

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ 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 MARKET FORGE & UNITED STEEL WORKERS OF AMERICA (AFL-CIO) PENSION PLAN	1b Three-digit plan number (PN) ▶ 026
	1c Effective date of plan 07/15/1961
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) UNITED TECHNOLOGIES CORPORATION UTC BUILDING ONE FINANCIAL PLAZA HARTFORD, CT 06101	2b Employer Identification Number (EIN) 06-0570975 2c Sponsor's telephone number 860-728-7000 2d Business code (see instructions) 339900

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.	04/18/2011	PETER HOLOWESKO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") UNITED TECHNOLOGIES CORPORATION UTC BUILDING ONE FINANCIAL PLAZA HARTFORD, CT 06101	3b Administrator's EIN 06-0570975 3c Administrator's telephone number 860-728-7000
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	199
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	0
b Retired or separated participants receiving benefits.....	6b	123
c Other retired or separated participants entitled to future benefits.....	6c	51
d Subtotal. Add lines 6a , 6b , and 6c	6d	174
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	17
f Total. Add lines 6d and 6e	6f	191
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1B 1G 1I 3H

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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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 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

▶ **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>MARKET FORGE & UNITED STEEL WORKERS OF AMERICA (AFL-CIO) PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>026</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>UNITED TECHNOLOGIES CORPORATION</u>	D Employer Identification Number (EIN) <u>06-0570975</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>07</u> Day <u>01</u> Year <u>2009</u>
2	Assets:
a	Market value 2a <u>4544155</u>
b	Actuarial value 2b <u>4998571</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>141</u> <u>3469886</u>
b	For terminated vested participants 3b <u>58</u> <u>1030898</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>0</u>
(2)	Vested benefits 3c(2) <u>0</u>
(3)	Total active 3c(3) <u>0</u>
d	Total 3d <u>199</u> <u>4500784</u>
4	If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>7.34</u> %
6	Target normal cost 6 <u>100000</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	<u>04/06/2011</u>
Signature of actuary	Date
<u>MARK GENGEBACH, F.S.A., E.A.</u>	<u>11-07102</u>
Type or print name of actuary	Most recent enrollment number
<u>TOWERS WATSON</u>	<u>212-309-3400</u>
Firm name	Telephone number (including area code)
<u>335 MADISON AVENUE</u> <u>NEW YORK, NY 10017-4605</u>	
Address of the firm	

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

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 (Item 13 from prior year)	1132237	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	1132237	0
10	Interest on item 9 using prior year's actual return of <u>-21.28</u> %	-240940	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.03</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	891297	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	91.25 %
15	Adjusted funding target attainment percentage.....	15	111.06 %
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	103.07 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	0
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If 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	(4) 4th
0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
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 eligible for (and is using) 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 contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	100000
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 (item 31 + item 32a + item 32b – item 33).....	34	100000
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	100000	0
36 Additional cash requirement (item 34 minus item 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	0
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

<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
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010	
A Name of plan MARKET FORGE & UNITED STEEL WORKERS OF AMERICA (AFL-CIO) PENSION PLAN	B Three-digit plan number (PN) ▶ 026
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED TECHNOLOGIES CORPORATION	D Employer Identification Number (EIN) 06-0570975

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)

TOWERS WATSON

23-1159360

(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 16 50	NONE	30000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan 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>		<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010					
A Name of plan MARKET FORGE & UNITED STEEL WORKERS OF AMERICA (AFL-CIO) PENSION PLAN				B Three-digit plan number (PN) ▶ 026	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 UNITED TECHNOLOGIES CORPORATION				D Employer Identification Number (EIN) 06-0570975	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: UTC MASTER RETIREMENT TRUST					
b Name of sponsor of entity listed in (a): UNITED TECHNOLOGIES CORPORATION					
c EIN-PN 13-3064404-001		d Entity code M		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4807251	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT,	

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010		
A Name of plan MARKET FORGE & UNITED STEEL WORKERS OF AMERICA (AFL-CIO) PENSION PLAN	B Three-digit plan number (PN) ►	026
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED TECHNOLOGIES CORPORATION	D Employer Identification Number (EIN) 06-0570975	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	900000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	3678841	4807251
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4578841	4807251

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4578841	4807251
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		700906
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		700906

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	433068	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		433068
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	30309	
(2) Contract administrator fees	2i(2)	1976	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	7143	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		39428
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		472496

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		228410
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: KPMG LLP

(2) EIN: 13-5565207

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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
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	
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	
e Was this plan covered by a fidelity bond?.....	X		90000000
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	
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	
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	
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	
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	
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	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan <u>MARKET FORGE & UNITED STEEL WORKERS OF AMERICA (AFL-CIO) PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>026</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>UNITED TECHNOLOGIES CORPORATION</u>	D Employer Identification Number (EIN) <u>06-0570975</u>

Part I	Distributions
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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	<u>0</u>
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): <u>06-1050034</u>		
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	<u>0</u>

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)
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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	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 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
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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(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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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.
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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 and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2009
v.092308.1

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 items 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 items 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 items 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 items 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 items 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 items 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 item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

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

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

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

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

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

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

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



**SPECIALTY EQUIPMENT COMPANIES, INC.
MARKET FORGE COMPANY AND UNITED STEELWORKERS
OF AMERICA (AFL-CIO) PENSION PLAN**

Financial Statements

June 30, 2010 and 2009

(With Independent Auditors' Report Thereon)

**SPECIALTY EQUIPMENT COMPANIES, INC.
MARKET FORGE COMPANY AND UNITED STEELWORKERS
OF AMERICA (AFL-CIO) PENSION PLAN**

June 30, 2010 and 2009

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Note: Certain supplemental schedules specified by the Employee Retirement Income Security Act of 1974 (ERISA) are not applicable and have been omitted.	



