

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 2018 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</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 ☒ the final return/report	
	☐ an amended return/report ☐ a short plan year return/report (less than 12 months)		
C	If the plan is a collectively-bargained plan, check here. ▶ ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program	
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>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>	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.	10/15/2019	GORDON HARMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2019	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 (2018)
v. 171027

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 9670
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 978 6a(2) 0 6b 0 6c 0 6d 0 6e 6f 0 6g 6h 1
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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

▶ 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	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	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
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Part I	Basic Information
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1 Enter the valuation date: Month 01 Day 01 Year 2018			
2 Assets:			
a Market value.....	2a	503687138	
b Actuarial value	2b	470093128	
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	5172	238953022	238953022
b For terminated vested participants	3520	101188096	101188096
c For active participants	978	29320608	29320608
d Total	9670	369461726	369461726
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	5.46 %	
6 Target normal cost	6	2153000	

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	10/09/2019	Date
SUZANNE HUGHES	17-07118	Most recent enrollment number
Type or print name of actuary	201-902-2300	Telephone number (including area code)
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	73560362
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)		73560362
10 Interest on line 9 using prior year's actual return of <u>17.18</u> %		12637670
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>5.64</u> %		
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		
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	86198032

Part III Funding Percentages

14 Funding target attainment percentage	14	103.90%
15 Adjusted funding target attainment percentage	15	127.04%
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	109.72%
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: 3.92%	2nd segment: 5.52%	3rd segment: 6.29%
		☐ 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)	Prior regulation:	☐ Prescribed - combined	☐ Prescribed - separate
		Current regulation:	☐ Prescribed - combined	☒ Prescribed - separate
			☐ Substitute	☐ 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	2153000
b	Excess assets, if applicable, but not greater than line 31a	31b	2153000
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
35	Balances elected for use to offset funding requirement		Total balance
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		

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
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
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		401701	Yes ☒ No ☐	Yes ☒ No ☐	0	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		29750	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		14300	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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: <u>TA RETIREMENT SOLUTIONS COLLECTIVE</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA RETIREMENT SOLUTIONS</u>		
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) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EATON CORPORATION MASTER RETIREMENT</u>		
b Name of sponsor of entity listed in (a): <u>EATON CORPORATION</u>		
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) 0
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

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 2018 This Form is Open to Public Inspection
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
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 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)	9197101	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	494490037	0
(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	503704894 0
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	178884 0
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	178884 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	503526010 0

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
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)		73013
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		-20920006
(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		-20846993

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	34517335	
(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)		34517335
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)	49127	
(2) Contract administrator fees.....	2i(2)	401701	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)	715580	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1166408
j Total expenses. Add all expense amounts in column (b) and enter total	2j		35683743

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-56530736
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		446995274

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)
PENSION PLAN FOR EATON CORPORATION EMPLOYEES	34-0196300	029

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 4160416. (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 2018 This Form is Open to Public Inspection.
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
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		3 156
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) 2018 v. 171027

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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: 33.0% Investment-Grade Debt: 62.0% High-Yield Debt: 4.0% Real Estate: 0.0% Other: 1.0%

- 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, 2018

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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, 2018 and 2017, and the related statements of changes in net assets available for benefits for the years ended December 31, 2018 and 2017, 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 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, 2018 and 2017, and for the years ended December 31, 2018 and 2017, that the information provided to the Plan administrator by the trustees is complete and accurate.

Meaden & Moore, Ltd.

(A Meaden & Moore Affiliate Company)

1375 East Ninth Street, Suite 1800 | Cleveland, OH 44114-1790 | P (216) 241-3272 | F (216) 771-4511 |
meadenmoore.com

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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.

