMPSON HINE, LLP

34-0575300

(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		20702	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MEADEN & MOORE LTD.

34-1818258

(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		16600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

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
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(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 2017 This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>COOPER PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>290</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>EATON ELECTRIC HOLDINGS LLC</u>	D Employer Identification Number (EIN) <u>76-0518215</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: TA RETIREMENT SOLUTIONS COLLECTIVE

b Name of sponsor of entity listed in (a): TRANSAMERICA RETIREMENT SOLUTIONS

c EIN-PN <u>04-6784256-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9197101</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: EATON CORPORATION MASTER RETIREMENT

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

c EIN-PN <u>47-6268243-001</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>494490037</u>
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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):

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>COOPER PENSION PLAN</u>	B Three-digit plan number (PN) <u>290</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EATON ELECTRIC HOLDINGS LLC</u>	D Employer Identification Number (EIN) <u>76-0518215</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		17756
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)	17304817	9197101
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	446543736	494490037
(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	463848553 503704894
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	149511 178884
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	149511 178884
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	463699042 503526010

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	
	(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)	
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)		106166
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		75848141
(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		75954307

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	34650671	
(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)		34650671
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)	245675	
(2) Contract administrator fees	2i(2)	534438	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	696555	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1476668
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		36127339

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		39826968
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: MEADEN & MOORE, LTD.

(2) EIN: 34-1818258

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	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			

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

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 4081060. (See instructions.)

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 2017 This Form is Open to Public Inspection.
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan COOPER PENSION PLAN		B Three-digit plan number (PN) ▶ 290
C Plan sponsor's name as shown on line 2a of Form 5500 EATON ELECTRIC HOLDINGS LLC		D Employer Identification Number (EIN) 76-0518215
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
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): 13-3689044		
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		3 211
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

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: 68.0% Investment-Grade Debt: 23.0% High-Yield Debt: 6.0% Real Estate: 0.0% Other: 3.0%

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

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

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

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

EATON CORPORATION
COOPER PENSION PLAN

FINANCIAL STATEMENTS
WITH
INDEPENDENT AUDITOR'S REPORT

December 31, 2017

INDEX

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INDEPENDENT AUDITOR'S REPORT

Pension Administration Committee of the
Eaton Corporation Cooper Pension Plan
Beachwood, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Eaton Corporation Cooper Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits for the years ended December 31, 2017 and 2016, 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 our audit. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Bank of New York Mellon and State Street Bank and Trust Company, the trustees 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 trustees hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained a certification from the trustees as of December 31, 2017 and 2016, and for the years ended December 31, 2017 and 2016, that the information provided to the Plan administrator by the trustees is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The schedule of assets held for investment purposes at end of year as of December 31, 2017 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustees, 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.

A handwritten signature in blue ink that reads "Meaden & Moore, Ltd." in a cursive script.

Meaden & Moore, Ltd.
Cleveland, Ohio

October 12, 2018

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

Eaton Corporation Cooper Pension Plan

	December 31	
	<u>2017</u>	<u>2016</u>
ASSETS		
Receivable - Other	\$ 17,756	\$ -
Investments:		
Common collective money market funds	9,197,101	17,304,817
Value of interest in the Eaton Corporation Master Retirement Trust	<u>494,490,037</u>	<u>446,543,736</u>
Total Assets	503,704,894	463,848,553
LIABILITIES		
Accrued - Administrative expenses	<u>(178,884)</u>	<u>(149,511)</u>
Net Assets Available for Benefits	<u>\$ 503,526,010</u>	<u>\$ 463,699,042</u>

See accompanying notes.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Eaton Corporation Cooper Pension Plan

	Year Ended December 31	
	<u>2017</u>	<u>2016</u>
Investment Income:		
Net investment gain from participation in the Eaton Corporation Master Retirement Trust	\$ 75,848,141	\$ 37,220,201
Net unrealized/realized appreciation	<u>106,166</u>	<u>27,024</u>
Investment Income	75,954,307	37,247,225
Deductions from Net Assets Attributed to:		
Benefits paid to participants	34,650,671	36,261,288
Administrative expenses	<u>1,476,668</u>	<u>1,381,694</u>
Total Deductions	<u>36,127,339</u>	<u>37,642,982</u>
Net Increase (Decrease)	39,826,968	(395,757)
Net Assets Available for Benefits:		
Beginning of Year	<u>463,699,042</u>	<u>464,094,799</u>
End of Year	<u>\$ 503,526,010</u>	<u>\$ 463,699,042</u>

See accompanying notes.

NOTES TO FINANCIAL STATEMENTS

Eaton Corporation Cooper Pension Plan

1 Description of Plan

The following description of the Cooper Pension Plan ("Plan") provides only general information. Participants should refer to the Plan document and summary plan descriptions, which are available from the Company's Human Resources Department upon request, for a complete description of the Plan's provisions.

General:

The Plan, which was established as of July 1, 1993, is a defined benefit plan sponsored by Eaton Electric Holdings LLC ("Company" or "Plan Sponsor"), a wholly owned subsidiary of Eaton Corporation plc ("Eaton"). The Plan provides for retirement and death benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective January 1, 2007, future benefit accruals of the Plan ceased and the Plan was frozen to new accruals. Existing account balances will continue to grow with interest credits at least equal to the average yield on one-year Treasury Constant Maturities for the November of the preceding year, rounded to the next highest quarter percentage point.

Effective January 1, 2016, the Plan was amended and restated to incorporate prior amendments into a single document, to reflect modifications to mandatory cash-out provisions, and to facilitate obtaining a new favorable determination letter from the Internal Revenue Service. The Plan was amended on January 19, 2017 and again on December 12, 2017 to clarify certain provisions. It is intended that the Plan, as amended, shall continue to qualify as a defined benefit plan under the Internal Revenue Code of 1986, including any later amendments to the Code.