KPMG LLP
One Financial Plaza
755 Main Street
Hartford, CT 06103

Independent Auditors' Report

The Pension Committee
Specialty Equipment Companies, Inc:

We were engaged to audit the accompanying statements of net assets available for plan benefits of the Specialty Equipment Companies, Inc. Market Forge Company and United Steelworkers of America (AFL-CIO) Pension Plan (the Plan) as of June 30, 2010 and 2009, and the related statements of changes in net assets available for plan benefits for the years then ended, and the statement of accumulated plan benefits as of June 30, 2009, and the related statement of changes in accumulated plan benefits for the year then ended. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in note 6, which was certified by Bank of New York Mellon N.A. (the Trustee), 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 execute investment transactions. The Plan Administrator has obtained certifications from the Trustee covering the period as of and for the years ended June 30, 2010 and 2009 that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements taken as a whole. The form and content of the information included in the financial statements, other than that derived from the information certified by the Trustee, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

KPMG LLP

April 18, 2011

**SPECIALTY EQUIPMENT COMPANIES, INC.
MARKET FORGE COMPANY AND UNITED STEELWORKERS
OF AMERICA (AFL-CIO) PENSION PLAN**

Statements of Net Assets Available for Plan Benefits

June 30, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Assets:		
Investments:		
Plan interest in Master Trust, at fair value, as certified by Trustee (note 6)	\$ <u>4,807,251</u>	<u>3,678,841</u>
Total investments	4,807,251	3,678,841
Employer contributions receivable	<u>—</u>	<u>900,000</u>
Net assets available for plan benefits	\$ <u><u>4,807,251</u></u>	<u><u>4,578,841</u></u>

See accompanying notes to financial statements.

**SPECIALTY EQUIPMENT COMPANIES, INC.
MARKET FORGE COMPANY AND UNITED STEELWORKERS
OF AMERICA (AFL-CIO) PENSION PLAN**

Statements of Changes in Net Assets Available for Plan Benefits

For the years ended June 30, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Additions (reductions):		
Investment gain (loss) – Plan interest in net appreciation (depreciation) in fair value of investments, investment advisors’ and trustee’s fees, and investment income of Master Trust, as certified by Trustee (note 6)	\$ 700,906	(1,067,132)
Employer contributions	—	900,000
	<u>700,906</u>	<u>(167,132)</u>
Total (reductions) additions		
	<u>700,906</u>	<u>(167,132)</u>
Deductions:		
Benefit payments	433,068	418,072
Administrative expenses (note 2[d])	39,428	99,492
	<u>472,496</u>	<u>517,564</u>
Total deductions		
	<u>472,496</u>	<u>517,564</u>
Net increase (decrease)	228,410	(684,696)
Net assets available for plan benefits at:		
Beginning of year	4,578,841	5,263,537
End of year	<u>\$ 4,807,251</u>	<u>4,578,841</u>

See accompanying notes to financial statements.

**SPECIALTY EQUIPMENT COMPANIES, INC.
MARKET FORGE COMPANY AND UNITED STEELWORKERS
OF AMERICA (AFL-CIO) PENSION PLAN**

Statement of Accumulated Plan Benefits

June 30, 2009

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving payments

\$ 3,745,807

Other participants

1,250,083

Total accumulated benefits

\$ 4,995,890

See accompanying notes to financial statements.

**SPECIALTY EQUIPMENT COMPANIES, INC.
MARKET FORGE COMPANY AND UNITED STEELWORKERS
OF AMERICA (AFL-CIO) PENSION PLAN**

Statement of Changes in Accumulated Plan Benefits

For the year ended June 30, 2009

Actuarial present value of accumulated plan benefits at beginning of year	\$ 5,050,425
Increase (decrease) during the year attributable to:	
Benefits paid	(418,072)
Change in actuarial assumptions	63,176
Increase due to the decrease in the discount period	<u>300,361</u>
Net decrease	<u>(54,535)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 4,995,890</u>

See accompanying notes to financial statements.

**SPECIALTY EQUIPMENT COMPANIES, INC.
MARKET FORGE COMPANY AND UNITED STEELWORKERS
OF AMERICA (AFL-CIO) PENSION PLAN**

Notes to Financial Statements

June 30, 2010 and 2009

(1) Description of the Plan

(a) General

The following brief description of the Specialty Equipment Companies, Inc. Market Forge Company and United Steelworkers of America (AFL-CIO) Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan agreement for more complete information. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan is a noncontributory defined benefit pension plan sponsored by United Technologies Corporation (UTC or the Company) covering employees in the bargaining unit represented by the United Steelworkers of America (AFL-CIO) and covered by the union agreement. Market Forge Company (now known as FM Manufacturing, Inc.), the previous plan sponsor, was sold by Specialty Equipment Companies, Inc. (Specialty) on October 31, 1993. However, Specialty has retained liabilities related to the Plan. In connection with the sale, the Plan became frozen. As a result, participants no longer accrue benefits, although the Plan will remain in existence to pay benefits that were already accrued. UTC acquired Specialty effective November 21, 2000.

