

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2019</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</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>SCHLAGE LOCK COMPANY LLC PENSION PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</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>SCHLAGE LOCK COMPANY LLC</u> <u>11819 NORTH PENNSYLVANIA STREET</u> <u>CARMEL, IN 46032</u>	1c Effective date of plan <u>12/01/2013</u>	2b Employer Identification Number (EIN) <u>54-2139412</u>	2c Plan Sponsor's telephone number <u>317-810-3700</u>
		2d Business code (see instructions) <u>332510</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.	<u>10/15/2020</u>	<u>MARY KAY CONLEY</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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 5095
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) 1722 6a(2) 1624 6b 1589 6c 1497 6d 4710 6e 290 6f 5000 6g 6h 16
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 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)** ☐ 0 **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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

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

A Name of plan <u>SCHLAGE LOCK COMPANY LLC PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SCHLAGE LOCK COMPANY LLC</u>	D Employer Identification Number (EIN) <u>54-2139412</u>	
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>2019</u>		
2	Assets:		
	a Market value	2a	<u>265120072</u>
	b Actuarial value	2b	<u>276232024</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	<u>1823</u>	<u>93754443</u>
	b For terminated vested participants.....	<u>1550</u>	<u>43590267</u>
	c For active participants	<u>1722</u>	<u>85554570</u>
	d Total.....	<u>5095</u>	<u>222899280</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	
5	Effective interest rate	5	<u>5.57</u> %
6	Target normal cost.....	6	<u>7266230</u>

Statement by Enrolled Actuary

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

SIGN HERE	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="text-align: center;">Signature of actuary</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"><u>MICHAEL J GAGLIARDI</u></div> <div style="text-align: center;">Type or print name of actuary</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"><u>WILLIS TOWERS WATSON US LLC</u></div> <div style="text-align: center;">Firm name</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"><u>800 BOYLSTON STREET</u> <u>BOSTON, MA 02199-8103</u></div> <div style="text-align: center;">Address of the firm</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: center;"><u>10/13/2020</u></div> <div style="text-align: center;">Date</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: center;"><u>20-06815</u></div> <div style="text-align: center;">Most recent enrollment number</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: center;"><u>617-638-3700</u></div> <div style="text-align: center;">Telephone number (including area code)</div>
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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) 2019
v. 190130**

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)	14700670	7660066
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)	14700670	7660066
10 Interest on line 9 using prior year's actual return of <u>-4.38</u> %	-643889	-335511
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		5467013
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>5.77</u> %		315447
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		5782460
d Portion of (c) to be added to prefunding balance		5782460
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)	14056781	13107015

Part III Funding Percentages

14 Funding target attainment percentage	14	110.83 %
15 Adjusted funding target attainment percentage	15	122.92 %
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	121.42 %
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
08/31/2020	6000000	0			
Totals ▶			18(b)	6000000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	5482548

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
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21 Discount rate:			
a Segment rates:	1st segment: 3.74 %	2nd segment: 5.35 %	3rd segment: 6.11 %
	☐ N/A, full yield curve used		
b Applicable month (enter code)	21b	4	
22 Weighted average retirement age	22	63	
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		

Part VI	Miscellaneous Items
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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
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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
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	7266230	
b Excess assets, if applicable, but not greater than line 31a	31b	7266230	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	0	0	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount.....	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	5482548	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	5482548	
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)
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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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan SCHLAGE LOCK COMPANY LLC PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SCHLAGE LOCK COMPANY LLC	D Employer Identification Number (EIN) 54-2139412	

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)

WILLIS TOWERS WATSON US LLC

53-0181291

(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 14 50 51	NONE	1126019	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET

04-1867445

(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?
18 19 21 50 25	NONE	101035	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

LEGAL & GENERAL INV MGMT AMERICA

35-7085469

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	97475	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)

WELLINGTON TRUST COMPANY

04-6913417

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	54231	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

TOWERS WATSON INVESTMENT SERVICES

52-1868818

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	27662	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLIFTON LARSON ALLEN

41-0746749

(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 50	NONE	21500	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)

SSGA

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 62 68 99	NONE	11370	Yes ☒ No ☐	Yes ☒ No ☐	0	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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2019</div> This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>SCHLAGE LOCK COMPANY LLC PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SCHLAGE LOCK COMPANY LLC</u>	D Employer Identification Number (EIN) <u>54-2139412</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>SSGA DAILY MSCI WORLD INDEX NL FUND</u>				
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>				
c EIN-PN <u>90-0337987-382</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>31456477</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA DAILY MSCI EMGMKT INDX NL FUND</u>				
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>				
c EIN-PN <u>04-0025081-192</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4375207</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG U.S. GOVERNMENT BOND INDEX</u>				
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>				
c EIN-PN <u>03-0511227-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>77934795</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CIS U.S. INVESTMENT GRADE CORPORATE</u>				
b Name of sponsor of entity listed in (a): <u>WELLINGTON</u>				
c EIN-PN <u>04-6913417-120</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>54159934</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG CORPORATE COLLECTIVE FUND</u>				
b Name of sponsor of entity listed in (a): <u>INCOME RESEARCH + MANAGEMENT</u>				
c EIN-PN <u>37-6567224-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>53816589</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LGIM 15+ STRIPS COLLECTIVE INV FUND</u>				
b Name of sponsor of entity listed in (a): <u>LEGAL & GENERAL</u>				
c EIN-PN <u>35-7085469-021</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>29338868</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LGIM GLOBAL CORE INFRASTRUCTURE</u>				
b Name of sponsor of entity listed in (a): <u>LEGAL & GENERAL</u>				
c EIN-PN <u>35-7085469-013</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6976516</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL PRIME COLLECTIVE INV TRUST

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

c EIN-PN 81-6903542-067	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4399564
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a Name of MTIA, CCT, PSA, or 103-12 IE: DIVERSIFIED CREDIT FUND

b Name of sponsor of entity listed in (a): TOWERS WATSON INVESTMENT SERVICES, INC.

c EIN-PN 82-6695738-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23168551
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan SCHLAGE LOCK COMPANY LLC PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 SCHLAGE LOCK COMPANY LLC	D Employer Identification Number (EIN) 54-2139412	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	6000000	6000000
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)	7484	7661
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	3100842	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	246726161	290380046
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other.....	1c(15)	9503125	10969800

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	265337612	307357507

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	265337612	307357507
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	6000000	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	6000000
(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)	99626	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		99626
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	304956	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2107026	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2411982
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	20931583	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	18196648	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		2734935
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	161719	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		161719

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		45406960
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		56815222

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12958717	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		12958717
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	1147519	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	190738	
(4) Other	2i(4)	498353	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1836610
j Total expenses. Add all expense amounts in column (b) and enter total	2j		14795327

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		42019895
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) ☐ Unmodified (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: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

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.)		X	
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.).....		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		15000000
4e	X		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?.....		X	
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?.....		X	
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4229008. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2019</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan SCHLAGE LOCK COMPANY LLC PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SCHLAGE LOCK COMPANY LLC		D Employer Identification Number (EIN) 54-2139412
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 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 54
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) 2019 v. 190130		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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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	<p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p>a Enter the percentage of plan assets held as: Stock: <u>14.0</u> % Investment-Grade Debt: <u>72.0</u> % High-Yield Debt: <u>7.0</u> % Real Estate: <u>7.0</u> % Other: <u>0.0</u> %</p> <p>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</p> <p>c What duration measure was used to calculate line 19(b)? ☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):</p>
20	<p>PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.</p> <p>a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No</p> <p>b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation _____</p>

SCHLAGE LOCK COMPANY LLC PENSION PLAN

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION**

YEARS ENDED DECEMBER 31, 2019 AND 2018



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**SCHLAGE LOCK COMPANY LLC PENSION PLAN
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INDEPENDENT AUDITORS' REPORT

Plan Administrator
Schlage Lock Company LLC Pension Plan
Carmel, Indiana

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Schlage Lock Company LLC Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by State Street Bank and Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2019 and 2018, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2019, and schedule of reportable transactions for the year ended December 31, 2019, are required by the DOL Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

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

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

A handwritten signature in cursive script that reads "CliftonLarsonAllen LLP".

CliftonLarsonAllen LLP

Indianapolis, Indiana
October 14, 2020

**SCHLAGE LOCK COMPANY LLC PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2019 AND 2018**

	<u>2019</u>	<u>2018</u>
INVESTMENTS (at Fair Value)		
Cash and Cash Equivalents and Short-Term Investments	\$ -	\$ 3,100,842
Common Collective Trusts	290,380,046	246,726,161
Real Estate Investment Trust	<u>10,969,800</u>	<u>9,503,125</u>
Total Investments	301,349,846	259,330,128
 RECEIVABLES		
Contribution Receivable	6,000,000	6,000,000
Interest Receivable	<u>7,661</u>	<u>7,484</u>
Total Receivables	<u>6,007,661</u>	<u>6,007,484</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u><u>\$ 307,357,507</u></u>	 <u><u>\$ 265,337,612</u></u>

See accompanying Notes to Financial Statements.