Prior to 2010, the Plan's investments included investments with WG Trading Investors, L.P. ("WGTI"). In February 2010, the Plan was notified by the National Futures Association that WGTI was suspended from trading on the futures exchanges and its principals were arrested for securities fraud. The courts appointed a receiver and allowed a net claim by the Plan as a losing investor in the amount of \$23,169,834. To date, the Plan has received recoverable values of the note totaling \$22,115,666.

Funding Policy:

The Company makes contributions in amounts sufficient to maintain the Plan on a sound actuarial basis. The Plan has met the ERISA minimum funding requirements. The Company may also elect to make voluntary contributions to the Plan. The Company has the right to amend and/or terminate the Plan subject to the provisions of ERISA.

Pension Benefits:

Participants are vested in their benefits earned under various methods defined in the Plan. Normal retirement age is 65. Participants may be entitled to early retirement payments based on the Plan document. Forms of payment include lump sum options, and various annuity options depending on whether the participant has a spouse and what type of joint and survivor option the participant chooses.

NOTES TO FINANCIAL STATEMENTS

Eaton Corporation
Cooper Pension Plan

2 Summary of Significant Accounting Policies

Basis of Accounting:

The Plan's transactions are reported on the accrual basis of accounting.

Investment Valuation:

The fair value of the Plan's interest in the Eaton Corporation Master Retirement Trust ("Master Retirement Trust") is based on the beginning of the year value of the Plan's interest in the Master Retirement Trust plus actual contributions and allocated investment income (loss) less actual distributions and allocated administrative expenses. Within the Master Retirement Trust, marketable securities are stated at fair value. Securities traded on a national securities exchange are valued at the closing price on the last business day of the Plan Year.

The fair value of participation units owned by the Master Retirement Trust in the collective trust funds is based on the closing price, as reported by the fund administrator on the last business day of the Plan's fiscal year. Fixed income securities consist of publicly traded United States and non-United States fixed interest obligations (principally corporate and government bonds and debentures). The fair value of corporate and government debt securities is determined through models that consider various assumptions, including time value, yield curves, credit ratings and current market prices. United States treasuries are valued at the closing price of each security.

Real estate and equity securities consist of direct investments in the stock of publicly traded companies. Real estate also includes investments in pooled funds that invest directly in real estate. The publicly traded companies are valued based on the closing price reported in an active market on which the individual securities are traded. The pooled funds rely on appraisal based valuations. Investments in limited partnerships are valued at the last quarterly valuation received by the trustee, adjusted for cash flows. Swaps and over-the-counter option contracts are valued based on the closing prices of futures contracts or indices as available on Bloomberg or similar service and, additionally for options, the implied volatility of similar exchange-traded options.

Bank Loans consist of senior secured term loans of publically traded and privately held United States and non-United States floating rate obligations. The fair value is determined through third-party pricing models that primarily utilize dealer quoted current market prices. Hedge funds consist of direct investments in hedge funds through limited partnership interests. Values are based on the estimated fair value of the ownership interest in the investment as determined by the General Partner. Exchange traded funds are valued at the closing price of the exchange traded fund's shares.

Use of Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

NOTES TO FINANCIAL STATEMENTS

Eaton Corporation
Cooper Pension Plan

2 Summary of Significant Accounting Policies, Continued

Actuarial Present Value of Accumulated Plan Benefits:

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered through December 31, 2006. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits for certain employees under the Plan are based on the specified benefit unit and the employees' applicable credited service. The benefits for employees in cash balance plans are based on the current value of the account balance.

Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated Plan benefits.

Administrative Fees:

All administrative costs, management fees and expenses of the Plan are paid by the trustee from the trust unless such costs, fees and expenses are paid by the Company. The Company elected to pay certain administrative costs during 2017 and 2016, on behalf of the Plan. The administrative costs paid by the Plan are accounted for in setting the assumed rate of return on investments.

Payment of Benefits:

Benefit payments to participants are recorded upon distribution.

Plan Termination:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC). In the event that the Plan terminates, the net assets of the Plan shall be allocated among the participants and beneficiaries in accordance with the priorities mandated by ERISA. Whether a particular participant's accumulated Plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all. A full description of the defined benefit Plan termination priorities is available in the Plan document.

NOTES TO FINANCIAL STATEMENTS

Eaton Corporation
Cooper Pension Plan

2 Summary of Significant Accounting Policies, Continued

Risks and Uncertainties:

The Plan's investments are exposed to varying degrees of risk, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the Statements 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 estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Subsequent Events:

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements.

Subsequent events have been evaluated through October 12, 2018, which is the date the financial statements were available to be issued.

Reclassifications:

Certain prior year amounts have been reclassified to conform with the current year's presentation.

New Accounting Pronouncements:

In February 2017, the FASB issued Accounting Standards Update No. 2017-06, Plan Accounting (Topics 960, 962, and 965): Employee Benefit Plan Master Trust Reporting (ASU 2017-06). ASU 2017-06 requires the Plan's interest in the master trust and any change in that interest to be presented as separate line items in the statement of net assets available for benefits and in the statement of changes in net assets available for benefits, respectively. The amendment also requires all plans to disclose their master trust's other asset and liability balances and the dollar amount of the plan's interest in each of those balances. In addition, the amendment eliminates the requirement to disclose the percentage interest in the master trust for plans with dividend interest and requires that all plans disclose the dollar amount of their interest in each general type of investment. ASU 2017-06 is effective for fiscal years beginning after December 15, 2018 with early adoption permitted. Plan management is currently evaluating the effect of this pronouncement on the Plan's financial statements and disclosures.

NOTES TO FINANCIAL STATEMENTS

Eaton Corporation Cooper Pension Plan

3 Investments and Related Investment Income

Investment in the Master Retirement Trust:

All investment information disclosed in the accompanying financial statements at the Plan and Master Retirement Trust level, including investments held at December 31, 2017 and 2016, and net appreciation or depreciation in fair value of investments, net investment gain or loss, and interest and dividends for the years then ended, were obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by Bank of New York Mellon, the trustee.