(b) Vesting and Benefit Provisions

Upon the October 31, 1993 sale of Market Forge Company, all participants became fully vested. Under the provisions of the pension agreement, eligible employees are entitled to monthly pension benefits based on the amount calculated by multiplying the employee's years of credited service at October 31, 1993 by the "Monthly Pension Unit" in effect on such date. Effective August 16, 1990, the Monthly Pension Unit is Twenty Dollars (\$20.00). Normal retirement age is 65. An early retirement election is possible as early as 55, if an employee has completed at least 5 years of credited service. A married employee who retires shall receive payments under this Plan in the form of a qualified joint and survivor annuity if the employee's spouse is living on the benefit commencement date. In lieu of the qualified joint and survivor annuity, an employee may elect (with the consent of a spouse), by written application filed with the retirement committee at any time within the ninety (90) day period ending on the annuity starting date, to receive the accrued benefit as a single life annuity. If the present value of an employee's vested accrued benefit exceeds \$5,000 and the accrued benefit is "immediately distributable", the employee and the employee's spouse (or where the employee or the spouse has died, the survivor) must consent to any distribution of such accrued benefit.

**SPECIALTY EQUIPMENT COMPANIES, INC.
MARKET FORGE COMPANY AND UNITED STEELWORKERS
OF AMERICA (AFL-CIO) PENSION PLAN**

Notes to Financial Statements

June 30, 2010 and 2009

(2) Summary of Accounting and Reporting Policies

The significant accounting and reporting policies followed by the Plan are summarized below:

(a) Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

(b) Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of net assets available for plan benefits at the dates of the financial statements and the changes in net assets available for plan benefits during the reporting periods. The actuarial present value of accumulated plan benefits and contributions to the Plan are estimates which are based upon the actuarial methods and assumptions selected regarding the return on investments, mortality rates, and other factors. Actual results could differ from those estimates.

(c) Contributions

Employer contributions are determined on an actuarial basis and are recorded during the Plan year to which they pertain. The Company remits contributions to the Trustee as necessary to meet the funding requirements of the Plan.

(d) Administrative Expenses/Related Party Transactions

Expenses incurred in the administration of the Plan, such as service center administration and consulting services performed by outside service providers and other expenses, primarily actuarial fees and Pension Benefit Guaranty Corporation (PBGC) premiums, are paid from the Plan's assets.

Plan investments are managed by the Trustee. Transactions with the Trustee qualify as party-in-interest transactions. For the years ended June 30, 2010 and 2009, fees paid by the Plan for investment advisory services and trustee fees amounted to \$12,552 and \$12,445, respectively.

(e) Master Trust

The Plan's interest in the UTC Master Trust (Master Trust) is based upon the value of units of participation as certified by the Master Trust Trustee (see note 6). Master Trust investments 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.

The fair value of the Plan's interest in investment income/(loss) and realized and unrealized appreciation/(depreciation) in the market value of the invested assets of the Master Trust, net of investment advisory and trustee fees, is allocated to the Plan by the Trustee based on the Plan's proportionate interest in the Master Trust.

**SPECIALTY EQUIPMENT COMPANIES, INC.
MARKET FORGE COMPANY AND UNITED STEELWORKERS
OF AMERICA (AFL-CIO) PENSION PLAN**

Notes to Financial Statements

June 30, 2010 and 2009

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded as earned.

(f) *Risks and Uncertainties*

The investment managers retained by the Plan Administrator have discretion to invest Master Trust assets in derivative financial instruments to manage risk as well as to enhance yields. These derivatives are primarily in the form of forward foreign exchange contracts, and various equity and interest rate futures. Such derivative instruments are reported at fair value within the Master Trust, and the changes in fair value are reported currently in the net appreciation/(depreciation) of the Master Trust and not deferred. The forward foreign exchange contracts represent an obligation to receive or disburse the change in the market value of the currency price. A portion of the Master Trust's assets are invested in international securities. As a result, the Master Trust assets are exposed to risk from fluctuations in foreign exchange rates.

By nature, all financial instruments involve risk, generally market risk, arising from changes in interest rates, equity markets, or currency exchange rates, and credit risk, the risk that an issuer or counter party will default on an agreed-upon transaction.

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.

(g) *Payment of Benefits*

Benefits are recorded when paid.

(h) *Fair Value Measurement*

Effective July 1, 2008, the Plan adopted ASC 820, *Fair Value Measurements* ("ASC 820").

ASC 820 defines fair value as 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. ASC 820 establishes a hierarchy of three levels, which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs.

- **Level 1** – The types of instruments classified as Level 1 are valued based on quoted market prices in active markets.
- **Level 2** – The types of instruments classified as Level 2 are valued based on inputs other than quoted prices that are observable for the asset, such as quoted prices for similar instruments in active markets or similar instruments in markets that are not active and model-based valuations for which all significant assumptions are observable or can be corroborated by observable market data.

**SPECIALTY EQUIPMENT COMPANIES, INC.
MARKET FORGE COMPANY AND UNITED STEELWORKERS
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Notes to Financial Statements

June 30, 2010 and 2009

- **Level 3** – Investments classified as Level 3 have inputs based on unobservable price data. They typically trade infrequently and therefore have little or no price transparency. Fair value pricing is developed based on the best information available which can include the plan's own data.