**SCHLAGE LOCK COMPANY LLC PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2019 AND 2018**

	<u>2019</u>	<u>2018</u>
ADDITIONS:		
INVESTMENT INCOME (LOSS)		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ 48,303,614	\$ (17,459,934)
Interest and Dividends	<u>2,511,608</u>	<u>6,683,509</u>
Total Investment Income (Loss)	50,815,222	(10,776,425)
EMPLOYER CONTRIBUTIONS	<u>6,000,000</u>	<u>6,000,000</u>
Total Additions (Reductions)	56,815,222	(4,776,425)
DEDUCTIONS:		
BENEFITS PAID TO PARTICIPANTS	12,958,717	16,349,822
ADMINISTRATIVE EXPENSES	<u>1,836,610</u>	<u>2,680,315</u>
Total Deductions	<u>14,795,327</u>	<u>19,030,137</u>
NET INCREASE (DECREASE)	42,019,895	(23,806,562)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	<u>265,337,612</u>	<u>289,144,174</u>
End of Year	<u><u>\$ 307,357,507</u></u>	<u><u>\$ 265,337,612</u></u>

See accompanying Notes to Financial Statements.

SCHLAGE LOCK COMPANY LLC PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE 1 DESCRIPTION OF THE PLAN

The following description of the Schlage Lock Company LLC Pension Plan (the Plan) is provided for general information purposes. Participants should refer to the Plan document for complete information.

General

The Plan is a defined benefit pension plan sponsored by Schlage Lock Company LLC (the Company), a U.S. subsidiary of Allegion plc (Allegion). The Company established the Plan effective December 1, 2013. The Plan was most recently amended effective January 1, 2020. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA) and the Internal Revenue Code (IRC) of 1986, as amended.

Pension Benefits

The normal retirement age is 65, subject to variations for specific subsidiaries. The monthly pension benefit is based on such factors as annual eligible compensation, years of credited service, and, in certain cases, Social Security benefit. Variations of this formula apply to employees of specific subsidiaries of the Company. Employees who elect early retirement receive reduced pension benefits based on the difference between the normal retirement date and the date when pension payments begin. Variation of reduction in benefit payments is dependent on subsidiaries. The Plan also provides for surviving spouse benefits, in accordance with variations of the Plan and applicable law. Certain vested participants have the option to take an immediate lump-sum payment. Plan participants are 100% vested upon reaching five years of service or, while employed, attaining age 65. Additionally, a participant also shall be 100% vested if, while employed, becomes disabled or dies.

Effective July 1, 2012, the Plan was closed to new nonbargained employees. Eligible participants hired prior to July 1, 2012, were given a one-time, irrevocable option to continue participation in the Plan until the Plan freezes on December 31, 2022 (or the participant's date of termination, if earlier), or to freeze their accrued benefits in the Plan as of December 31, 2012, and to begin receiving an additional 2% nonmatching company contribution into the Company's applicable defined contribution plan. Beginning January 1, 2023, all eligible employees will no longer accrue any benefit in the Plan.

Eligible nonbargained employees hired or rehired on or after July 1, 2012, and before December 1, 2013, are not eligible to participate in the Plan. Effective January 27, 2013, the Plan was closed to bargained employees. Eligible participants hired or rehired prior to the effective date will continue to accrue benefits until they cease to be a covered bargained employee as defined by the Plan. Eligible bargained employees hired or rehired on or after January 27, 2013, do not participate in the Plan, except as noted below.

Eligible bargained employees covered by an agreement with United Steelworkers Local Union 8915 are able to participate in the Republic Builders Products Hourly Pension component to the Plan (Republic Plan) upon attaining the service requirements set forth in the collective bargaining agreement.

SCHLAGE LOCK COMPANY LLC PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

Plan investments are held in the Schlage Lock Company LLC Pension Trust (Trust) administered by State Street Bank and Trust Company (Trustee). Responsibility for the Plan's investment policy, operation, practices, and management of the Plan's assets has been delegated to the Schlage Lock Company LLC Benefits Investment Committee (BIC). The Schlage Lock Company LLC Benefits Design Committee (BDC) approves recommended design changes to the Plan. All other management duties are the responsibility of the Schlage Lock Company LLC Benefits Administration Committee (BAC). Towers Watson Investment Services, Inc. (Towers Watson) serves as a specifically designated fiduciary of the Plan and is responsible for appointing investment managers for the Plan.

Investments in the Trust are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) represents the Plan's net realized and unrealized gains and losses on the Trust investments.

Funding Policy

The Plan is funded by contributions from the Company. The Company's funding policy is to make annual minimum contributions as required by law and determined by the actuary as well as other contributions in its discretion as allowed by law. The actuary determines the required contributions using the Projected Unit Credit Cost Method.

The Company made contributions of \$6,000,000 during each of the years ended December 31, 2019 and 2018, which were deemed discretionary contributions as the Company's contributions for 2019 and 2018 exceeded the minimum funding requirements of ERISA. The Plan is noncontributory.

SCHLAGE LOCK COMPANY LLC PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Expenses

The Plan pays all expenses incurred with administering the Plan as well as the expenses related to administering the Trust. The Plan's actuarial cost method includes a factor to fund such expenses through employer contributions. Fees paid by the Plan include various professional fees, investment fees, Pension Benefit Guaranty Corporation (PBGC) fees, and any other costs of administering the Plan. The PBGC requires the Plan to pay an annual fee based on the number of participants in the Plan. The fees for 2019 and 2018 were \$80 and \$74 per participant, respectively; however, the yearly cost is determined by the PBGC and is subject to change. The annual PBGC fee per participant is expected to be \$83 in 2020 and \$85 in 2021.

Benefit Payments

Benefit payments are recorded when paid.

Subsequent Events

The Plan has evaluated subsequent events through October 14, 2020, the date the financial statements were available to be issued.

Additionally, subsequent to year-end, the World Health Organization declared the spread of Coronavirus Disease (COVID-19) a worldwide pandemic. The COVID-19 pandemic is having significant effects on global markets, supply chains, businesses, and communities. Specific to the Plan, COVID-19 may impact various parts of its 2020 financial results, including investment valuation. Management believes the Plan is taking appropriate actions to mitigate the potential negative impacts of the COVID-19 pandemic. However, the full impact of COVID-19 is unknown and cannot be reasonably estimated as these events occurred subsequent to year-end and are still developing.

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died, and present employees or their beneficiaries. Benefits payable under all circumstances are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits 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.

SCHLAGE LOCK COMPANY LLC PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The significant actuarial assumptions used in the valuation at December 31, 2018 were as follows:

- a. Participants' life expectancy utilized the mortality assumption under the Society of Actuaries' sex distinct RP-2014 tables with separate mortality rates for annuitants and nonannuitants and separate mortality rates for disabled and nondisabled participants.
- b. Retirement ages, which start at 55, and use actual plan experience.
- c. Turnover rates, which vary with age and length of service.
- d. Investment return rate of 5% (December 31, 2017; 5.25%).

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

The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2019. Had the valuation been performed as of December 31, 2018, there would be no material differences. The following is a summary of actuarial present value of accumulated plan benefits as of December 31, 2018:

Actuarial Present Value of Accumulated
Plan Benefits:

Vested Accumulated Benefits:

Participants Currently Receiving Payments	\$ 94,869,726
Other Participants	<u>147,848,824</u>
Total Vested Benefits	242,718,550
Nonvested Accumulated Benefits	<u>2,423,018</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u><u>\$ 245,141,568</u></u>

The changes in the actuarial present value of accumulated Plan benefits are summarized as follows for the year December 31, 2017 to December 31, 2018:

Actuarial Present Value of Accumulated

Plan Benefits - Beginning of Year	\$ 235,642,538
Increase (Decrease) During the Year Attributable to:	
Change in Actuarial Assumptions*	5,781,448
Benefits Accumulated	5,642,882
Change in Discount Period	12,237,204
Actuarial Losses	2,187,318
Benefits Paid	<u>(16,349,822)</u>
Actuarial Present Value of Accumulated Plan Benefits - End of Year	<u><u>\$ 245,141,568</u></u>

**SCHLAGE LOCK COMPANY LLC PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018**

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

- * Assumption changes relate to the use of an updated mortality table to include one additional year of projected mortality improvements, the use of updated segment interest rates to calculate the funding target and target normal cost, and a decrease in the projected investment rate of return.

NOTE 4 CERTIFICATION OF INVESTMENT INFORMATION

State Street Bank and Trust Company, the trustee of the Plan, has supplied the Plan administrator with a certification as to the completeness and accuracy of all investment information reflected on the accompanying statements of net assets available for benefits as of December 31, 2019 and 2018, the statements of changes in net assets available for benefits for the years ended December 31, 2019 and 2018, the supplemental schedule of assets (held at end of year) as of December 31, 2019, and the supplemental schedule of reportable transactions for the year ended December 31, 2019.