The Plan's investments are mainly in the Master Retirement Trust. The trustee is the custodian of the Master Retirement Trust's assets and records and buys and sells such assets in accordance with guidelines established by the Company. Each participating retirement plan has an undivided interest in the Master Retirement Trust. Certain administrative expenses are recorded in amounts directly expended by the Plan.

The following table presents the net assets for the Master Retirement Trust at December 31:

	<u>2017</u>	<u>2016</u>
Common collective trusts	\$ 1,988,038,757	\$ 1,831,356,324
Fixed income securities	709,278,238	358,891,808
United States treasuries	67,098,561	122,804,514
Bank loans	160,518,227	150,063,456
Real estate	231,120,185	195,371,087
Equity securities	138,827,943	103,757,271
Cash equivalents	36,833,782	101,943,556
Exchange traded funds	156,848,183	-
Hedge funds	67,035,038	84,794,769
Other	13,245,207	6,614,395
Receivables	26,021,395	9,847,652
Liabilities	<u>(19,151,658)</u>	<u>(14,010,278)</u>
Net Assets	<u>\$ 3,575,713,858</u>	<u>\$ 2,951,434,554</u>

As of December 31, the Plan had a 13.8% (2017) and 15.1% (2016) interest in the assets of the Master Retirement Trust.

NOTES TO FINANCIAL STATEMENTS

Eaton Corporation Cooper Pension Plan

3 Investments and Related Investment Income, Continued

Investment in the Master Retirement Trust, Continued:

The net increase in the Master Retirement Trust for the year ended December 31 is as follows:

	<u>2017</u>	<u>2016</u>
Interest, dividends, and other income	\$ 42,927,328	\$ 37,863,092
Net appreciation in fair value of investments	516,587,013	209,742,134
Fees and expenses	(4,338,363)	(4,356,369)
Net transfers in (out)	<u>69,103,326</u>	<u>(207,304,925)</u>
Net Increase	<u>\$ 624,279,304</u>	<u>\$ 35,943,932</u>

Investment gain (loss) and administrative expenses related to the Master Retirement Trust were allocated to the individual plans based upon average monthly balances invested by each Plan.

Investment outside the Master Retirement Trust:

The following information presents the investments of the Plan as of December 31, 2017 and 2016, including related income for the years then ended, and was certified as complete and accurate by State Street Bank and Trust Company

As of December 31, 2017 and 2016, the investments at fair value were \$9,197,101 and \$17,304,817, respectively. For the years ended December, 31, 2017 and 2016, the Plan's investments (including gains and losses on investments bought, sold and held during the year) appreciated in value by \$88,410 and \$27,024, respectively.

4 Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated March 22, 2016, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan Sponsor believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The Plan administrator has analyzed tax positions taken by the Plan and has concluded that, as of December 31, 2017 there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or that would require disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. However, currently no audits for any tax periods are in progress.

NOTES TO FINANCIAL STATEMENTS

Eaton Corporation Cooper Pension Plan

5 Accumulated Plan Benefits

The Plan's actuary estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The accumulated Plan benefit information as of the beginning of the Plan Year is as follows:

	<u>January 1, 2017</u>
Actuarial present value of accumulated Plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 208,686,102
Other participants	<u>114,966,782</u>
Total	<u>\$ 323,652,884</u>

The changes in actuarial present value of accumulated Plan benefits are as follows:

Balance as of January 1, 2016	\$ 329,048,162
Benefits accumulated	(2,567,284)
Interest	26,459,415
Benefits paid	(36,261,289)
Assumption changes	<u>6,973,880</u>
Balance as of January 1, 2017	<u>\$ 323,652,884</u>

NOTES TO FINANCIAL STATEMENTS

Eaton Corporation Cooper Pension Plan

5 Accumulated Plan Benefits, Continued

Significant assumptions underlying the actuarial computations are:

Actuarial cost method	Traditional unit credit
Assumed rate of return on investments	7.90% (2017); 8.50% (2016)
Retirement	Various annual rates of retirement ranging from 5% at age 55 to 100% at age 68

In addition, the following changes in assumptions were made since the last valuation:

Mortality basis	Mortality tables are based on the RP-2014 mortality tables published by the Society of Actuaries rolled back to 2006 and projected with a modified generational improvement scale. The modified generational improvement scale has been changed from the Conduent modified version of the MP-2015 Improvement Scale in 2016 to the Conduent modified version of the MP-2016 Improvement Scale in 2017.
Cash Balance interest crediting rate	0.75% grading up 0.25% per year to an ultimate 2.00% rate (2017); 0.50% grading up 0.25% per year to an ultimate 2.00% rate (2016)
Cash Balance annuity conversion rate	The cash balance annuity conversion rate was updated from 5.00% to 4.25%.

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

6 Party-in-Interest Transactions

During 2017 and 2016, internal costs attributed to certain accounting, treasury and legal services and external fees for certain professional services were paid by the Company on behalf of the Plan, while the Plan paid fees for PBGC premiums, trustee, actuarial, investment management and other professional services.

NOTES TO FINANCIAL STATEMENTS

Eaton Corporation Cooper Pension Plan

7 Fair Value Measurements

ASC 820, which applies to financial assets and liabilities, establishes a framework for measuring fair value, establishes a fair value hierarchy based on inputs used to measure fair value, and expands disclosure about fair value measurements. Adopting this statement has not had an effect on the Plan's net assets available for benefits or changes in those net assets.

In accordance with ASC 820, the Plan categorized its financial instruments, based on the degree of subjectivity inherent in the valuation technique, into a fair value hierarchy of three levels, as follows:

- Level 1 - inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets.
- Level 2 - inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.
- Level 3 - inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017 and 2016.