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

(i) New Accounting Pronouncements

In June 2009, the FASB updated ASC 106, *Generally Accepted Accounting Principles*, to establish the FASB ASC as the single source of authoritative source or GAAP. The ASC reorganizes GAAP pronouncements into accounting topics and displays all topics using a consistent structure. The Plan adopted the updates to ASC 105 effective June 30, 2009. The ASC impacted the reference to accounting pronouncements within the Plan's notes to the financial statements, but had no impact on its financial position or changes in net assets.

In May 2009, the FASB updated ASC 855, *Subsequent Events*, to establish the period after the date of the statement of net assets available for benefits during which management of a reporting entity shall evaluate events or transactions that may occur for potential recognition or disclosure in the financial statements, the circumstances under which an entity shall recognize events or transaction occurring after the date of its financial statements and the disclosures that a plan shall make about events or transactions that occurred after the date of the statements of net assets available for benefits. The Plan adopted the updates to ASC 855 effective June 30, 2009. The updates to ASC 855 did not impact the Plan's results of operations or changes in net assets available for benefits.

In October 2008, the FASB updated ASC 820, *Fair Value Measurements and Disclosures*, to provide additional guidance for determining fair value when the volume and level of activity for an asset or liability has significantly decreased and on identifying circumstances that indicate a transaction is not orderly. The updates to ASC 820 are effective for the plan's 2010 fiscal year. The Plan does not expect the adoption of this statement to have an impact.

In March 2008, the FASB updated ASC 815, *Derivative and Hedging*, to enhance disclosure requirements for derivative instruments and hedging activities regarding how and why derivative instruments are used; how derivative instruments are accounted for under ASC 815 and its related interpretations; and how they affect financial position and financial performance. The updates to ASC 815 are effective for the plan's 2010 fiscal year. The Plan does not expect the adoption of this statement to have an impact beyond more expanded disclosures.

**SPECIALTY EQUIPMENT COMPANIES, INC.
MARKET FORGE COMPANY AND UNITED STEELWORKERS
OF AMERICA (AFL-CIO) PENSION PLAN**

Notes to Financial Statements

June 30, 2010 and 2009

(3) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered as of October 31, 1993. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) beneficiaries of employees who have died.

The actuarial value of accumulated plan benefits is determined by the Plan's actuary and is that 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.

The significant actuarial assumptions used in the valuation to determine obligations as of June 30, 2009 (date of most recent valuation) were:

a. Discount rate	6.10% per year
b. Mortality	RP-2000 static tables
c. Retirement age	Decrement averaging at age 65

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.

(4) Funding Policy

UTC's funding policy is to make periodic contributions to the Plan in amounts computed by the Plan's actuary using the Unit Credit Cost Method. This method and the actuarial assumptions have been designed to provide sufficient funds to pay benefits as they become payable under the Plan. UTC was not required to make contributions for the Plan years ended June 30, 2010 and 2009 as the Plan has met the minimum funding requirements of ERISA and the Internal Revenue Code, as amended.

**SPECIALTY EQUIPMENT COMPANIES, INC.
MARKET FORGE COMPANY AND UNITED STEELWORKERS
OF AMERICA (AFL-CIO) PENSION PLAN**

Notes to Financial Statements

June 30, 2010 and 2009

(5) Plan Termination

Although UTC has not expressed any intent to terminate the Plan, it may do so at any time. In the event the Plan terminates, the net assets generally will not be available on a pro rata basis to provide for participant's benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at that time. The maximum amount of PBGC guaranteed benefits for terminations in 2010 is \$4,500 per month. Some benefits may be fully or partially provided for by the existing Plan assets and the PBGC guarantee while other benefits may not be provided for at all.

Upon termination, UTC shall give notice to the PBGC and shall comply with its procedures and lawful orders. As soon as it may do so, UTC thereupon shall cause all amounts in the hands of the Trustee to be allocated and distributed in the manner and order set forth in Section 4044 of ERISA to the extent of the sufficiency of the Plan's assets.

Additional information concerning the priority order of participants' claims to the assets of the Plan upon termination can be obtained from the Plan document, which is available from the Plan Administrator.

(6) Investment in Master Trust (Unaudited)

UTC has entered into a Master Trust agreement with Bank of New York Mellon, N.A. as Trustee. Under this agreement, certain pension plans of UTC and its subsidiaries combine certain of their investments in the Master Trust.

Participating plans receive units of participation in this pool of investments based on their contributions and other transfers to the Master Trust. The plans redeem units of participation when the Master Trust pays pension benefits, administrative expenses, or other transfers from the Master Trust on behalf of the plans. The Plan's interest in the Master Trust was less than 1% at June 30, 2010 and 2009.

UTC stock held in the Master Trust had a fair value of \$564,065,000 and \$554,091,000 at June 30, 2010 and 2009, respectively. UTC stock held in the Master Trust represents approximately 3.9% and 4.7% of the Master Trust's net assets at June 30, 2010 and 2009.