NOTE 5 FAIR VALUE OF INVESTMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quote prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and,
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

SCHLAGE LOCK COMPANY LLC PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

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, 2019 and 2018.

Cash, Cash Equivalents, and Short-Term Investments: The investments are valued at the closing price or amount held on deposit by the custodian bank or at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer. As these investments are not traded on active markets, these investments are classified as Level 2.

Common Collective Trust Funds: Common collective trust funds are not publicly traded. Valued at the net asset value (NAV) per unit (or its equivalent) based upon the fair value of the underlying investments, which consist of a variety of publicly traded securities. NAV is used as a practical expedient to estimate fair value. There are no unfunded commitments, redemption frequency restrictions, or other redemption restrictions related to such investments.

Real Estate Investment Trust Investments: Investments are not publicly traded. Valued at NAV per unit (or its equivalent) based upon the fair value of the underlying investments. NAV is used as a practical expedient to estimate fair value. The Plan can initiate redemptions on a quarterly basis with one day's notice. There are no unfunded commitments related to such investments. Such investments are comprised of diversified U.S. real estate holdings with the objective to generate attractive rates of return on capital.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019:

	Level 1	Level 2	Level 3	Total
Cash, Cash Equivalents, and Short-Term Investments	\$ -	\$ -	\$ -	\$ -
Total Investments in the Fair Value Hierarchy	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	-
Assets Valued Using Net Asset Value per Share				<u>301,349,846</u>
Total Investments at Fair Value				<u>\$ 301,349,846</u>

SCHLAGE LOCK COMPANY LLC PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2018:

	Level 1	Level 2	Level 3	Total
Cash, Cash Equivalents, and Short-Term Investments	\$ -	\$ 3,100,842	\$ -	\$ 3,100,842
Total Investments in the Fair Value Hierarchy	<u>\$ -</u>	<u>\$ 3,100,842</u>	<u>\$ -</u>	3,100,842
Assets Valued Using Net Asset Value per Share				<u>256,229,286</u>
Total Investments at Fair Value				<u>\$ 259,330,128</u>

NOTE 6 PLAN TERMINATION

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

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

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

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

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

SCHLAGE LOCK COMPANY LLC PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE 7 TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated February 13, 2020, that the Plan and related trust are designed in accordance with the applicable requirements of the IRC. The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan 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 Company has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 8 TRANSACTIONS WITH PARTIES-IN-INTEREST

Through the Trust, certain plan investments are held by State Street Bank and Trust Company. State Street Bank and Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. These transactions are allowable party-in-interest transactions under Section 408(b)(8) of the ERISA regulations. As described in Note 2, the Plan paid certain expenses related to plan operations to various service providers. These transactions are party-in-interest transactions under ERISA. The Company provides certain administrative services to the Plan at no charge. The cost of providing these services constitutes exempt party-in-interest transactions under ERISA.

NOTE 9 RISKS AND UNCERTAINTIES

Through the Trust, the Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in such risks in the near term would materially affect the Plan's investment balances, and amounts reported in the statements of net assets available for benefits and the statements of changes in 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 estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

SCHLAGE LOCK COMPANY LLC PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE 10 PLAN AMENDMENTS

The BDC executed the second amendment to the Plan on May 25, 2018, with multiple effective dates. Effective January 1, 2018, the second amendment clarified that the “Annuity Starting Date” as defined by the Plan is the first day on which all events have occurred which entitle the participant to such benefit in the event the benefit is not payable in the form of an annuity.

Effective April 2, 2018, the second amendment modified the Plan’s policies with regard to the review of disability claims and the notifications provided to participants in the event of an adverse determination. The amendment was intended to incorporate language and provisions necessary to comply with guidance from the Department of Labor.

Effective May 4, 2018, the second amendment defines “Seasonal Employee” to allow the Company the discretion to classify employees as such and to consider such classification in the Plan’s eligibility determinations.

The BDC executed the third amendment to the Plan on December 27, 2019, with an effective date of January 1, 2020, pursuant to the terms of the collective bargaining agreement between Republic Doors and Frames, LLC (Republic) and United Steelworkers Local 8915. As a result of the amendment, Republic bargained employees hired on or after January 1, 2020 are not eligible to participate in the Plan. Instead, ineligible Republic bargained employees receive a 2% nonmatching company contribution into the Company’s applicable defined contribution plan effective January 1, 2020. Eligible Republic bargained employees hired or rehired prior to the effective date will continue to accrue benefits until they cease to be a covered bargained employee as defined by the Plan.

SCHLAGE LOCK COMPANY LLC PENSION PLAN
E.I.N. 54-2139412 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2019

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
		<u>Common Collective Trusts</u>		
*	SSGA	SHORT-TERM INVESTMENT FUND	\$ 4,753,545	\$ 4,753,545
*	SSGA	LONG U.S. GOVERNMENT BOND INDEX NON-LENDING FUND	64,894,072	77,934,795
	WELLINGTON	CIF II US INVESTMENT GRADE CORPORATE LONG BOND PORTFOLIO	46,780,490	54,159,934
	INCOME RESEARCH + MANAGEMENT	LONG CORPORATE COLLECTIVE FUND	43,459,414	53,816,589
	LEGAL & GENERAL	TREASURY 15+ STRIPS COLLECTIVE INVESTMENT FUND	23,076,279	29,338,868
*	SSGA	DAILY MSCI WORLD INDEX NON-LENDING FUND	20,651,324	31,456,477
*	TOWERS WATSON INVESTMENT SERVICES, INC.	GROUP TRUST DIVERSIFIED CREDIT FUND	21,343,382	23,168,551
	HEITMAN	GLOBAL PRIME COLLECTIVE INVESTMENT TRUST	3,945,749	4,399,564
	LEGAL & GENERAL	GLOBAL CORE INFRASTRUCTURE COLLECTIVE INVESTMENT FUND	5,633,920	6,976,516
*	SSGA	DAILY MSCI EMERGING MARKETS INDEX NON-LENDING FUND	3,528,381	4,375,207
		Total Common Collective Trusts	238,066,556	290,380,046
		<u>Real Estate Investment Trusts</u>		
	MORGAN STANLEY	PRIME PROPERTY FUND, LLC	9,416,239	10,969,800
		Total Real Estate Investment Trusts	9,416,239	10,969,800
		Total	<u>\$ 247,482,795</u>	<u>\$ 301,349,846</u>

* Indicates party-in-interest

SCHLAGE LOCK COMPANY LLC PENSION PLAN
E.I.N. 54-2139412 PLAN NO. 001
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2019

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Leased Rental	Expense Incurred With Transaction	Cost	Current Value	Net Gain (Loss)
<u>Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets</u>								
State Street Global Advisors	SHORT-TERM INVESTMENT FUND							
	110 Purchases	\$ 18,540,222	\$ -	\$ -	\$ -	\$ 18,540,222	\$ 18,540,222	\$ -
	57 Sales	-	16,887,741	-	-	16,887,741	16,887,741	-

There were no category (i), (ii) or (iv) reportable transactions for the year ended December 31, 2019.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2019

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	7	8	1	0	0	0	0	0	0	0	16
25-29	5	1	7	1	0	0	0	0	0	0	14
30-34	2	4	39	23	1	0	0	0	0	0	69
35-39	3	3	94,095	70,057	32	2	0	0	0	0	111
40-44	1	2	111,179	89,314	81,358						88,173
45-49	0	4	109,137	99,625	103,709	68,704					97,696
50-54	2	5	113,540	105,164	99,497	76,095	98,208				95,122
55-59	0	1	100,078	116,277	121,040	81,915	95,325	68,158			97,314
60-64	0	1	108,434	101,822	104,857	78,262	82,713	70,650	19	6	388
65-69	0	0	111,022	81,574	88,014	80,361		68,404	13	13	89,988
70 & over	0	0	5	11	20	13	7	20	3	3	302
					91,164			60,821			82
											79,675
											88,709
Total	20	29	224	320	465	275	109	217	38	25	1722
	4,299	30,516	104,063	97,983	101,093	77,186	86,958	68,712	87,444	69,682	89,183

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Schlage Lock Company LLC Pension Plan

EIN / PN: 54-2139412/001

Plan Sponsor: Schlage Lock Company LLC

Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

■ Applicable month	September
■ Interest rate basis	3-Segment Rates

Interest rates

	Reflecting Corridors	Not Reflecting Corridors
■ First segment rate	3.74%	2.28%
■ Second segment rate	5.35%	3.81%
■ Third segment rate	6.11%	4.46%
■ Effective interest rate	5.57%	4.05%

Annual rates of increase

■ Compensation	3.50%
■ Future Social Security wage bases	3.50%
■ Statutory limits on compensation	N/A

Assumed Cost of Living Adjustments	0.00%
---	-------

Administrative "and investment" expenses	\$1,400,000 of administrative expenses are assumed to be paid out of the trust in 2019 and are added to the target normal cost. The amount is based on the noninvestment-related expenses that were paid out of the plan in the prior fiscal year and expected change in expenses from the prior year to the current year.
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Plan Name: Schlage Lock Company LLC Pension Plan
EIN / PN: 54-2139412/001
Plan Sponsor: Schlage Lock Company LLC
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.
New or rehired employees	It was assumed there will be no new or rehired employees.
Mortality	The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.
Termination	The rates of withdrawal used for the first three years of service are 30%, 25% and 20%, respectively. Thereafter, the rates vary by age as shown below for the following illustrative ages.