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

The form and content of the information included in the financial statements, other than that derived from the information certified by the 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 9, 2019

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

Eaton Corporation Cooper Pension Plan

	December 31	
	<u>2018</u>	<u>2017</u>
ASSETS		
Receivable - Other	\$ -	\$ 17,756
Investments:		
Common collective money market funds	-	9,197,101
Value of interest in the Eaton Corporation Master Retirement Trust	-	494,490,037
	<u>-</u>	<u>494,490,037</u>
Total Assets	-	503,704,894
LIABILITIES		
Accrued - Administrative expenses	<u>-</u>	<u>(178,884)</u>
Net Assets Available for Benefits	<u>\$ -</u>	<u>\$ 503,526,010</u>

See accompanying notes.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Eaton Corporation Cooper Pension Plan

	Year Ended December 31	
	<u>2018</u>	<u>2017</u>
Change in Net Assets Attributed to:		
Net investment (loss) gain from participation in the Eaton Corporation Master Retirement Trust	\$ (20,920,006)	\$ 75,848,141
Net unrealized/realized appreciation	<u>73,013</u>	<u>106,166</u>
Total Change	(20,846,993)	75,954,307
Deductions from Net Assets Attributed to:		
Benefits paid to participants	34,517,335	34,650,671
Administrative expenses	<u>1,166,408</u>	<u>1,476,668</u>
Total Deductions	<u>35,683,743</u>	<u>36,127,339</u>
Net (Decrease) Increase before Transfer	(56,530,736)	39,826,968
Transfer of plan assets due to merger	<u>(446,995,274)</u>	<u>-</u>
Net (Decrease) Increase	(503,526,010)	39,826,968
Net Assets Available for Benefits:		
Beginning of Year	<u>503,526,010</u>	<u>463,699,042</u>
End of Year	<u>\$ -</u>	<u>\$ 503,526,010</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.

The Plan was amended and restated effective January 1, 2016. The Plan was most recently amended January 19, 2017 and December 12, 2017. Effective December 31, 2018, all assets and liabilities of the Plan were merged into the Pension Plan for Eaton Corporation Employees. On and after December 31, 2018, Plan participants will be eligible for benefits solely under the Pension Plan for Eaton Corporation Employees.

Prior to 2010, the Plan's investments included investments with WG Trading Investors, L.P. ("WGTTI"). In February 2010, the Plan was notified by the National Futures Association that WGTTI 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 through December 31, 2006. 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 2018 and 2017 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.

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.

NOTES TO FINANCIAL STATEMENTS

Eaton Corporation
Cooper Pension Plan

2 Summary of Significant Accounting Policies, Continued

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 9, 2019, which is the date the financial statements were available to be issued.

Recent 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 divided 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. Due to the merger of the Plan into the Pension Plan for Eaton Corporation Employees effective December 31, 2018, this pronouncement will not impact 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 net appreciation or depreciation in fair value of investments, net investment gain or loss, and interest and dividends for the years ended December 31, 2018 and 2017, 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.

As of December 31, 2017, the Plan's investments were 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.

Due to the merger of the Plan's assets into the Pension Plan for Eaton Corporation Employees effective December 31, 2018, the Plan has no investments in the Master Retirement Trust as of December 31, 2018.

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

	<u>2018</u>	<u>2017</u>
Common collective trusts	\$ 1,624,935,962	\$ 1,988,038,757
Fixed income securities	721,338,259	709,278,238
United States treasuries	261,158,527	67,098,561
Bank loans	106,665,956	160,518,227
Real estate	198,567,182	231,120,185
Equity securities	50,771,824	138,827,943
Cash equivalents	105,321,366	36,833,782
Exchange traded funds	-	156,848,183
Hedge funds	-	67,035,038
Other	19,215,250	13,245,207
Receivables	41,238,258	26,021,395
Liabilities	<u>(66,274,548)</u>	<u>(19,151,658)</u>
Net Assets	<u>\$ 3,062,938,036</u>	<u>\$ 3,575,713,858</u>

As of December 31, the Plan had a 0.0% (2018) and 13.8% (2017) 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 (decrease) in the Master Retirement Trust for the year ended December 31 is as follows:

	<u>2018</u>	<u>2017</u>
Interest, dividends, and other income	\$ 57,261,143	\$ 42,927,328
Net (depreciation) appreciation in fair value of investments	(292,649,945)	516,587,013
Fees and expenses	(5,276,241)	(4,338,363)
Net transfers (out) in	<u>(272,110,779)</u>	<u>69,103,326</u>
Net (Decrease) Increase	<u>\$ (512,775,822)</u>	<u>\$ 624,279,304</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:

Due to the merger of the Plan's assets into the Pension Plan for Eaton Corporation Employees effective December 31, 2018, the Plan has no investments outside the Master Retirement Trust as of December 31, 2018.

The following information presents the investments of the Plan as of December 31, 2017 and the related income for the years ended December 31, 2018 and 2017, and was certified as complete and accurate by State Street Bank and Trust Company.

As of December 31, 2017, the investments at fair value were \$9,197,101. For the years ended December, 31, 2018 and 2017, the Plan's investments (including gains and losses on investments bought, sold and held during the year) appreciated in value by \$90,769 and \$88,410, 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, 2018 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, 2018</u>
Actuarial present value of accumulated Plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 221,179,003
Other participants	<u>123,101,244</u>
Total	<u>\$ 344,280,247</u>

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

Balance as of January 1, 2017	\$ 323,652,884
Benefits accumulated	(774,322)
Interest	24,225,888
Benefits paid	(34,650,730)
Assumption changes	<u>31,826,527</u>
Balance as of January 1, 2018	<u>\$ 344,280,247</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	6.40% (2018); 7.90% (2017)
Mortality	RP-2014 Mortality Table for healthy participants and the RP-2014 Disabled Mortality Table for disabled participants rolled back to 2006 and projected with a modified generational improvement scale based on the model described in the MP Improvement Scale reports published by the Society of Actuaries

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

Mortality projection scale	The projection scale used for mortality was updated from the Buck Modified 2016 Projection Scale (2017) to the Buck Modified 2017 Projection Scale (2018)
Cash Balance interest crediting rate	The cash balance interest crediting rate was changed from 0.75% grading up 0.25% per year to an ultimate rate of 2.00% in 2022 (2017) to the forward rates for 1-Year Treasury Securities as published by Bloomberg as of November 30, 2017 (2018)
Cash Balance annuity conversion rate	The cash balance annuity conversion rate was updated from 4.25% (2017) to 4.00% (2018)

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 2018 and 2017, 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, 2018 and 2017.

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.

NOTES TO FINANCIAL STATEMENTS

Eaton Corporation Cooper Pension Plan

7 Fair Value Measurements, Continued

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.

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

Due to the merger of the Plan's assets into the Pension Plan for Eaton Corporation Employees effective December 31, 2018, the Plan has no assets in the Master Retirement Trust and no investments outside the Master Retirement Trust as of December 31, 2018.

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 Level 3 assets include private real estate and private equity funds that generally have redemption notice periods of six months or longer, and are not eligible for redemption until the underlying assets are liquidated or distributed. The Company has unfunded commitments to these funds of approximately \$1.4 million at December 31, 2017, which will be satisfied by a reallocation of Plan assets.

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 table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets during 2017 and 2018:

	Real estate	Other	Level 3 Fair Value
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	803,102	964,350	1,767,452
Adjustment in Master Trust interest	(803,102)	(964,350)	(1,767,452)
Balance at December 31, 2018	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

For the years ended December 31, 2018 and 2017, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

Cooper Pension Plan

EIN/PN 76-0518215/290

Schedule SB, Part V – Summary of Plan Provisions

Effective December 31, 2018 this Cooper Pension Plan merged into the Pension Plan for Eaton Corporation Employees.

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 are 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.

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.

Cooper Pension Plan

EIN/PN 76-0518215/290

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

Former Cooper Retirement Annuity Plan (continued)

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 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.