Common collective trusts: Valued at the net unit value of units held by the trust at year end. The unit value is determined by the total value of fund assets divided by the total number of units of the fund owned. The equity investments in collective trusts are predominantly in index funds for which the underlying securities are actively traded in public markets based upon readily measurable prices. The investments in other trusts are predominantly in exchange traded funds for which the underlying securities are actively traded in public markets based upon readily measurable prices. Common collective and other trusts measured at fair value using the net asset value per share practical expedient have not been categorized in the fair value hierarchy and are being presented in the tables to permit a reconciliation of the fair value hierarchy to the Plan's total assets.

Fixed income securities: These securities consist of publicly traded United States and non-United States fixed interest obligations (principally corporate and government bonds and debentures). The fair value of corporate and government debt securities is determined through third-party pricing models that consider various assumptions, including time value, yield curves, credit ratings, and current market prices. The Company verifies the results of trustees or custodians and evaluates the pricing classification of these securities by performing analyses using other third-party sources.

United States treasuries: Valued at the closing price of each security.

Bank loans: These securities consist of senior secured term loans of publicly traded and privately held United States and non-United States floating rate obligations (principally corporations of non-investment grade rating). The fair value is determined through third-party pricing models that primarily utilize dealer quoted current market prices. The Company verifies the results of trustees or custodians and evaluates the pricing classification of these securities by performing analyses using other third-party sources.

NOTES TO FINANCIAL STATEMENTS

Eaton Corporation
Cooper Pension Plan

7 Fair Value Measurements, Continued

Equity securities: These securities consist of direct investments in the stock of publicly traded companies. Such investments are valued based on the closing price reported in an active market on which the individual securities are traded. As such, the direct investments are classified as Level 1.

Real estate: Consists of direct investments in the stock of publicly traded companies and investments in pooled funds that invest directly in real estate. The publicly traded companies are valued based on the closing price reported in an active market on which the individual securities are traded and as such are classified as Level 1. The pooled funds rely on appraisal based valuations and as such are classified as Level 3.

Cash equivalents: Primarily certificates of deposit, commercial paper, and repurchase agreements.

Exchange traded funds: Valued at the closing price of the exchange traded fund's shares.

Hedge funds: Consists of direct investments in hedge funds through limited partnership interests. Net asset values are based on the estimated fair value of the ownership interest in the investment as determined by the General Partner. The majority of the holdings of the hedge funds are in equity securities traded on public exchanges. The investment terms of the hedge funds allow capital to be redeemed quarterly given prior notice with certain limitations. Hedge funds measured at fair value using the net asset value per share practical expedient have not been categorized in the fair value hierarchy and are being presented in the tables to permit a reconciliation of the fair value hierarchy to the Plan's total assets.

Money market funds: Money market funds measured at fair value using the net asset value per share practical expedient have not been categorized in the fair value hierarchy and are being presented in the tables to permit a reconciliation of the fair value hierarchy to the Plan's total assets.

Other: Primarily limited partner interests in private equity investments.

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.

NOTES TO FINANCIAL STATEMENTS

Eaton Corporation Cooper Pension Plan

7 Fair Value Measurements, Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's assets in the Master Retirement Trust at fair value as of December 31, 2017 (*represents 13.8% interest in the Master Retirement Trust*):

	Totals	Level 1 Fair Value	Level 2 Fair Value	Level 3 Fair Value
Fixed income securities	\$ 272,026,350	\$ -	\$ 272,026,350	\$ -
United States treasuries	4,885,275	4,885,275	-	-
Bank loans	11,686,922	-	11,686,922	-
Real estate	16,827,270	16,024,168	-	803,102
Equity securities	10,107,707	10,107,707	-	-
Cash equivalents	16,947,775	16,440,165	507,610	-
Exchange traded funds	11,419,715	11,419,715	-	-
Other	964,350	-	-	964,350
Common collective trusts measured at net asset value	144,744,024			
Hedge funds measured at net asset value	4,880,649			
Totals	<u>\$ 494,490,037</u>	<u>\$ 58,877,030</u>	<u>\$ 284,220,882</u>	<u>\$ 1,767,452</u>

The Plan's assets outside the Master Retirement Trust as of December 31, 2017 are measured at fair value using the net asset value per share practical expedient and have not been categorized in the fair value hierarchy.

Common collective money market funds measured at net asset value \$ 9,197,101

NOTES TO FINANCIAL STATEMENTS

Eaton Corporation Cooper Pension Plan

7 Fair Value Measurements, Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's assets in the Master Retirement Trust at fair value as of December 31, 2016 (*represents 15.1% interest in the Master Retirement Trust*):

	Totals	Level 1 Fair Value	Level 2 Fair Value	Level 3 Fair Value
Fixed income securities	\$ 54,299,320	\$ -	\$ 54,299,320	\$ -
United States treasuries	18,579,977	18,579,977	-	-
Bank loans	22,704,178	-	22,704,178	-
Real estate securities	29,559,095	29,559,095	-	-
Equity securities	15,698,183	15,698,183	-	-
Cash equivalents	14,793,979	77,972	14,716,007	-
Other	1,000,739	-	-	1,000,739
Common collective trusts measured at net asset value	277,079,055			
Hedge funds measured at net asset value	12,829,210			
Totals	<u>\$ 446,543,736</u>	<u>\$ 63,915,227</u>	<u>\$ 91,719,505</u>	<u>\$ 1,000,739</u>

The Plan's assets outside the Master Retirement Trust as of December 31, 2016 are measured at fair value using the net asset value per share practical expedient and have not been categorized in the fair value hierarchy.