Percentage leaving during the year	
Age	Unisex Rate of Withdrawal
25	9.9%
30	6.9%
35	4.9%
40	2.8%
45	1.7%
50	0.4%
55	0.0%

Disability	The 1985 Wyatt Pension Disability Study Unisex Class Three rates of disablement are used for bargaining employees. The 1985 Wyatt Pension Disability Study Unisex Class One rates of disablement are used for non-bargaining employees.
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Plan Name: Schlage Lock Company LLC Pension Plan
EIN / PN: 54-2139412/001
Plan Sponsor: Schlage Lock Company LLC
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Retirement

Employees are assumed to retire in accordance with the following probabilities:

Salaried employees:

Percentage retiring during the year	
Age	Probability
55-59	2%
60-61	0%
62	40%
63-64	5%
65	40%

Bargaining employees:

Percentage retiring during the year	
Age	Probability
55-59	3%
60-61	5%
62	20%
63-64	5%
65	45%

Terminated Vested participants:

Assumed to retire at age 65 (age 62 for former Trane Merged Hourly participants).

Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit The later of age 55 or termination of employment
- Disability benefit Upon disablement
- Retirement benefit Upon termination of employment

Plan Name: Schlage Lock Company LLC Pension Plan
EIN / PN: 54-2139412/001
Plan Sponsor: Schlage Lock Company LLC
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Form of payment

a) All Salaried and Non-Bargaining Hourly Employees

33% of all participants who retire directly from active service after age 55 are assumed to elect the single life annuity or, if married, the actuarial equivalent 50% joint and survivor annuity. The single life annuity includes a ten year guarantee; the joint and survivor annuity is assumed to be equivalent to this form of payment.

67% of all participants who retire directly from active service after age 55 and 100% of vested employees who terminate employment prior to age 55 are assumed to elect the lump sum payment option. The lump sum payable is assumed to be the greater of:

- i. the immediate life annuity multiplied by 10; and
- ii. the actuarially equivalent lump sum of the deferred life annuity, determined using the interest rates based on the yield curve used for the determination of the Funding Target and the applicable mortality under Revenue Ruling 2007-67.

b) Former Employees with Deferred Vested Benefits

All participants are assumed to elect a single life annuity, with 120 payments guaranteed for participants who terminated on or after January 1, 2003.

Actuarial equivalence

For purposes of paying any optional form of payment listed above, the factors can be located in the latest plan document in Attachment V (which contain factor tables by location).

Percent married

Actual data is used for retired participants. For all other former participants, 85% of males and 55% of females are assumed to be married. For all other former Trane Merged Hourly participants, 80% of males and females are assumed to be married.

Spouse age

Females are assumed to be 3 years younger than their husbands.

Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Plan Name: Schlage Lock Company LLC Pension Plan
EIN / PN: 54-2139412/001
Plan Sponsor: Schlage Lock Company LLC
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial value of assets for determining minimum required contributions	<p>Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p>
Benefits not valued	None

Plan Name: Schlage Lock Company LLC Pension Plan
EIN / PN: 54-2139412/001
Plan Sponsor: Schlage Lock Company LLC
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Data Sources

Employee data was supplied by Schlage Lock Company LLC as of the census date. We have not independently verified the accuracy or completeness of the data or information provided, but we have performed limited checks for reasonableness. The following assumptions were made for missing data elements:

- In cases where an accrued benefit was not calculated for a terminated vested participant, estimated data was provided by Ingersoll Rand as part of the spin-off. For terminated vested participants for whom a date of termination was not provided, we have assumed the termination occurred prior to 2003.
- Terminated vested participants over age 65 who have not commenced benefits under the plan are assumed to receive benefits actuarially increased from age 65 to the valuation date under the actuarial equivalence basis detailed in the plan document. Any terminated vested participant over age 90 who is not in receipt of a benefit is assumed to be deceased. No adjustment is made to estimate the Qualified Preretirement Survivor Annuity (QPSA) charge which is applicable to certain terminated vested participants who terminated employment prior to 2003.
- The December 31, 2002 accrued benefit ("A-piece") and December 31, 2002 credited service for certain active salaried and non-bargained employees, as used in the valuation, are estimates to the extent they have not yet been certified by the employer.
- The December 31, 2012 frozen accrued benefits for employees who chose to freeze benefits under the plan under Retirement Savings Choice are estimates to the extent they have not yet been certified by the employer.

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Lump sum conversion rate	Lump sums calculated under IRC Section 417(e) are calculated using an interest rate which is the same as the discount rate since both are derived from current yields on long-term corporate bonds. The mortality rates used to value future lump sums are based on the plan sponsor's best estimate of the rates that will be prescribed by the IRS for future lump sum calculations under Section 417(e).
Rates of increase in compensation	Assumed compensation increases are based on plan sponsor expectations for future experience.

Plan Name:	Schlage Lock Company LLC Pension Plan
EIN / PN:	54-2139412/001
Plan Sponsor:	Schlage Lock Company LLC
Valuation Date:	January 1, 2019

SCHEDULE SB ATTACHMENTS

Administrative expenses

Administrative expenses are estimated by determining the expected actual expenses for the coming year, reflecting items like expected PBGC premiums and actual expenses paid from the trust the preceding year.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality

Assumptions used for funding purposes are as prescribed by IRC §430(h).

Disabled Mortality

Assumptions used for funding purposes are as prescribed by IRC §430(h).

Termination

Termination rates were based on plan experience prior to the effective date of this plan. Termination rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.

Disability

Disability rates were based on a published table for pension participants believed to have reasonably similar characteristics participating in pension plans with similar disability provisions.

Retirement

Retirement rates were based on plan experience prior to the effective date of this plan.

Retirement rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.

Form of payment

The assumed form and timing of payments were selected based on recent experience and best estimate of future behavior.

Percent married

The assumed percentage married considered the marital status of recent retirees and of the current active population.

Spouse age

The assumed age difference for spouses considered the age difference of recent retirees and of the current active population.

Plan Name: Schlage Lock Company LLC Pension Plan
EIN / PN: 54-2139412/001
Plan Sponsor: Schlage Lock Company LLC
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Source of Prescribed Methods

Funding methods

The methods used for funding purposes as described in Part V – Statement of Actuarial Assumptions/Methods, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2016 to September 2017.
- The decrement timing used in the valuation was changed from beginning of year to rounded middle of year. Under rounded middle of year decrement timing, all decrements are assumed to occur at the middle of the year and eligibility for benefits, commencement and cessation of benefits, and other events are assumed to occur at the middle of the year. This change in funding method was made in accordance with a class ruling issued to Willis Towers Watson on March 18, 2019, and the effects of the change fall within the parameters of the class ruling.

Plan Name: Schlage Lock Company LLC Pension Plan
EIN / PN: 54-2139412/001
Plan Sponsor: Schlage Lock Company LLC
Valuation Date: January 1, 2019

Plan Name	Schlage Lock Company LLC Pension Plan
Plan Sponsor EIN	Schlage Lock Company LLC
ERISA Plan #	001
Plan Year Ending	12/31/2019

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

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 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

► **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 SCHLAGE LOCK COMPANY LLC PENSION PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SCHLAGE LOCK COMPANY LLC	D Employer Identification Number (EIN) 54-2139412
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 01 Day 01 Year 2019	
2 Assets:	
a Market value.....	2a 265,120,072
b Actuarial value	2b 276,232,024
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants 1,823 (2) Vested Funding Target 93,754,443 (3) Total Funding Target 93,754,443
b For terminated vested participants	1,550 43,590,267 43,590,267
c For active participants	1,722 85,554,570 87,378,185
d Total	5,095 222,899,280 224,722,895
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 5.57%
6 Target normal cost	6 7,266,230

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		10/13/20
Signature of actuary		Date
Michael J Gagliardi		2006815
Type or print name of actuary		Most recent enrollment number
Willis Towers Watson US LLC		617-638-3700
Firm name		Telephone number (including area code)
800 Boylston Street		
Boston MA 02199-8103		
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).....	14,700,670	7,660,066
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).....	14,700,670	7,660,066
10	Interest on line 9 using prior year's actual return of <u>-4.38%</u>	-643,889	-335,511
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year).....		5,467,013
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>5.77%</u>		315,447
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		5,782,460
d	Portion of (c) to be added to prefunding balance.....		5,782,460
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).....	14,056,781	13,107,015

Part III	Funding Percentages
----------	---------------------

14	Funding target attainment percentage	14	110.83%
15	Adjusted funding target attainment percentage.....	15	122.92%
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	121.42%
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
08/31/2020	6,000,000	0			
			Totals ►	18(b)	6,000,000 18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	5,482,548