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.

Optional Forms of Payment are:

- Single Life Annuity
- 50%, 75% and 100% Joint & Contingent Annuity
- Social Security Leveling at age 62
- Above forms with a full cash refund feature
- Lump sum
- 10 Year Certain & Continuous
- Increasing Life Annuity

Cooper Pension Plan

EIN/PN 76-0518215/290

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

Former Cooper Salaried Employees Pension Plan (continued)

The Normal and Optional Forms of Payment for pre- cash balance terminated vested participants varies by Prior Plan.

A cash balance 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 \$15,000.

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

Actuarial Equivalence

For converting account balances to annuities, the interest is based on the average of the PBGC rate under PBGC Table II for the 36-month period ending in October of the preceding Plan Year (rounded to the next highest 1/4% but not more than 1/4% less or 1/2% more than the year prior). Mortality is based on the 1971 Group Annuity Mortality Table projected to 1978 using scale E, further adjusted by .95. For conversions at ages between 60 and 65, the factor applicable to a conversion at age 65 shall be used and for a conversion at an age less than age 60, the applicable factor shall be the actual age plus 5 years.

Optional Forms of Payment based on Plan factors.

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

Summary of Changes from the January 1, 2017 Valuation

None.

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		0		0		0		0		0		0		0		0		0	
35 - 39	4		21	4,641	11		0		0		0		0		0		0		0	
40 - 44	13		19		44	18,385	12		1		0		0		0		0		0	
45 - 49	12		20	6,409	65	18,876	52	24,838	19		2		0		0		0		0	
50 - 54	10		22	9,387	47	21,599	40	33,063	35	48,514	14		0		0		0		0	
55 - 59	3		31	8,662	50	19,562	41	29,412	42	50,234	35	59,572	36	54,418	2		0		0	
60 - 64	4		21	8,432	33	19,827	20	34,456	9		36	73,695	51	79,147	31	57,521	0		0	
65 - 69	2		1		8		6		5		11		13		11		1		0	
70 & up	0		0		3		0		1		1		0		2		1		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 2018 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	1.75%	3.92%
Second Segment Rate	3.76%	5.52%
Third Segment Rate	4.66%	6.29%
Effective Rate	3.75%	5.46%

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%

* Used for maximum tax-deduction.

** Used for minimum funding and benefit restriction purposes.

Mortality

Regulations issued in October 2017 revised the underlying mortality tables and mortality improvement scales applicable to funding purposes from the RP-2000 tables with Mortality Improvement Scale AA to the RP-2014 tables with Mortality Improvement Scale MP-2016. The new tables are effective for 2018 and later plan years and can be applied on a fully generational or static basis; however, the plan sponsor may opt to delay the use of the new tables for funding purposes until the 2019 plan year. For this plan, the option was not applied.

Non-disabled

Mortality tables mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, as revised in October 2017, applied on a static basis.

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

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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 2018 the estimated plan related expenses included in the Target cost are \$2,153,000.

Cash Balance Interest Crediting Rate

Forward rates for 1-Year Treasury Securities as published by Bloomberg as of November 30, 2017.

Cash Balance Annuity Conversion Rate

Interest - 4.00% for 2018 and 4.25% for 2017.

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

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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 determined using a method that spreads asset gains/(losses) over 24 months. 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
2018 Expected Return	6.40%	6.29%	6.29%
2017 Expected Return	7.90%	6.48%	6.48%
2016 Expected Return	8.50%	6.65%	6.65%