Common collective money market funds measured at net asset value \$ 17,304,817

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets during 2016 and 2017:

	Real estate	Other	Level 3 Fair Value
Balance at December 31, 2015	\$ -	\$ 494,541	\$ 494,541
Adjustment in Master Trust interest	-	(4,805)	(4,805)
Gains (losses) relating to assets still held at year-end	-	375	375
Purchases, sales, settlements - net	-	510,628	510,628
Balance at December 31, 2016	-	1,000,739	1,000,739
Adjustment in Master Trust interest	-	(519,162)	(519,162)
Gains (losses) relating to assets still held at year-end	(23,618)	75,523	51,905
Purchases, sales, settlements - net	826,720	407,250	1,233,970
Balance at December 31, 2017	<u>\$ 803,102</u>	<u>\$ 964,350</u>	<u>\$ 1,767,452</u>

For the years ended December 31, 2017 and 2016, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
Form 5500, Schedule H, Part IV, Line 4i

Eaton Corporation
Cooper Pension Plan

EIN 76-0518215
Plan Number 290

December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Transamerica Retirement Solutions Collective Trust	Common Collective Money Market Funds	\$ 9,197,101	\$ 9,197,101
*	Value of interest in the Eaton Corporation Master Retirement Trust	Master Trust	<u>455,379,165</u>	<u>494,490,037</u>
			<u>\$ 464,576,266</u>	<u>\$ 503,687,138</u>

* Party-in-interest to the Plan.

Cooper Pension Plan

EIN/PN 76-0518215/290

Schedule SB, Part V – Summary of Plan Provisions

Former Cooper Retirement Annuity Plan

Coverage and Participation

No new employees are allowed to enter the plan. Participation occurred for prior plans as of each applicable merger date.

Prior Plans

Plan Name	Merger Date
Diamond Hourly	04/01/1995
Utica Tool Hourly	05/31/1995
Kirsch Employees	10/30/1995
Brush Fuses	12/31/1995
Connectron	12/31/1995
Kirsch Hourly	12/31/1995
Moog Defined Employees	12/31/1995
Cameron Hourly	12/31/1998
Canonsburg	12/31/1998
Michigan City	12/31/1998
Kearney-Fayetteville	04/30/1999
Springfield	04/30/1999
Rotor Tool	12/31/1999
Eagle Electric	12/01/2001
Houston Hourly	01/01/2004
Salaried Employees	12/31/2006

Vesting Service

One year is credited for each Plan Year in which at least 1,000 Hours of Service are completed. Various other definitions were in effect for the Prior Plans.

Benefit Service

One year is credited for each Plan Year in which at least 1,700 Hours of Service are completed, with fractional service credited for less than 1,700 hours as 1/10th year of Benefit Service for each full 170 Hours of Service. Various other definitions were in effect for the Prior Plans. Benefit Service was frozen prior to or during the respective plan merger dates.

Cooper Pension Plan

EIN/PN 76-0518215/290

Schedule SB, Part V – Summary of Plan Provisions (continued)

Former Cooper Retirement Annuity Plan (continued)

Normal Retirement

Eligibility

Age 65.

Amount of annual pension

Greater of (i) and (ii), less (iii):

- (i) 50% of final average earnings less 50% of Social Security PIA, with such difference pro-rated for less than 30 years of Benefit Service;
- (ii) \$144 times years of Benefit Service;
- (iii) The annuity equivalent of any Profit Sharing Plan balance.

Final average earnings is computed based on the highest five consecutive years of basic compensation out of the last 10 years of employment. All salaries are limited by the provisions of IRC Section 401(a)(17).

Various other benefit formulas were in effect for the Prior Plans.

All benefit accruals for all participants were frozen prior to or during the respective plan merger dates.

Early Retirement

Eligibility

Age 55 with 5 years of Vesting Service. Retirement provisions for former Participants of Prior Plans continue in effect.

Amount of annual pension

The Early Retirement Benefit is the accrued Normal Retirement Benefit reduced 0.6% for each of the first 60 months and 0.3% for each additional month that commencement precedes age 65. Applicable early retirement reductions under Prior Plans continue in effect.

Disability Retirement

Eligibility

Eligible upon total and permanent disability after 10 years of Vesting Service.

Amount of annual pension

The disability benefit is the Normal Retirement Benefit based on imputed service to age 65 and final average earnings, PIA benefit and Profit Sharing balance at date of disability, payable at age 65. Alternative disability provisions applicable to former participants of the Prior Plans continue in effect.

Cooper Pension Plan

EIN/PN 76-0518215/290

Schedule SB, Part V – Summary of Plan Provisions (continued)

Former Cooper Retirement Annuity Plan (continued)

Termination Benefit

Eligibility

Eligible upon termination at any age and 5 years of Vesting Service. Effective July 1, 1993, any Participant who is terminated as a result of the plant closing will become 100% vested regardless of Service. This provision was extended to non-retired Reno participants during 1996.

Amount of annual pension

The vested termination benefit is the accrued Normal Retirement Benefit payable at age 65 or, alternatively, a reduced pension payable as early as age 55. Alternative vested termination provisions applicable to former Participants of the Prior Plans continue in effect.

Pre-Retirement Survivor Benefit

Eligibility

The surviving spouse becomes eligible upon death of a Participant or former Participant after completion of 5 years of Vesting Service, provided the Participant or former Participant has been married to his current spouse for at least one year.

Amount of annual pension

The surviving spouse will receive the benefit payable assuming the decedent terminated on the date of death, survived to earliest retirement date, retired under the 50% Joint & Survivor form of payment and then died.

Alternative spousal coverage provisions applicable to former Participants of the Prior Plans continue in effect.

Form of Payment

The normal form of payment is a Single Life Annuity for single Participants and an actuarially equivalent 50% Joint & Survivor Annuity for married participants. Alternative forms of payment provisions applicable to former Participants of the Prior Plans continue in effect.

A participant may take the present value of his normal retirement benefit in the form of a lump sum upon termination if the present value does not exceed \$10,000.

Lump Sums not exceeding \$5,000 are mandatorily cashed out.