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: 3.74 %	2nd segment: 5.35 %	3rd segment: 6.11 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6)	31a	7,266,230										
b Excess assets, if applicable, but not greater than line 31a	31b	7,266,230										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment.....</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment.....	0	0	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment.....	0	0										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0										
	Carryover balance	Prefunding balance	Total balance									
35 Balances elected for use to offset funding requirement.....	0	0	0									
36 Additional cash requirement (line 34 minus line 35).....	36	0										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	5,482,548										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	5,482,548										
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

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Schlage Lock Company LLC
EIN/PN	54-2139412/001
Plan Name	Schlage Lock Company LLC Pension Plan
Valuation Date	January 1, 2019
Enrolled Actuary	Michael J. Gagliardi
Enrollment Number	20-06815

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

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Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2019

Employees are assumed to retire in accordance with the following probabilities:

(a) Salaried employees:

Age	Probability
55 – 59	2%
60 – 61	0%
62	40%
63 – 64	5%
65	40%

(b) Bargaining employees:

Age	Probability
55 – 59	3%
60 – 61	5%
62	20%
63 – 64	5%
65	45%

The average expected retirement age for active participants, to the nearest integer, is age 63. This average age was determined by summing the following product for assumed retirement ages 55 through 65: (i) the number of expected employees at the applicable age times (ii) the assumed rate of retirements at the applicable age times (iii) the applicable age, where the employee is assumed to exist at age 55 and are then assumed to retire in accordance with the probabilities shown above. This results is then weighted by the relative number of employees in each group.

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Plan Sponsor: Schlage Lock Company LLC
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Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month September
- Interest rate basis 3-Segment Rates

Interest rates

	Reflecting Corridors	Not Reflecting Corridors
■ First segment rate	3.74%	2.28%
■ Second segment rate	5.35%	3.81%
■ Third segment rate	6.11%	4.46%
■ Effective interest rate	5.57%	4.05%

Annual rates of increase

- Compensation 3.50%
- Future Social Security wage bases 3.50%
- Statutory limits on compensation N/A

Assumed Cost of Living Adjustments 0.00%

Administrative “and investment” expenses \$1,400,000 of administrative expenses are assumed to be paid out of the trust in 2019 and are added to the target normal cost. The amount is based on the noninvestment-related expenses that were paid out of the plan in the prior fiscal year and expected change in expenses from the prior year to the current year.

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Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.
New or rehired employees	It was assumed there will be no new or rehired employees.
Mortality	The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.
Termination	The rates of withdrawal used for the first three years of service are 30%, 25% and 20%, respectively. Thereafter, the rates vary by age as shown below for the following illustrative ages.

Percentage leaving during the year	
Age	Unisex Rate of Withdrawal
25	9.9%
30	6.9%
35	4.9%
40	2.8%
45	1.7%
50	0.4%
55	0.0%

Disability	The 1985 Wyatt Pension Disability Study Unisex Class Three rates of disablement are used for bargaining employees. The 1985 Wyatt Pension Disability Study Unisex Class One rates of disablement are used for non-bargaining employees.
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Retirement

Employees are assumed to retire in accordance with the following probabilities:

Salaried employees:

Percentage retiring during the year	
Age	Probability
55-59	2%
60-61	0%
62	40%
63-64	5%
65	40%

Bargaining employees:

Percentage retiring during the year	
Age	Probability
55-59	3%
60-61	5%
62	20%
63-64	5%
65	45%

Terminated Vested participants:

Assumed to retire at age 65 (age 62 for former Trane Merged Hourly participants).

Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit The later of age 55 or termination of employment
- Disability benefit Upon disablement
- Retirement benefit Upon termination of employment

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Form of payment

a) All Salaried and Non-Bargaining Hourly Employees

33% of all participants who retire directly from active service after age 55 are assumed to elect the single life annuity or, if married, the actuarial equivalent 50% joint and survivor annuity. The single life annuity includes a ten year guarantee; the joint and survivor annuity is assumed to be equivalent to this form of payment.

67% of all participants who retire directly from active service after age 55 and 100% of vested employees who terminate employment prior to age 55 are assumed to elect the lump sum payment option. The lump sum payable is assumed to be the greater of:

- i. the immediate life annuity multiplied by 10; and
- ii. the actuarially equivalent lump sum of the deferred life annuity, determined using the interest rates based on the yield curve used for the determination of the Funding Target and the applicable mortality under Revenue Ruling 2007-67.

b) Former Employees with Deferred Vested Benefits

All participants are assumed to elect a single life annuity, with 120 payments guaranteed for participants who terminated on or after January 1, 2003.

Actuarial equivalence

For purposes of paying any optional form of payment listed above, the factors can be located in the latest plan document in Attachment V (which contain factor tables by location).

Percent married

Actual data is used for retired participants. For all other former participants, 85% of males and 55% of females are assumed to be married. For all other former Trane Merged Hourly participants, 80% of males and females are assumed to be married.

Spouse age

Females are assumed to be 3 years younger than their husbands.

Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

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Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial value of assets for determining minimum required contributions	<p>Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p>
Benefits not valued	None

Plan Name: Schlage Lock Company LLC Pension Plan
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Data Sources

Employee data was supplied by Schlage Lock Company LLC as of the census date. We have not independently verified the accuracy or completeness of the data or information provided, but we have performed limited checks for reasonableness. The following assumptions were made for missing data elements:

- In cases where an accrued benefit was not calculated for a terminated vested participant, estimated data was provided by Ingersoll Rand as part of the spin-off. For terminated vested participants for whom a date of termination was not provided, we have assumed the termination occurred prior to 2003.
- Terminated vested participants over age 65 who have not commenced benefits under the plan are assumed to receive benefits actuarially increased from age 65 to the valuation date under the actuarial equivalence basis detailed in the plan document. Any terminated vested participant over age 90 who is not in receipt of a benefit is assumed to be deceased. No adjustment is made to estimate the Qualified Preretirement Survivor Annuity (QPSA) charge which is applicable to certain terminated vested participants who terminated employment prior to 2003.
- The December 31, 2002 accrued benefit ("A-piece") and December 31, 2002 credited service for certain active salaried and non-bargained employees, as used in the valuation, are estimates to the extent they have not yet been certified by the employer.
- The December 31, 2012 frozen accrued benefits for employees who chose to freeze benefits under the plan under Retirement Savings Choice are estimates to the extent they have not yet been certified by the employer.

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Lump sum conversion rate	Lump sums calculated under IRC Section 417(e) are calculated using an interest rate which is the same as the discount rate since both are derived from current yields on long-term corporate bonds. The mortality rates used to value future lump sums are based on the plan sponsor's best estimate of the rates that will be prescribed by the IRS for future lump sum calculations under Section 417(e).
Rates of increase in compensation	Assumed compensation increases are based on plan sponsor expectations for future experience.

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Administrative expenses

Administrative expenses are estimated by determining the expected actual expenses for the coming year, reflecting items like expected PBGC premiums and actual expenses paid from the trust the preceding year.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality

Assumptions used for funding purposes are as prescribed by IRC §430(h).

Disabled Mortality

Assumptions used for funding purposes are as prescribed by IRC §430(h).

Termination

Termination rates were based on plan experience prior to the effective date of this plan. Termination rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.

Disability

Disability rates were based on a published table for pension participants believed to have reasonably similar characteristics participating in pension plans with similar disability provisions.

Retirement

Retirement rates were based on plan experience prior to the effective date of this plan.

Retirement rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.

Form of payment

The assumed form and timing of payments were selected based on recent experience and best estimate of future behavior.

Percent married

The assumed percentage married considered the marital status of recent retirees and of the current active population.

Spouse age

The assumed age difference for spouses considered the age difference of recent retirees and of the current active population.

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Source of Prescribed Methods

Funding methods

The methods used for funding purposes as described in Part V – Statement of Actuarial Assumptions/Methods, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2016 to September 2017.
- The decrement timing used in the valuation was changed from beginning of year to rounded middle of year. Under rounded middle of year decrement timing, all decrements are assumed to occur at the middle of the year and eligibility for benefits, commencement and cessation of benefits, and other events are assumed to occur at the middle of the year. This change in funding method was made in accordance with a class ruling issued to Willis Towers Watson on March 18, 2019, and the effects of the change fall within the parameters of the class ruling.

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Schedule SB, Line 25 Change in Method

The decrement timing used in the valuation was changed from beginning of year to rounded middle of year. Under rounded middle of year decrement timing, all decrements are assumed to occur at the middle of the year and eligibility for benefits, commencement and cessation of benefits, and other events are assumed to occur at the middle of the year. This change in funding method was made in accordance with a class ruling issued to Willis Towers Watson on March 18, 2019, and the effects of the change fall within the parameters of the class ruling.

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Plan Sponsor: Schlage Lock Company LLC
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Schedule SB, Part V Summary of Plan Provisions

Summary of plan provisions applicable for all non-bargained hourly and salaried employees who terminate on or after January 1, 2003

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted on December 31, 2013.