**SPECIALTY EQUIPMENT COMPANIES, INC.
MARKET FORGE COMPANY AND UNITED STEELWORKERS
OF AMERICA (AFL-CIO) PENSION PLAN**

Notes to Financial Statements

June 30, 2010 and 2009

The following is a summary of the unaudited financial information and data for the Master Trust and the portion applicable to the Plan, and was compiled from information certified by the Trustee in accordance with Section 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA:

Master Trust Statements of Net Assets
(In thousands)

	June 30	
	2010	2009
Assets:		
Short-term instruments:		
Cash and cash equivalents	\$ 500,055	412,158
Securities held as collateral for securities lending	300,853	744,494
Equity securities, including \$564,065 at 2010 and and \$554,091 at 2009 of UTC stock	3,685,707	3,345,784
U.S. Government and related agency obligations	210,260	262,054
Debt instruments	5,577,122	2,974,899
Common collective trusts	1,345,589	2,067,048
Real estate	515,267	532,727
Limited partnerships	2,789,548	1,903,939
Other	48,235	121,940
Subtotal	14,972,636	12,365,043
Interest and dividends receivable	89,261	71,903
Other receivables	827,820	1,774,978
Total assets	15,889,717	14,211,924
Liabilities:		
Other payables	892,203	1,721,369
Obligation to return securities lending collateral	372,131	848,351
Total liabilities	1,264,334	2,569,720
Net assets	\$ 14,625,383	11,642,204
Net assets of the Master Trust allocable to the Plan	\$ 4,807	3,679

**SPECIALTY EQUIPMENT COMPANIES, INC.
MARKET FORGE COMPANY AND UNITED STEELWORKERS
OF AMERICA (AFL-CIO) PENSION PLAN**

Notes to Financial Statements

June 30, 2010 and 2009

Master Trust Statements of Changes in Net Assets
(In thousands of dollars)

	June 30	
	2010	2009
Additions:		
Interest income	\$ 304,606	200,865
Dividend income	90,197	131,164
Net appreciation (depreciation) in value of investments	2,446,347	(3,105,014)
Other income	55,136	25,787
Total additions (reductions)	2,896,286	(2,747,198)
Deductions:		
Investment advisors' and trustee's fees	(36,574)	(36,063)
Total deductions	(36,574)	(36,063)
Net decrease prior to transfers	2,859,712	(2,783,261)
Net transfers	123,467	(1,141,793)
Net increase (decrease) in net assets	2,983,179	(3,925,054)
Net assets:		
Beginning of year	11,642,204	15,567,258
End of year	\$ 14,625,383	11,642,204

During the years ended June 30, 2010 and 2009, the Master Trust's investments (including investments bought and sold, as well as investments held during the year) appreciated (depreciated) in fair value as follows:

	Net appreciation (depreciation) in fair value	
	2010	2009
	(In thousands)	
Equity securities	\$ 762,978	(1,934,125)
Debt instruments (including U.S. government and related agency obligations)	941,074	(20,287)
Limited partnerships	458,476	(604,637)
Real estate	(40,080)	(257,947)
Common collective trusts	320,502	(263,815)
Other	3,397	(24,203)
	\$ 2,446,347	(3,105,014)

**SPECIALTY EQUIPMENT COMPANIES, INC.
MARKET FORGE COMPANY AND UNITED STEELWORKERS
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Notes to Financial Statements

June 30, 2010 and 2009

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2010 and 2009.

Quoted market prices are used to value equity, certain actively traded debt, and mutual fund investments when available. Investments in securities traded on national and foreign securities exchanges are valued using the pricing services' reported sale prices on the last business day of the year or, if no sales were reported on that date, at the last reported bid prices.

Forward currency contracts, futures and options are valued at the exchange rates and market prices prevailing on the last business day of the year. Both exchange rates and market prices are readily available from published sources. Temporary cash investments are stated at fair value.

For securities that have no quoted market price, many factors are considered in arriving at fair market value.

Common Collective Trusts invest in other public or private individual assets as determined and managed by the fund. The Plan's interest in the common/collective trust funds are based on the fair values of the underlying investments. Investments in collective trust funds are valued at their respective net asset value per share/unit on the valuation date.

For fixed income securities, the market approach pricing methodology is primarily used where observable prices are obtained for market transactions involving identical or comparable securities of issuers with similar credit ratings. Mortgages have been valued on the basis of their future principal and interest payments discounted at prevailing interest rates for similar investments.

Real estate investments are valued on a quarterly basis; principally rental property subject to long-term leases has been estimated on the basis of future rental receipts and estimated residual values discounted at interest rates commensurate with the risks involved. These valuation estimates are supplemented by third-party appraisals on an annual basis.

Limited partnerships, principally private equity investments, are valued quarterly by the general partner using various valuation methods such as discounted cash flows, earnings multiples and market multiples. Valuation adjustments occur which reflect changes in operating results, financial condition, or prospects of the applicable portfolio company. Since valuation estimates are typically lagged a quarter, a fourth quarter roll-forward valuation process is used for fund level partnerships. This process takes into account latest reported valuation, monthly capital calls, management fees, return of capital, income distributions, and realized gains/losses.

**SPECIALTY EQUIPMENT COMPANIES, INC.
MARKET FORGE COMPANY AND UNITED STEELWORKERS
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Notes to Financial Statements

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Fair value information for investments that are measured at fair value on a recurring basis is as follows at June 30, 2010 and 2009 (in thousands):