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, 2017 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 cash balance annuity conversion rate was updated from 4.25% to 4.00% to reflect the administrative rate in effect for 2018 and to reflect the trend of the decrease in the basis for such rate, i.e. the average of the PBGC rate under PBGC Table II for the 36-month period ending in October of the year preceding such Plan Year, rounded to the next highest 1/4%, but shall not be more than 1/4% less nor 1/2% more than the Interest Rate in the immediately preceding Plan Year.
- The assumed interest crediting rate was changed from 0.75% for 2017, grading up 0.25% per year, to an ultimate rate of 2.00% in 2022 to the forward rates for 1-Year Treasury Securities as published by Bloomberg as of November 30, 2017. The assumption was changed to better reflect the expected future increases in the 1-Year Treasury rates.
- The expected return on assets has been changed from 7.90% to 6.40% to better reflect the change in expectations of the future long term expected returns for the asset classes. This had no impact on the results.
- The expense component of normal cost increased from \$1,315,000 to \$2,153,000 to reflect our expectations for the current plan year.
- The assumption changes listed above increased the Funding Target by approximately \$26.1 million.
- Effective January 1, 2018 the determination of the actuarial value of assets was updated from a two year annual smoothing method to a 24 month monthly smoothing method. This change in method is automatically approved per section 3.01(2) of Revenue Procedure 2017-56. This method change increased the Actuarial Value of Assets approximately \$0.7 million.

Cooper Pension Plan

EIN/PN 76-0518215/290

Schedule SB, Line 25 – Change in Method

Effective January 1, 2018 the determination of the actuarial value of assets was updated from a two year annual smoothing method to a 24 month monthly smoothing method. This change in method is automatically approved per section 3.01(2) of Revenue Procedure 2017-56. This method change increased the Actuarial Value of Assets approximately \$0.7 million.

Cooper Pension Plan

EIN/PN 76-0518215/290

Schedule SB, Line 24 – Change in Actuarial Assumptions

- The cash balance annuity conversion rate was updated from 4.25%.to 4.00% to reflect the administrative rate in effect for 2018 and to reflect the trend of the decrease in the basis for such rate, i.e. the average of the PBGC rate under PBGC Table II for the 36-month period ending in October of the year preceding such Plan Year, rounded to the next highest 1/4%, but shall not be more than 1/4% less nor 1/2% more than the Interest Rate in the immediately preceding Plan Year.
- The assumed interest crediting rate was changed from 0.75% for 2017, grading up 0.25% per year, to an ultimate rate of 2.00% in 2022 to the forward rates for 1-Year Treasury Securities as published by Bloomberg as of November 30, 2017. The assumption was changed to better reflect the expected future increases in the 1-Year Treasury rates.
- The expected return on assets has been changed from 7.90% to 6.40% to better reflect the change in expectations of the future long term expected returns for the asset classes. This had no impact on the results.
- The expense component of normal cost increased from \$1,315,000 to \$2,153,000 to reflect our expectations for the current plan year.

Cooper Pension Plan

EIN/PN 76-0518215/290

Schedule SB, Line 15 – Reconciliation of Differences in Adjusted Funding Target Attainment Percentages

Effective January 1, 2018 the determination of the actuarial value of assets was updated from a two year annual smoothing method to a 24 month monthly smoothing method. This change in method is automatically approved per section 3.01(2) of Revenue Procedure 2017-56. This method change increased the Actuarial Value of Assets approximately \$0.7 million.

Two year annual smoothing method

Funding Target	\$	369,461,726
Actuarial Value of Assets	\$	469,390,574
Adjusted Funding Target	\$	369,461,726
Adjusted Actuarial Value of Assets	\$	469,390,574
Prefunding Balance	\$	86,183,320
AFTAP		127.04%

24 month monthly smoothing method

Funding Target	\$	369,461,726
Actuarial Value of Assets	\$	470,093,128
Adjusted Funding Target	\$	369,461,726
Adjusted Actuarial Value of Assets	\$	470,093,128
Prefunding Balance	\$	86,198,032
AFTAP		127.23%