Coverage and participation Any participant that was transferred to this plan as of the spin off on December 1, 2013 is included in the plan.

Definitions

Vesting service and vesting One month of service is credited for eligibility purposes for each month where the employee works as a participant of the plan or prior plan for at least one day of the month, subject to any exclusions in the plan. Additional vesting service may be credited for participation with a previous employer within the control group.

A participant is vested after completing five years of vesting service.

Credited service One month of service is credited for benefit purposes for each month where the employee works as a participant of the plan or prior plan for at least one day of the month, subject to any exclusions in the plan.

Final Average Compensation/Salary The highest average of a participant's annual compensation for a 5 consecutive calendar year period during the last 10 calendar years preceding the date of termination of employment.

Normal retirement date (NRD) An employee is eligible for a normal retirement benefit on the last day of the calendar month following the month in which he reaches age 65.

Accrued benefit The monthly benefit payable as a single life annuity at Normal Retirement Date is equal to the greater of [(i) + (ii) + (iii)] and (iv) below:

- (i) monthly accrued benefit at December 31, 2002 under the plan provisions in effect on December 31, 2002
- (ii) 0.5% of Final Average Pay times years of credited service earned after December 31, 2002

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(iii) Transition Benefit: 0.5% of Final Average Pay in excess of \$30,000 times years of credited service earned after December 31, 2002. This transition benefit applies only to employees who were participants in this plan on December 31, 2002, are at least age 50 and whose age plus service exceeds 60 on January 1, 2003

(iv) 0.5% of Final Average Pay times all years of credited service

Eligibility for Benefits

Normal retirement

Retirement on NRD

Early retirement

Every employee eligible for a vested benefit is entitled to commence benefits as of the first day of the calendar month following his separation from service or on the first day of any calendar month thereafter.

Postponed retirement

Retirement after NRD

Vested termination

Termination for reasons other than death or retirement after completing five years of vesting service

Disability

Pre-2004:

Employees who are totally and permanently disabled prior to January 1, 2004 and receiving benefits under the Schlage Lock Company LLC Long Term Disability Plan are eligible provided they have 15 years of Vesting Service and are not receiving a benefit under the plan.

Waiting Period: Following cessation of LTD benefit payments at normal or late retirement date

Post-2004:

Any vested participant who becomes disabled after December 31, 2003 is entitled to a normal or early retirement benefit.

Preretirement death benefit

The surviving spouse of a vested employee who is married on his date of death or the designated beneficiary of a vested employee who is not married on his date of death is eligible for a pre-retirement death benefit. Non-spouse beneficiaries are permitted under these provisions, subject to IRS consent rules.

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Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD
Early retirement	The early retirement benefit is equal to the accrued benefit reduced by 0.3% for each whole calendar month that the benefit commencement date precedes the normal retirement date, provided that the reduction not exceed 85%.
Postponed retirement	Effective January 1, 1989, employees may work past the age of 65 and continue to earn credited service. The benefit formula and forms are the same as with a normal retirement and commence on the last day of the month succeeding the participant's late retirement.
Vested termination	The accrued benefit determined as of the termination date.
Disablement	<p><u>Pre-2004:</u> The accrued benefit based on service while receiving LTD benefits and compensation in last full year prior to disability.</p> <p><u>Post-2004:</u> The accrued benefit determined as of early retirement date or NRD</p>
Preretirement death	<p>The pre-retirement death benefit payable to the designated beneficiary of an employee who is not married on his date of death is equal to one half of the benefit which would be payable to the participant had the participant separated from service on the date of death and elected to commence a single life annuity, payable as a lump sum.</p> <p>The pre-retirement death benefit payable to the surviving spouse of a participant who is married on his date of death is equal to one half the benefit that would be payable to the participant had the participant separated from service on the date of death, survived to the benefit commencement date elected by the spouse and elected to commence a single life annuity.</p>

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Plan Sponsor: Schlage Lock Company LLC
Valuation Date: January 1, 2019

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Other Plan Provisions

Forms of payment	For an unmarried participant the normal form of payment is a monthly pension for the life of the employee. This single life annuity for an unmarried participant includes a ten year payment guarantee. For a married participant the normal form of payment is a reduced monthly pension which provides for a continuation of payments equal to one-half of the reduced pension to the surviving spouse after the employee's death. Any employee may elect, by written application, to receive the normal benefit or other optional forms of benefit payment. Optional forms of payment include a lump sum payment, a contingent annuity and a life with term certain annuity.
Actuarial equivalence	For purposes of paying any optional form of payment listed above, the factors can be located in the latest plan document in Attachment V (which contain factor tables by location).
Pension Increases	None
Plan participants' contributions	None
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

None

Substantive Commitment

None

Plan Name: Schlage Lock Company LLC Pension Plan
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Plan Sponsor: Schlage Lock Company LLC
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Summary of plan provisions applicable to Trane Merged Hourly Participants

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted on December 31, 2013.

Coverage and participation

Any participant that was transferred to this plan as of the spin off on December 1, 2013 is included in the plan. All plan provision for these transferred participants has not changed from the original plan.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

None

Substantive Commitment

None

Plan Name: Schlage Lock Company LLC Pension Plan
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Plan Sponsor: Schlage Lock Company LLC
Valuation Date: January 1, 2019

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Summary of plan provisions applicable to Bargained Steelcraft Employees

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted on December 31, 2013.

Coverage and participation All hourly employees of Steelcraft Manufacturing Company who transferred to this plan as of the spin off on December 1, 2013 is included in the plan.

Definitions

Vesting service and vesting One month of service is credited for eligibility purposes for each month where the employee works as a participant of the plan or prior plan for at least 15 days of the month, subject to any exclusions in the plan. Additional vesting service may be credited for participation with a previous employer within the control group.

A participant is vested after completing five years of vesting service.

Credited service One month of service is credited for benefit purposes for each month where the employee works as a participant of the plan or prior plan for at least 15 days of the month, subject to any exclusions in the plan.

Final Average Compensation/Salary Not applicable

Normal retirement date (NRD) An employee who reaches his normal retirement date shall be eligible for a normal retirement benefit. An employee's normal retirement date shall be the first day of the month following his 65th birthday.

Accrued benefit The normal retirement benefit is a accrued benefit as follows:

Credited Service Earned	Monthly Benefit Per Year of Credited Service
Prior to 1/1/1996	\$13.00
After 1/1/1996	\$24.00

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Plan Sponsor: Schlage Lock Company LLC
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Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Employees with 5 or more years of service and who have attained age 55 may retire and are eligible for an early retirement benefit.
Postponed retirement	Retirement after NRD
Vested termination	An Employee whose employment is terminated before death or retirement and who have 5 or more years of service are eligible for a vested deferred retirement benefit.
Disability	Employees with 10 or more years of vesting service who become totally and permanently disabled are eligible for a disability benefit.
Preretirement death benefit	The surviving spouse of a vested employee who is married on his date of death is eligible for a preretirement death benefit.

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD
Early retirement	The accrued benefit but reduced by 1/2 of 1% for each month under age 65.
Postponed retirement	The accrued benefit determined as of the termination date.
Vested termination	The accrued benefit determined as of the termination date.
Disablement	The accrued payable is equal to the monthly pension benefit at time of Disability Retirement.
Preretirement death	A 50% survivor annuity will be paid to the participant's spouse. Benefits to the spouse are payable on the first day of the month following the participant's death, or if later, the first day of the month following the participant's 55th birthday. Benefit payable is the accrued benefit at date of death reduced for early commencement, if applicable, by the formula described above.

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Other Plan Provisions

Forms of payment	The normal form of payment is the 50% joint & survivor annuity for married employees and a single life annuity for unmarried employees. Any employee may elect, by written application, to receive the normal benefit or other optional forms of benefit payment.
Actuarial equivalence	For purposes of paying any optional form of payment listed above, the factors can be located in the latest plan document in Attachment V (which contain factor tables by location).
Pension Increases	None
Plan participants' contributions	None
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

None

Substantive Commitment

None

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Summary of plan provisions applicable to Republic Participants

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted on January 3, 2017.

Coverage and participation	All employees of Republic Builders Products compensated on an hourly basis upon completion of one year of service and attainment of age 21.
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Definitions

Vesting service and vesting	A year of service is credited for eligibility purposes for each calendar year during which an employee works 1,000 hours. Fractions of years are credited to the nearest month if less than 1,000 hours in the year of hire or the year of exit.
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A participant is vested after completing five years of vesting service.