Fair value measurements as of June 30, 2010				
	Level 1	Level 2	Level 3	Total
Cash and equivalents	\$ 500,055	—	—	500,055
Equity:				
Mutual Funds	28,856	—	—	28,856
Financial services	370,609	—	—	370,609
Healthcare	163,336	—	—	163,336
Consumer non-durables	112,861	—	—	112,861
Consumer services	177,316	—	—	177,316
Energy	138,777	—	—	138,777
Technology	197,416	—	—	197,416
Basic industries	109,957	—	—	109,957
Capital goods	143,556	—	—	143,556
Utilities	90,746	—	—	90,746
Aerospace/Defense	581,184	—	—	581,184
Banks	107,122	—	—	107,122
Computers	116,235	—	—	116,235
Oil and gas	111,039	—	—	111,039
Pharmaceuticals	117,430	—	—	117,430
Other	1,100,014	19,253	—	1,119,267
Total equity	3,666,454	19,253	—	3,685,707
Common collective trusts:				
Equities	—	425,337	—	425,337
Cash equivalents	—	903,727	—	903,727
Other	—	—	16,525	16,525
Common collective trusts	—	1,329,064	16,525	1,345,589
Debt (including U.S. government: and related agency obligations):				
Banking and finance	—	1,560,084	—	1,560,084
Industrial	—	861,736	—	861,736
Utilities	—	950,148	—	950,148
Other	131,038	2,284,376	—	2,415,414
Total debt	131,038	5,656,344	—	5,787,382
Limited partnerships:				
Private equities	—	789,383 (a)	1,280,242 (b)	2,069,625
Other	—	495,885 (c)	224,038 (d)	719,923
Limited partnerships	—	1,285,268	1,504,280	2,789,548
Real estate	—	—	515,267	515,267
Other	496	47,739	—	48,235
Securities held as collateral	—	300,853	—	300,853
Total assets at fair value	\$ 4,298,043	8,638,521	2,036,072	14,972,636

**SPECIALTY EQUIPMENT COMPANIES, INC.
MARKET FORGE COMPANY AND UNITED STEELWORKERS
OF AMERICA (AFL-CIO) PENSION PLAN**

Notes to Financial Statements

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- (a) Includes investment in domestic private equity funds with monthly redemption frequency and 30 days notice.
- (b) Includes investment in private equity both domestically and internationally. These investments can never be redeemed during the life of the funds. The life of the funds range up to 5 years and 5 years to 10 years for approximately 47% and 53%, respectively. Unfunded commitments total approximately \$500 million.
- (c) Includes investment in commingled funds with monthly redemption frequency and 30 days notice.
- (d) Primarily includes real estate funds with quarterly redemption frequency and 60 days notice.

Fair value measurements as of June 30, 2009				
	Level 1	Level 2	Level 3	Fair value
Cash and equivalents	\$ 412,158	—	—	412,158
Equity	3,324,906	20,416	462	3,345,784
Common collective trusts	—	1,887,678	179,370	2,067,048
Debt	117,980	3,118,973	—	3,236,953
Limited partnerships	—	974,284	929,655	1,903,939
Real estate	—	—	532,727	532,727
Other	—	121,940	—	121,940
Securities held as collateral	—	744,494	—	744,494
Total assets at fair value	<u>\$ 3,855,044</u>	<u>6,867,785</u>	<u>1,642,214</u>	<u>12,365,043</u>

In preparing its 2010 ASC 820 disclosures, the Plan has considered the nature of the underlying investments in classifying its investments by type and valuation level. The classification of investments in the Master Trust statement of net assets reflects a classification based on the structure of the investment. As an example, real estate held within a limited partnership structure may be classified differently. The Plan believes the presentation of investments by ASC 820 valuation levels is representative of the required disclosures.

The Plan's interest in certain common collective trusts and limited partnerships are reported at the net asset value (NAV) reported by the fund managers. NAV is used to estimate the fair value of the Plan's interest therein, unless it is probable that all or a portion of the investment will be sold for an amount different from NAV. As of June 30, 2010, the Plan had no specific plans or intentions to sell investments at amounts different than NAV.

**SPECIALTY EQUIPMENT COMPANIES, INC.
MARKET FORGE COMPANY AND UNITED STEELWORKERS
OF AMERICA (AFL-CIO) PENSION PLAN**

Notes to Financial Statements

June 30, 2010 and 2009

Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the plan's Level 3 assets for the years ended June 30, 2010 and 2009:

	Level 3 Assets				
	Equity	Limited Partnerships	Common Collective Trusts	Real Estate	Total
Balance, at July 1, 2009	\$ 462	929,655	179,370	532,727	1,642,214
Realized gains/(losses)	(184)	191,974	13,135	(41)	204,884
Unrealized gains/(losses) relating to instruments still held at the reporting date	225	105,423	(9,359)	(39,825)	56,464
Purchases, sales, issuances and settlements (net)	—	277,228	(166,621)	22,406	133,013
Transfers in/out (net)	(503)	—	—	—	(503)
Balance, at June 30, 2010	<u>\$ —</u>	<u>1,504,280</u>	<u>16,525</u>	<u>515,267</u>	<u>2,036,072</u>

	Level 3 Assets					
	Equity	Debt	Limited Partnerships	Common Collective Trusts	Real Estate	Total
Balance, at July 1, 2008	\$ 558	—	1,334,601	221,370	841,884	2,398,413
Realized gains/(losses)	—	(2,932)	(362,539)	(7,887)	38,765	(334,593)
Unrealized gains/(losses) relating to instruments still held at the reporting date	(96)	(8,109)	(80,515)	(10,469)	(296,678)	(395,867)
Purchases, sales, issuances, and settlements (net)	—	3	29,090	(23,644)	(51,244)	(45,795)
Transfers in/out (net)	—	11,038	9,018	—	—	20,056
Balance, at June 30, 2009	\$ 462	—	929,655	179,370	532,727	1,642,214

(a) Derivative Financial Instruments

At June 30, 2010 and 2009, the Master Trust had open foreign currency contracts to purchase approximately \$0.8 billion and \$1.3 billion and sell approximately \$0.8 billion and \$1.3 billion, respectively, of various foreign currencies. The open foreign currency contracts receivable and payable balances are included in the other receivables and other payables captions in the Master Trust's statements of net assets.