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	323.5591	0.0500	16.1780	889.7877
56	348.5234	0.0500	17.4262	975.8655
57	370.5256	0.0500	18.5263	1,055.9979
58	396.6467	0.0500	19.8323	1,150.2755
59	415.5128	0.0500	20.7756	1,225.7629
60	430.4669	0.1500	64.5700	3,874.2017
61	414.6983	0.2000	82.9397	5,059.3192
62	362.1710	0.2500	90.5427	5,613.6501
63	303.5355	0.3500	106.2374	6,692.9587
64	220.9273	0.3500	77.3246	4,948.7722
65	161.8137	0.4000	64.7255	4,207.1554
66	105.4984	0.4000	42.1994	2,785.1588
67	75.0864	0.4000	30.0346	2,012.3155
68	55.5896	1.0000	55.5896	3,780.0905
69	11.0000	1.0000	11.0000	759.0000
70	3.0000	1.0000	3.0000	210.0000
71	2.0000	1.0000	2.0000	142.0000
72	2.0000	1.0000	2.0000	144.0000
73	0.0000	1.0000	0.0000	0.0000
74	1.0000	1.0000	<u>1.0000</u>	<u>74.0000</u>
Total			725.9018	45,600.3114
Weighted Average Retirement Age = 45600.3114 / 725.9018				62.82
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. 1210 - 0110 1210 - 0089 2018 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</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	<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> </table>	1b Three-digit plan number (PN) ►	290	1c Effective date of plan 07/01/1993	
1b Three-digit plan number (PN) ►	290				
1c Effective date of plan 07/01/1993					
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>2b Employer Identification Number (EIN) 76-0518215</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 440-523-5000</td> </tr> <tr> <td>2d Business code (see instructions) 335900</td> </tr> </table>	2b Employer Identification Number (EIN) 76-0518215	2c Plan Sponsor's telephone number 440-523-5000	2d Business code (see instructions) 335900	
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	 Signature of plan administrator	<u>10/15/2019</u> Date	GORDON HARMAN Enter name of individual signing as plan administrator
SIGN HERE	 Signature of employer/plan sponsor	<u>10/15/2019</u> Date	GORDON HARMAN Enter name of individual signing as employer or plan sponsor
SIGN HERE	_____ Signature of DFE	_____ Date	_____ Enter name of individual signing as DFE

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**

9,670

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)**

978

a(2) Total number of active participants at the end of the plan year**6a(2)**

0

b Retired or separated participants receiving benefits**6b**

0

c Other retired or separated participants entitled to future benefits**6c**

0

d Subtotal. Add lines 6a(2), 6b, and 6c**6d**

0

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits**6e****f** Total. Add lines 6d and 6e**6f**

0

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**

1

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

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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

▶ **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	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	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>2018</u>			
2 Assets:			
a Market value.....	2a	503,687,138	
b Actuarial value	2b	470,093,128	
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	5,172	238,953,022	238,953,022
b For terminated vested participants	3,520	101,188,096	101,188,096
c For active participants	978	29,320,608	29,320,608
d Total	9,670	369,461,726	369,461,726
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	5.46%	
6 Target normal cost	6	2,153,000	

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>10/9/2019</u> Date
SUZANNE HUGHES Type or print name of actuary		1707118 Most recent enrollment number
Buck Global, LLC Firm name		201-902-2615 Telephone number (including area code)
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 ☐

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

Schedule SB (Form 5500) 2018
v. 171027

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	73,560,362
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	73,560,362
10	Interest on line 9 using prior year's actual return of <u>17.18</u> %	0	12,637,670
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>5.64</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	86,198,032

Part III | Funding Percentages

14	Funding target attainment percentage	14	103.90%
15	Adjusted funding target attainment percentage.....	15	127.04%
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	109.72%
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)
				0	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: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %
		☐ 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)	Prior regulation:	☐ Prescribed - combined	☐ Prescribed - separate
		Current regulation:	☐ Prescribed - combined	☒ Prescribed - separate
			☐ Substitute	☐ Substitute

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6)	31a	2,153,000
b	Excess assets, if applicable, but not greater than line 31a	31b	2,153,000
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
35	Balances elected for use to offset funding requirement	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