Credited service	A year of service is credited for benefit purposes for each calendar year during which an employee works 1,000 hours. Fractions of years are credited to the nearest month if less than 1,000 hours in the year of hire or the year of exit.
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Normal retirement date (NRD)	An employee who reaches his normal retirement date shall be eligible for a normal retirement benefit. An employee's normal retirement date shall be the first day of the month following his 65th birthday with 5 years of service.
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Eligibility for Benefits

Normal retirement	Retirement on NRD
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Early retirement	Employees with 15 or more years of service and who have attained age 60 may retire and are eligible for an early retirement benefit.
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Postponed retirement	Retirement after NRD
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Vested termination	An Employee whose employment is terminated before death or retirement and who have 5 or more years of service are eligible for a vested deferred retirement benefit.
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Disability First day of the year after the participant is totally and permanently disabled for six consecutive months.

Preretirement death The surviving spouse of a vested employee who is married on his date of death is eligible for a preretirement death benefit.

Benefits Paid Upon the Following Events

Normal retirement The monthly amount of Normal Retirement pension is equal to \$16.00 times the participant's credited service. The monthly amount increases to \$17.00 effective November 10, 2018.

Early retirement The amount of Early Retirement Benefit is based on the Normal Retirement Benefit, and is reduced as shown below interpolated for each month the benefit commences prior to Normal Retirement.

Age	Reduction
60	0.670
61	0.723
62	0.781
63	0.846
64	0.918
65	1.000

Postponed retirement If a participant continues to work beyond his Normal Retirement Date, he will receive a retirement benefit beginning at his actual retirement date that is the greater of his benefit calculated based on his service at delayed retirement date or the actuarial equivalent of his normal retirement benefit.

Vested termination Vested employees receive the Amount of Normal Retirement Benefit accrued to date of termination of employment commencing at Normal Retirement.

Disablement Actuarial Equivalent of Accrued Benefit at Normal Retirement Date.

Preretirement death Upon the death of a vested participant, the benefit payable to the surviving spouse is calculated as the amount the spouse would have received if the participant had terminated on the date of death, survived to his Early Retirement Date, elected a 50% joint and survivor form of pension (unless another form has previously been elected) and died on the following day.

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SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment

The normal form of payment is the 50% contingent annuity for married employees and a single life annuity for unmarried employees.

Optional Forms: 75% Contingent Annuity, 100% Contingent Annuity, 5 Year Certain & Continuous Annuity, & 10 Year Certain & Continuous Annuity

All forms of payment are the actuarial equivalent of a life annuity.

Actuarial equivalence

For purposes of paying any optional form of payment listed above, the factors can be located in the latest plan document.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

None

Substantive Commitment

None

Plan Name: Schlage Lock Company LLC Pension Plan
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Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2019

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	7	8	1	0	0	0	0	0	0	0	16
25-29	5	1	7	1	0	0	0	0	0	0	14
30-34	2	4	39	23	1	0	0	0	0	0	39,221
35-39	3	3	94,095	70,057	32	2	0	0	0	0	69
40-44	1	2	111,179	89,314	81,358	28	0	0	0	0	79,555
45-49	0	4	109,137	99,625	103,709	68,704	22	3	0	0	111
50-54	2	5	113,540	105,164	99,497	76,095	98,208	45	2	0	88,173
55-59	0	1	100,078	116,277	121,040	81,915	95,325	68,158	19	6	170
60-64	0	1	108,434	101,822	104,857	78,262	82,713	70,650	13	13	97,696
65-69	0	0	111,022	81,574	88,014	80,361	7	20	3	3	232
70 & over	0	0	0	3	9	3	1	2	1	3	95,122
Total	20	29	224	320	465	275	109	217	38	25	1722
	4,299	30,516	104,063	97,983	101,093	77,186	86,958	68,712	87,444	69,682	89,183

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Schlage Lock Company LLC Pension Plan
 EIN / PN: 54-2139412/001
 Plan Sponsor: Schlage Lock Company LLC
 Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Schlage Lock Company LLC
EIN/PN	54-2139412/001
Plan Name	Schlage Lock Company LLC Pension Plan
Valuation Date	January 1, 2019
Enrolled Actuary	Michael J. Gagliardi
Enrollment Number	20-06815

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2019

Employees are assumed to retire in accordance with the following probabilities:

(a) Salaried employees:

Age	Probability
55 – 59	2%
60 – 61	0%
62	40%
63 – 64	5%
65	40%

(b) Bargaining employees:

Age	Probability
55 – 59	3%
60 – 61	5%
62	20%
63 – 64	5%
65	45%

The average expected retirement age for active participants, to the nearest integer, is age 63. This average age was determined by summing the following product for assumed retirement ages 55 through 65: (i) the number of expected employees at the applicable age times (ii) the assumed rate of retirements at the applicable age times (iii) the applicable age, where the employee is assumed to exist at age 55 and are then assumed to retire in accordance with the probabilities shown above. This results is then weighted by the relative number of employees in each group.

Plan Name: Schlage Lock Company LLC Pension Plan
EIN / PN: 54-2139412/001
Plan Sponsor: Schlage Lock Company LLC
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Summary of plan provisions applicable for all non-bargained hourly and salaried employees who terminate on or after January 1, 2003

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted on December 31, 2013.

Coverage and participation Any participant that was transferred to this plan as of the spin off on December 1, 2013 is included in the plan.

Definitions

Vesting service and vesting One month of service is credited for eligibility purposes for each month where the employee works as a participant of the plan or prior plan for at least one day of the month, subject to any exclusions in the plan. Additional vesting service may be credited for participation with a previous employer within the control group.

A participant is vested after completing five years of vesting service.

Credited service One month of service is credited for benefit purposes for each month where the employee works as a participant of the plan or prior plan for at least one day of the month, subject to any exclusions in the plan.

Final Average Compensation/Salary The highest average of a participant's annual compensation for a 5 consecutive calendar year period during the last 10 calendar years preceding the date of termination of employment.

Normal retirement date (NRD) An employee is eligible for a normal retirement benefit on the last day of the calendar month following the month in which he reaches age 65.

Accrued benefit The monthly benefit payable as a single life annuity at Normal Retirement Date is equal to the greater of [(i) + (ii) + (iii)] and (iv) below:

(i) monthly accrued benefit at December 31, 2002 under the plan provisions in effect on December 31, 2002

(ii) 0.5% of Final Average Pay times years of credited service earned after December 31, 2002

Plan Name: Schlage Lock Company LLC Pension Plan
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Plan Sponsor: Schlage Lock Company LLC
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

(iii) Transition Benefit: 0.5% of Final Average Pay in excess of \$30,000 times years of credited service earned after December 31, 2002. This transition benefit applies only to employees who were participants in this plan on December 31, 2002, are at least age 50 and whose age plus service exceeds 60 on January 1, 2003

(iv) 0.5% of Final Average Pay times all years of credited service

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Every employee eligible for a vested benefit is entitled to commence benefits as of the first day of the calendar month following his separation from service or on the first day of any calendar month thereafter.
Postponed retirement	Retirement after NRD
Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service
Disability	<p><u>Pre-2004:</u> Employees who are totally and permanently disabled prior to January 1, 2004 and receiving benefits under the Schlage Lock Company LLC Long Term Disability Plan are eligible provided they have 15 years of Vesting Service and are not receiving a benefit under the plan.</p> <p>Waiting Period: Following cessation of LTD benefit payments at normal or late retirement date</p> <p><u>Post-2004:</u> Any vested participant who becomes disabled after December 31, 2003 is entitled to a normal or early retirement benefit.</p>
Preretirement death benefit	The surviving spouse of a vested employee who is married on his date of death or the designated beneficiary of a vested employee who is not married on his date of death is eligible for a pre-retirement death benefit. Non-spouse beneficiaries are permitted under these provisions, subject to IRS consent rules.

Plan Name:	Schlage Lock Company LLC Pension Plan
EIN / PN:	54-2139412/001
Plan Sponsor:	Schlage Lock Company LLC
Valuation Date:	January 1, 2019

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD
Early retirement	The early retirement benefit is equal to the accrued benefit reduced by 0.3% for each whole calendar month that the benefit commencement date precedes the normal retirement date, provided that the reduction not exceed 85%.
Postponed retirement	Effective January 1, 1989, employees may work past the age of 65 and continue to earn credited service. The benefit formula and forms are the same as with a normal retirement and commence on the last day of the month succeeding the participant's late retirement.
Vested termination	The accrued benefit determined as of the termination date.
Disablement	<p><u>Pre-2004:</u> The accrued benefit based on service while receiving LTD benefits and compensation in last full year prior to disability.</p> <p><u>Post-2004:</u> The accrued benefit determined as of early retirement date or NRD</p>
Preretirement death	<p>The pre-retirement death benefit payable to the designated beneficiary of an employee who is not married on his date of death is equal to one half of the benefit which would be payable to the participant had the participant separated from service on the date of death and elected to commence a single life annuity, payable as a lump sum.</p> <p>The pre-retirement death benefit payable to the surviving spouse of a participant who is married on his date of death is equal to one half the benefit that would be payable to the participant had the participant separated from service on the date of death, survived to the benefit commencement date elected by the spouse and elected to commence a single life annuity.</p>

Plan Name: Schlage Lock Company LLC Pension Plan
EIN / PN: 54-2139412/001
Plan Sponsor: Schlage Lock Company LLC
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment	For an unmarried participant the normal form of payment is a monthly pension for the life of the employee. This single life annuity for an unmarried participant includes a ten year payment guarantee. For a married participant the normal form of payment is a reduced monthly pension which provides for a continuation of payments equal to one-half of the reduced pension to the surviving spouse after the employee's death. Any employee may elect, by written application, to receive the normal benefit or other optional forms of benefit payment. Optional forms of payment include a lump sum payment, a contingent annuity and a life with term certain annuity.
Actuarial equivalence	For purposes of paying any optional form of payment listed above, the factors can be located in the latest plan document in Attachment V (which contain factor tables by location).
Pension Increases	None
Plan participants' contributions	None
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

None

Substantive Commitment

None

Plan Name:	Schlage Lock Company LLC Pension Plan
EIN / PN:	54-2139412/001
Plan Sponsor:	Schlage Lock Company LLC
Valuation Date:	January 1, 2019

SCHEDULE SB ATTACHMENTS

Summary of plan provisions applicable to Trane Merged Hourly Participants

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted on December 31, 2013.