Actuarial Equivalence

The definition of Actuarial Equivalence varies by Prior Plan.

For lump-sums, the 417(e) interest rate for November of the prior year and 417(e) mortality.

Cooper Pension Plan

EIN/PN 76-0518215/290

Schedule SB, Part V – Summary of Plan Provisions (continued)

Former Cooper Salaried Employees Pension Plan

Coverage and Participation

Prior to December 31, 2006, the first day of the Plan Year after an eligible employee attains age 21. The Plan was frozen on December 31, 2006, and no Eligible Employee can become a member after August 1, 2006.

Vesting Service

Vesting Service is equal to an employee's period of employment measured in years and days.

Compensation

All Compensation paid during a Plan Year including elective salary deferrals with the exception of: relocation expense differentials; mortgage interest differentials; fringe benefits; accrued or unused vacation pay paid with respect to a period following termination of employment; severance payments; auto allowance income; foreign service premiums; other deferred compensation; welfare benefits; sign-on bonuses; long term management incentive comp awards; patent awards; safety awards; and service awards.

Account Balance

The Account Balance for each Participant consists of the following:

Initial Balance

A Participant's employer-provided accrued benefit under a prior plan converted to a lump sum on July 1, 1986.

Basic Credits

Prior to December 31, 2006, the Participant shall receive a Basic Credit each pay period equal to 4.0% of Compensation, plus 4.0% of Compensation in excess of the Social Security Taxable Wage Base. The Plan was frozen on December 31, 2006, and no Participant can accrue additional Basic Credits after that date.

Transitional Credits

Participants who are Eligible Employees as of July 1, 1986 shall have additional pay credits added to their Account Balance each pay period through June of 1987, 1988, 1989, 1990 or 1991, depending on the Participant's date of birth and years of service as of December 31, 1986.

Additional Credits

Prior to December 31, 2006, certain Participants employed on September 30, 1989 had their Account Balance credited on and after October 1, 1989 with an additional monthly credit ranging from \$10 to \$130 depending on the Participant's age at December 31, 1989 and whether or not retiree medical coverage was elected. Effective December 31, 2006, all remaining active Participants eligible for Additional Credits received a one-time additional Account Balance increase as a result of the Plan freeze effective December 31, 2006. The Plan was frozen on December 31, 2006, and no Participant can accrue Additional Credits after that date.

Interest Credits

The Account Balance increases each year with interest equal to the average yield on One-Year Treasury Constant Maturities for the November of the preceding year, rounded to the next highest quarter percentage point.

Effective December 31, 2006, certain Participants received a one-time increase to their Account Balance.

Cooper Pension Plan

EIN/PN 76-0518215/290

Schedule SB, Part V – Summary of Plan Provisions (continued)

Former Cooper Salaried Employees Pension Plan (continued)

Minimum Grandfather Benefit

Participants who were Eligible Employees as of July 1, 1986 and who become eligible for a retirement benefit prior to July 1, 1991 shall have a minimum benefit equal to the lump sum value of their prior plan accrued benefit determined as if the Participant had continued in the prior plan for up to five years after July 1, 1986.

Minimum Benefit

Eligible to Participants hired before August 1, 2004.

Prior to December 31, 2006, the monthly Minimum Benefit payable as a single life annuity at Normal Retirement is equal to \$15 per year of service. The Plan was frozen on December 31, 2006, and no Employee can accrue additional years of service attributable to the Minimum Benefit after that date.

Termination Benefit

A Participant shall become 100% vested in the Initial Balance, Minimum Grandfather Benefit and Minimum Benefit upon completion of 5 years of service. All other benefits vest according to the following schedule:

Years of Vesting Service	Percent Vested
0 to 2	0.0%
3	33.3%
4	66.7%
5+	100.0%

Effective January 1, 2008, a Participant shall be 100% vested upon completion of 3 Years of Vesting Service.

Normal Retirement

Eligibility

Age 65.

Amount of annual pension

The monthly Normal Retirement Benefit is equal to the Account Balance at Normal Retirement.

Early Retirement

Eligibility

Age 55 with 10 years of Vesting Service.

Amount of annual pension

The monthly Early Retirement Benefit is equal to the Account Balance at Early Retirement.

Cooper Pension Plan

EIN/PN 76-0518215/290

Schedule SB, Part V – Summary of Plan Provisions (continued)

Former Cooper Salaried Employees Pension Plan (continued)

Disability Retirement

Eligibility

Eligible after 1 year of Vesting Service and deemed to have a Total Disability per the Local Administrative Committee.

Amount of annual pension

A Temporary Benefit equal to 50% of base pay less 64% of the primary Social Security benefit, payable beginning five months after the date of disability until the earlier of death, recovery or retirement.

The liability associated with the Temporary Benefit for a closed group of participants on LTD was transferred to an insurance company effective December 31, 2006. The Temporary Benefit was then eliminated effective December 31, 2006.

Each disabled Participant's account will be credited with interest credits, basic credits, transitional credits, and additional credits (if applicable) until attaining age 65 assuming continuous disability and assuming the member's compensation prior to disability remained unchanged. At age 65, a monthly benefit or an equivalent lump sum becomes payable.

Credits, other than interest credits, were frozen effective December 31, 2007 for currently disabled Participants. This provision was then eliminated effective December 31, 2007.

The Disability Retirement provisions of the Plan were eliminated for Participants not currently on LTD effective December 31, 2006.

Pre-Retirement Survivor Benefit

Eligibility

The surviving spouse becomes eligible upon the death of a Participant or former Participant who completed 3 or more years of Vesting Service.

Amount of annual pension

The surviving spouse will receive either a lump sum equal to the Participant's vested Account Balance, or an equivalent life annuity.