**SPECIALTY EQUIPMENT COMPANIES, INC.
MARKET FORGE COMPANY AND UNITED STEELWORKERS
OF AMERICA (AFL-CIO) PENSION PLAN**

Notes to Financial Statements

June 30, 2010 and 2009

(b) *Securities Lending Activities*

The Master Trust participates in a fee-based securities lending program whereby certain securities in the separate investment accounts are loaned to third-party brokers. The Master Trust retains control over loaned securities, which remain assets of the Master Trust and are not removed from the accounting records. The Master Trust has the ability to sell the securities while on loan. Fees received for loaning the securities, net of direct expenses, are recorded as interest income under the Master Trust. To minimize lending risk, the Securities Lending Agreement requires cash-collateral loans maintain collateralization ratios of 100% to 102% while non-cash-collateral loans maintain collateralization ratios of 100% to 105%. Collateral is priced daily and re-balanced as required. Cash collateral is invested during the period securities are on loan. The value of reinvested collateral has been reduced to reflect unrealized losses as a result of declines in market value. As of June 30, 2010 and 2009, the market value of reinvested collateral had a cumulative decrease of \$71 million and \$104 million, respectively. The value of the collateral has been reduced to reflect this loss, and the losses are included in net depreciation in fair value of debt instruments.

At June 30, 2010 and 2009, Master Trust assets lent under this arrangement had a market value of \$357.4 million and \$823.0 million, respectively, and earned interest net of fees of \$2.3 million and \$11.4 million for the twelve months ended June 30, 2010 and 2009, respectively.

(7) Tax Status of the Plan

The Internal Revenue Service has determined and informed the Plan Administrator by a letter dated September 16, 2002 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since it received the favorable determination letter, however, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of June 30, 2010, 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. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

(8) Subsequent Events

The Plan evaluated subsequent events through April 18, 2011, the date of issuance of its financial statements.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <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> 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning	07/01/2009	and ending	06/30/2010
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► **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 Market Forge & United Steel Workers of America (AFL-CIO) Pension Trust	B Three-digit plan number (PN) ►	026
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF United Technologies Corporation	D Employer Identification Number (EIN) 06-0570975	
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>7</u> Day <u>1</u> Year <u>2009</u>																																			
2 Assets: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">a Market value</td> <td style="width:10%; text-align: center;">2a</td> <td style="width:20%; text-align: right;">4,544,155</td> </tr> <tr> <td>b Actuarial value</td> <td style="text-align: center;">2b</td> <td style="text-align: right;">4,998,571</td> </tr> </table>				a Market value	2a	4,544,155	b Actuarial value	2b	4,998,571																										
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b Actuarial value	2b	4,998,571																																	
3 Funding target/participant count breakdown <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:45%;"></th> <th style="width:10%;"></th> <th style="width:20%; text-align: center;">(1) Number of participants</th> <th style="width:25%; text-align: center;">(2) Funding Target</th> </tr> </thead> <tbody> <tr> <td>a For retired participants and beneficiaries receiving payment</td> <td style="text-align: center;">3a</td> <td style="text-align: center;">141</td> <td style="text-align: right;">3,469,886</td> </tr> <tr> <td>b For terminated vested participants</td> <td style="text-align: center;">3b</td> <td style="text-align: center;">58</td> <td style="text-align: right;">1,030,898</td> </tr> <tr> <td colspan="4">c For active participants:</td> </tr> <tr> <td> (1) Non-vested benefits</td> <td style="text-align: center;">3c(1)</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td> (2) Vested benefits</td> <td style="text-align: center;">3c(2)</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td> (3) Total active</td> <td style="text-align: center;">3c(3)</td> <td style="text-align: center;">0</td> <td style="text-align: right;">0</td> </tr> <tr> <td>d Total</td> <td style="text-align: center;">3d</td> <td style="text-align: center;">199</td> <td style="text-align: right;">4,500,784</td> </tr> </tbody> </table>						(1) Number of participants	(2) Funding Target	a For retired participants and beneficiaries receiving payment	3a	141	3,469,886	b For terminated vested participants	3b	58	1,030,898	c For active participants:				(1) Non-vested benefits	3c(1)		0	(2) Vested benefits	3c(2)		0	(3) Total active	3c(3)	0	0	d Total	3d	199	4,500,784
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4 If the plan is at-risk, check the box and complete items (a) and (b) ☐ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">a Funding target disregarding prescribed at-risk assumptions</td> <td style="width:10%; text-align: center;">4a</td> <td style="width:20%;"></td> </tr> <tr> <td>b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor</td> <td style="text-align: center;">4b</td> <td></td> </tr> </table>				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 at-risk for fewer than five consecutive years and disregarding loading factor	4b																											
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5 Effective interest rate		5	7.34 %																																
6 Target normal cost		6	100,000																																