Coverage and participation

Any participant that was transferred to this plan as of the spin off on December 1, 2013 is included in the plan. All plan provision for these transferred participants has not changed from the original plan.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

None

Substantive Commitment

None

Plan Name: Schlage Lock Company LLC Pension Plan
EIN / PN: 54-2139412/001
Plan Sponsor: Schlage Lock Company LLC
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Summary of plan provisions applicable to Bargained Steelcraft Employees

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted on December 31, 2013.

Coverage and participation All hourly employees of Steelcraft Manufacturing Company who transferred to this plan as of the spin off on December 1, 2013 is included in the plan.

Definitions

Vesting service and vesting One month of service is credited for eligibility purposes for each month where the employee works as a participant of the plan or prior plan for at least 15 days of the month, subject to any exclusions in the plan. Additional vesting service may be credited for participation with a previous employer within the control group.

A participant is vested after completing five years of vesting service.

Credited service One month of service is credited for benefit purposes for each month where the employee works as a participant of the plan or prior plan for at least 15 days of the month, subject to any exclusions in the plan.

Final Average Compensation/Salary Not applicable

Normal retirement date (NRD) An employee who reaches his normal retirement date shall be eligible for a normal retirement benefit. An employee's normal retirement date shall be the first day of the month following his 65th birthday.

Accrued benefit The normal retirement benefit is a accrued benefit as follows:

Credited Service Earned	Monthly Benefit Per Year of Credited Service
Prior to 1/1/1996	\$13.00
After 1/1/1996	\$24.00

Plan Name: Schlage Lock Company LLC Pension Plan
EIN / PN: 54-2139412/001
Plan Sponsor: Schlage Lock Company LLC
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Employees with 5 or more years of service and who have attained age 55 may retire and are eligible for an early retirement benefit.
Postponed retirement	Retirement after NRD
Vested termination	An Employee whose employment is terminated before death or retirement and who have 5 or more years of service are eligible for a vested deferred retirement benefit.
Disability	Employees with 10 or more years of vesting service who become totally and permanently disabled are eligible for a disability benefit.
Preretirement death benefit	The surviving spouse of a vested employee who is married on his date of death is eligible for a preretirement death benefit.

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD
Early retirement	The accrued benefit but reduced by 1/2 of 1% for each month under age 65.
Postponed retirement	The accrued benefit determined as of the termination date.
Vested termination	The accrued benefit determined as of the termination date.
Disablement	The accrued payable is equal to the monthly pension benefit at time of Disability Retirement.
Preretirement death	A 50% survivor annuity will be paid to the participant's spouse. Benefits to the spouse are payable on the first day of the month following the participant's death, or if later, the first day of the month following the participant's 55th birthday. Benefit payable is the accrued benefit at date of death reduced for early commencement, if applicable, by the formula described above.

Plan Name: Schlage Lock Company LLC Pension Plan
EIN / PN: 54-2139412/001
Plan Sponsor: Schlage Lock Company LLC
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment	The normal form of payment is the 50% joint & survivor annuity for married employees and a single life annuity for unmarried employees. Any employee may elect, by written application, to receive the normal benefit or other optional forms of benefit payment.
Actuarial equivalence	For purposes of paying any optional form of payment listed above, the factors can be located in the latest plan document in Attachment V (which contain factor tables by location).
Pension Increases	None
Plan participants' contributions	None
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

None

Substantive Commitment

None

Plan Name: Schlage Lock Company LLC Pension Plan
EIN / PN: 54-2139412/001
Plan Sponsor: Schlage Lock Company LLC
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Summary of plan provisions applicable to Republic Participants

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted on January 3, 2017.

Coverage and participation	All employees of Republic Builders Products compensated on an hourly basis upon completion of one year of service and attainment of age 21.
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Definitions

Vesting service and vesting	A year of service is credited for eligibility purposes for each calendar year during which an employee works 1,000 hours. Fractions of years are credited to the nearest month if less than 1,000 hours in the year of hire or the year of exit.
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A participant is vested after completing five years of vesting service.

Credited service	A year of service is credited for benefit purposes for each calendar year during which an employee works 1,000 hours. Fractions of years are credited to the nearest month if less than 1,000 hours in the year of hire or the year of exit.
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Normal retirement date (NRD)	An employee who reaches his normal retirement date shall be eligible for a normal retirement benefit. An employee's normal retirement date shall be the first day of the month following his 65th birthday with 5 years of service.
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Eligibility for Benefits

Normal retirement	Retirement on NRD
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Early retirement	Employees with 15 or more years of service and who have attained age 60 may retire and are eligible for an early retirement benefit.
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Postponed retirement	Retirement after NRD
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Vested termination	An Employee whose employment is terminated before death or retirement and who have 5 or more years of service are eligible for a vested deferred retirement benefit.
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Plan Name:	Schlage Lock Company LLC Pension Plan
EIN / PN:	54-2139412/001
Plan Sponsor:	Schlage Lock Company LLC
Valuation Date:	January 1, 2019

SCHEDULE SB ATTACHMENTS

Disability First day of the year after the participant is totally and permanently disabled for six consecutive months.

Preretirement death The surviving spouse of a vested employee who is married on his date of death is eligible for a preretirement death benefit.

Benefits Paid Upon the Following Events

Normal retirement The monthly amount of Normal Retirement pension is equal to \$16.00 times the participant's credited service. The monthly amount increases to \$17.00 effective November 10, 2018.

Early retirement The amount of Early Retirement Benefit is based on the Normal Retirement Benefit, and is reduced as shown below interpolated for each month the benefit commences prior to Normal Retirement.

Age	Reduction
60	0.670
61	0.723
62	0.781
63	0.846
64	0.918
65	1.000

Postponed retirement If a participant continues to work beyond his Normal Retirement Date, he will receive a retirement benefit beginning at his actual retirement date that is the greater of his benefit calculated based on his service at delayed retirement date or the actuarial equivalent of his normal retirement benefit.

Vested termination Vested employees receive the Amount of Normal Retirement Benefit accrued to date of termination of employment commencing at Normal Retirement.

Disablement Actuarial Equivalent of Accrued Benefit at Normal Retirement Date.

Preretirement death Upon the death of a vested participant, the benefit payable to the surviving spouse is calculated as the amount the spouse would have received if the participant had terminated on the date of death, survived to his Early Retirement Date, elected a 50% joint and survivor form of pension (unless another form has previously been elected) and died on the following day.

Plan Name: Schlage Lock Company LLC Pension Plan
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Plan Sponsor: Schlage Lock Company LLC
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment

The normal form of payment is the 50% contingent annuity for married employees and a single life annuity for unmarried employees.

Optional Forms: 75% Contingent Annuity, 100% Contingent Annuity, 5 Year Certain & Continuous Annuity, & 10 Year Certain & Continuous Annuity

All forms of payment are the actuarial equivalent of a life annuity.

Actuarial equivalence

For purposes of paying any optional form of payment listed above, the factors can be located in the latest plan document.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

None

Substantive Commitment

None

Plan Name: Schlage Lock Company LLC Pension Plan
EIN / PN: 54-2139412/001
Plan Sponsor: Schlage Lock Company LLC
Valuation Date: January 1, 2019

Plan Name	Schlage Lock Company LLC Pension Plan
Plan Sponsor EIN	Schlage Lock Company LLC
ERISA Plan #	001
Plan Year Ending	12/31/2019

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	X
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25 Change in Method

The decrement timing used in the valuation was changed from beginning of year to rounded middle of year. Under rounded middle of year decrement timing, all decrements are assumed to occur at the middle of the year and eligibility for benefits, commencement and cessation of benefits, and other events are assumed to occur at the middle of the year. This change in funding method was made in accordance with a class ruling issued to Willis Towers Watson on March 18, 2019, and the effects of the change fall within the parameters of the class ruling.

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Plan Sponsor: Schlage Lock Company LLC
Valuation Date: January 1, 2019