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
Form 5500, Schedule H, Part IV, Line 4i

Eaton Corporation
Cooper Pension Plan

EIN 76-0518215
Plan Number 290

December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Transamerica Retirement Solutions Collective Trust	Common Collective Money Market Funds	\$ 9,197,101	\$ 9,197,101
*	Value of interest in the Eaton Corporation Master Retirement Trust	Master Trust	<u>455,379,165</u>	<u>494,490,037</u>
			<u>\$ 464,576,266</u>	<u>\$ 503,687,138</u>

* Party-in-interest to the Plan.

Cooper Pension Plan

EIN/PN 76-0518215/290

Schedule SB, Line 26 – Schedule of Active Participant Data

Attained Age	Years of Credited Service																			
	Under 1		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 34		35 - 39		40 & up	
	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		0		0		0		0		0		0		0		0		0	
30 - 34	4		4		0		1		0		0		0		0		0		0	
35 - 39	8		28	5,143	17		0		0		0		0		0		0		0	
40 - 44	19		18		64	18,327	12		0		0		0		0		0		0	
45 - 49	9		28	9,349	87	19,823	45	30,288	11		4		0		0		0		0	
50 - 54	17		34	12,625	78	23,605	30	34,097	35	56,927	15		0		0		0		0	
55 - 59	7		32	8,651	75	21,863	33	36,450	41	60,090	51	68,317	13		2		0		0	
60 - 64	7		24	8,638	51	22,352	22	38,263	37	64,607	45	82,863	17		7		0		0	
65 - 69	5		5		18		7		12		17		4		3		0		0	
70 & up	0		0		2		0		1		2		0		1		0		0	

Cooper Pension Plan

EIN/PN 76-0518215/290

Schedule SB, Part V – Statement of Actuarial Assumption/Methods

Prescribed Funding Assumptions and Methods

The following assumptions and methods are prescribed by ERISA.

Funding interest rates

For 2017 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	1.52%	4.16%
Second Segment Rate	3.80%	5.72%
Third Segment Rate	4.79%	6.48%
Effective Rate	3.75%	5.64%

For 2016 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	1.34%	4.43%
Second Segment Rate	4.03%	5.91%
Third Segment Rate	5.06%	6.65%
Effective Rate	3.97%	5.86%

* Used for maximum tax-deduction purposes

** Used for minimum funding and benefit restriction purposes.

Mortality

Non-disabled:

Mortality tables mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis, projected 7 years from the valuation date for annuitants and 15 years for non-annuitants

Disabled:

Revenue Ruling 96-7 disabled mortality for males and females.

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan related expenses to be paid from plan assets during the year.

Cooper Pension Plan

EIN/PN 76-0518215/290

Schedule SB, Part V – Statement of Actuarial Assumption/Methods (continued)

Non-Prescribed Funding Assumptions and Methods

Current assumptions were set by the prior actuary. An experience study to decide new assumptions will be completed when we have enough plan experience. We believe the current assumptions to be reasonable. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under PPA. These assumptions are based on the plan sponsor's anticipated experience.

Plan Expenses

Expected plan related expenses are equal to expenses paid from the Plan outside of PBGC premiums and including 3% inflation plus the estimated PBGC premiums for the current year rounded up to the next thousand. For 2017 the estimated plan related expenses included in the Target Cost are \$1,315,000.

Cash Balance Interest Crediting Rate

0.75% for 2017 grading up 0.25% per year to an ultimate 2.00% rate.

Cash Balance Annuity Conversion Rate

Interest - 4.25% for 2017 and 5.00% for 2016.

Mortality - Blended 1971 Group Annuity Mortality projected to 1978 with Scale E (95% male / 5% female).

Frequency of Optional Payment Forms

Former Retirement Annuity Plan terminated vested participants are assumed to elect a single life annuity form of payment.

25% of former Salaried Plan participants with cash balance accounts are assumed to receive their benefit in the form of a single life annuity, and 75% are assumed to receive their benefit in the form of a lump sum. Former Salaried Plan participants with traditional deferred annuities are assumed to receive their benefits in the form of a single life annuity.

All future terminations with lump sum values under \$15,000 are assumed 100% to take an immediate lump sum.

Marital Percentage

It is assumed that 80% of all participants are married. Husbands are assumed to be three years older than their wives.

Cooper Pension Plan

EIN/PN 76-0518215/290

Schedule SB, Part V – Statement of Actuarial Assumption/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Rates of Retirement

Age	Rates
55 – 59	5%
60	15
61	20
62	25
63	35
64	35
65 – 67	40
68	100

Former Retirement Annuity Plan terminated vested participants are assumed to retire at age 65. Former Salaried Plan terminated vested participants are assumed to retire at age 60 for participants with cash balance accounts and at age 65 for participants with traditional deferred annuities.

Disability Rates

Age	Rates
20	0.00%
25	0.09
30	0.10
35	0.13
40	0.20
45	0.33
50	0.58
55	1.02
60	1.60
65	2.28

Withdrawal Rates

Age	Rates	
	Male	Female
20	20.00%	27.50%
25	15.00	20.00
30	12.00	15.50
35	10.00	12.50
40	8.00	9.50
45	7.00	8.00
50	6.00	6.50
55	5.00	5.00
56+	0.00	0.00

Cooper Pension Plan

EIN/PN 76-0518215/290

Schedule SB, Part V – Statement of Actuarial Assumption/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Asset valuation method

The Actuarial Value of Assets is market value as of the valuation date, including discounted receivable contributions, reduced by 2/3 and 1/3 of the gain/(loss) in each of the prior 2 years, respectively. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

	Actuary's Assumption	Third Segment Rate	Reflecting PPA Limit
2017 Expected Return	7.90%	6.48%	6.48%
2016 Expected Return	8.50%	6.65%	6.65%
2015 Expected Return	8.50%	6.81%	6.81%

The expected asset return assumption was based on an analysis of long term expected returns for the asset classes in which the plan's assets were invested as of the measurement date.

Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the economic and demographic assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report.

Summary of Changes from the January 1, 2016 Valuation

- The mortality tables and interest rates for funding purposes have been updated to the applicable rates for the current plan year in accordance with PPA.
- The expense component of normal cost decreased from \$1,325,000 to \$1,315,000 to reflect our expectations for the current plan year.
- The cash balance annuity conversion rate was updated from 5.00% to 4.25% to better reflect more current rates.
- The expected return on assets has been changed from 8.50% to 7.90% to better reflect the change in expectations of the future long term expected returns for the asset classes.
- The assumptions changes listed above increased the Funding Target by approximately \$7.2M.

Cooper Pension Plan

EIN/PN 76-0518215/290

Schedule SB, Line 24 – Change in Actuarial Assumptions

Summary of Changes from the January 1, 2017 Valuation

- The cash balance annuity conversion rate was updated from 5.00% to 4.25% to better reflect more current rates. The impact does not exceed the threshold under IRC 430(h)(5).
- The expected return on assets has been changed from 8.50% to 7.90% to better reflect the change in expectations of the future long term expected returns for the asset classes.
- The expense component of normal cost decreased from \$1,325,000 to \$1,315,000 to reflect our expectations for the current plan year.

Cooper Pension Plan

EIN/PN 76-0518215/290

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

This table calculates the weighted average retirement age for all active persons in the plan

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	377.2821	0.0500	18.8641	1,037.5258
56	400.9126	0.0500	20.0456	1,122.5553
57	429.5796	0.0500	21.4790	1,224.3017
58	448.8450	0.0500	22.4422	1,301.6505
59	469.2074	0.0500	23.4604	1,384.1618
60	498.4972	0.1500	74.7746	4,486.4750
61	462.2163	0.2000	92.4433	5,639.0394
62	406.1871	0.2500	101.5468	6,295.9006
63	331.5983	0.3500	116.0594	7,311.7421
64	240.5526	0.3500	84.1934	5,388.3785
65	173.1457	0.4000	69.2583	4,501.7884
66	121.0964	0.4000	48.4386	3,196.9451
67	88.0837	0.4000	35.2335	2,360.6432
68	63.0985	1.0000	63.0985	4,290.6950
69	6.0000	1.0000	6.0000	414.0000
70	5.0000	1.0000	5.0000	350.0000
71	2.0000	1.0000	2.0000	142.0000
72	0.0000	1.0000	0.0000	0.0000
73	1.0000	1.0000	<u>1.0000</u>	<u>73.0000</u>
Total			805.3376	50,520.8023
Weighted Average Retirement Age = 50520.8023 / 805.3376				62.73
Rounded Weighted Average Retirement Age				63

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

General note: The table presents values rounded to fewer significant digits than used in the calculation.

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. 1510 - 0110 1510 - 0089 2017 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.) ☒ 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 COOPER PENSION PLAN 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) EATON ELECTRIC HOLDINGS LLC 1000 EATON BOULEVARD CLEVELAND OH 44122	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1b Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;">290</td> </tr> <tr> <td colspan="2">1c Effective date of plan 07/01/1993</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 76-0518215</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 440-523-5000</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 335900</td> </tr> </table>	1b Three-digit plan number (PN) ►	290	1c Effective date of plan 07/01/1993		2b Employer Identification Number (EIN) 76-0518215		2c Plan Sponsor's telephone number 440-523-5000		2d Business code (see instructions) 335900	
1b Three-digit plan number (PN) ►	290										
1c Effective date of plan 07/01/1993											
2b Employer Identification Number (EIN) 76-0518215											
2c Plan Sponsor's telephone number 440-523-5000											
2d Business code (see instructions) 335900											

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

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

SIGN HERE		10/15/2018	GORDON HARMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/15/2018	GORDON HARMAN
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	10,095
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)	1,109
a (2) Total number of active participants at the end of the plan year	6a(2)	978
b Retired or separated participants receiving benefits	6b	4,080
c Other retired or separated participants entitled to future benefits	6c	3,519
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	8,577
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	1,093
f Total. Add lines 6d and 6e	6f	9,670
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 who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1C 1D 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
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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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

► 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 COOPER PENSION PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">B Three-digit plan number (PN) ►</td> <td style="width: 30%; text-align: center;">290</td> </tr> </table>	B Three-digit plan number (PN) ►	290
B Three-digit plan number (PN) ►	290		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF EATON ELECTRIC HOLDINGS LLC	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>D Employer Identification Number (EIN) 76-0518215</td> </tr> </table>	D Employer Identification Number (EIN) 76-0518215	
D Employer Identification Number (EIN) 76-0518215			
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B			
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500			

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>			
2 Assets:			
a Market value.....	2a	463,848,553	
b Actuarial value.....	2b	471,138,940	
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.....	5,297	232,115,124	232,115,124
b For terminated vested participants.....	3,689	99,177,016	99,177,016
c For active participants.....	1,109	31,048,808	31,048,808
d Total.....	10,095	362,340,948	362,340,948
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	5.64%	
6 Target normal cost.....	6	1,315,000	

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	 Signature of actuary	<u>10/8/2018</u> Date 1707118 Most recent enrollment number 201-902-2615 Telephone number (including area code)
SUZANNE HUGHES Type or print name of actuary Buck Global, LLC Firm name 500 PLAZA DRIVE SECAUCUS NJ 07096-1533 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	67,903,962
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	67,903,962
10 Interest on line 9 using prior year's actual return of <u>8.33%</u>	0	5,656,400
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.86%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	73,560,362

Part III Funding Percentages

14 Funding target attainment percentage	14	109.72%
15 Adjusted funding target attainment percentage.....	15	130.02%
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	111.15%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

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

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

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

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year?..... ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
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	1,315,000	
b Excess assets, if applicable, but not greater than line 31a	31b	1,315,000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
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	0	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	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	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		