Statement by Enrolled Actuary

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

SIGN HERE	Mark Gengenbach <i>MBG</i> Signature of actuary Mark Gengenbach, F.S.A., E.A. Type or print name of actuary TOWERS WATSON Firm name 335 MADISON AVENUE NEW YORK NY 10017-4605 Address of the firm	<div style="text-align: center;"> 4/8/11 Date 11-07102 Most recent enrollment number (212) 309-3400 Telephone number (including area code) </div>
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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 (Item 13 from prior year)	1,132,237	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	1,132,237	0
10 Interest on item 9 using prior year's actual return of <u>(21.28)</u> %	(240,940)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>6.03</u> %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	891,297	0

Part III Funding percentages

14 Funding target attainment percentage	14	91.25 %
15 Adjusted funding target attainment percentage	15	111.06 %
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	103.07 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0

20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 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
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
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 eligible for (and is using) 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 contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	100,000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	100,000
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	100,000	0
36 Additional cash requirement (item 34 minus item 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	0
38 Interest-adjusted excess contributions for current year (see instructions)	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

United Technologies Corporation
Market Forge and United Steel Workers of America (AFL-CIO) Pension Trust
EIN: 06-0570975 PN: 026
Schedule SB, line 25 – Change in Method

The valuation software used to produce the actuarial information submitted on this schedule has been refined to reflect evolving understanding of PPA requirements, and such modifications may be considered to be a method change. The percentage changes in funding target, target normal cost and plan assets due to the refinements in the software are each less than 2% (disregarding the effects of any changes that are automatically approved under final IRC 430 regulations), and the modifications to the software were designed to produce results no less accurate than the results produced by the software prior to the change. Therefore the change in funding method due to a change in valuation software receives automatic approval under IRS Announcement 2010-3.

Aspect of the Valuation	Old	New
Actuarial Value of Assets	Fair Market Value	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 fair value, including contributions receivable.
Funding Interest Rate for Contributions	IRS prescribed segment rates without 3-year transition, as of July 2008	IRS prescribed full corporate bond yield curve, based on bond yields published in April 2009 (based on March 2009 yields)
Assumed plan-related expenses	None	\$100,000

United Technologies Corporation
Market Forge and United Steel Workers of America (AFL-CIO) Pension Trust
EIN: 06-0570975 PN: 026
Schedule SB, Part V - Statement of Actuarial Assumptions and Methods

Summary of Key Methods & Assumptions

Economic Assumptions

Funding Interest Rate Basis

- > Applicable Month March (announced by IRS in early April)
- > Yield Curve Basis Full yield curve
- > Transition from Current Liability Basis NA

Funding Interest Rates

- > 10-year rate 7.52%
- > 20-year rate 7.68%
- > 30-year rate 7.81%
- > Effective interest rate 7.34%

PBGC Premium Interest Rates

Same as above

Annual Rates of Increase

- > Salaries NA
- > Future Social Security Wage Bases NA
- > Statutory Limits on compensation and benefits NA

Demographic Assumptions

Mortality

RP-2000 (IRS)
2009 Static

Termination

None

Retirement

100% of participants are assumed
to commence payment at age 65

Disability

None

Assumed Form of Payment

Deferred participants: single life annuity
All other participants: provided in data

Percentage Married

85% of active participants are
assumed to be married

Spouse Age Difference

Wives are assumed to be 3 years
younger than their husbands

United Technologies Corporation
Market Forge and United Steel Workers of America (AFL-CIO) Pension Trust
EIN: 06-0570975 PN: 026
Schedule SB, Part V - Statement of Actuarial Assumptions and Methods

Actuarial Methods

Valuation Date	7/1/2009
Funding Target	Present Value of Accrued Benefits
Target Normal Cost	Present value of benefits expected to accrue during plan year, plus plan-related expenses expected to be paid from plan assets during plan year
Actuarial Value of Assets	Average of Market Value of Assets (adjusted for contributions, benefit payments, non-investment related expenses, and expected investment returns) as of valuation date and prior two valuation dates. The resulting value will be no greater than 110% and no less than 90% of the Market Value of Assets.
Loading for Plan-Related Expenses	\$ 100,000

Changes in Actuarial Assumptions & Methods Since Last Valuation

The funding interest rate was changed from the segment interest rates as of July 2008 to the full corporate bond yield curve as of March 2009 (rates published April 2009).

The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.

Assumed plan-related expenses of \$100,000 were added to the target normal cost.

The asset valuation method was changed from Market Value of Assets to a 24-month smoothed average of the Market Value of Assets (as described above).

Changes in Plan Provisions Since Last Valuation

As required by the IRS, the IRC 401(a)(17) pay limit increased from \$230,000 in 2008 to \$245,000 in 2009.

As required by the IRS, the IRC 415 defined benefit limit increased from \$185,000 in 2008 to \$195,000 in 2009.

Benefits Not Included in Valuation

None.

United Technologies Corporation
Market Forge and United Steel Workers of America (AFL-CIO) Pension Trust
EIN: 06-0570975 PN: 026
Schedule SB, Part V – Summary of Plan Provisions

<i>Effective Date</i>	July 15, 1961; as amended effective July 1, 1989.
<i>Eligibility and Participation</i>	Each hourly employee covered by the Labor Agreement who is employed by the Market Forge Plant of Carrier Specialty Equipment Company on or before October 31, 1993 shall become a participant commencing on the date he first performs an hour of service for the Company.
<i>Continuous Service</i>	Service from date of hire to October 31, 1993.
<i>Normal Retirement</i>	Eligible at age 65 with 5 years of participation. A monthly benefit rate of \$20.00 for each year of continuous service. The plan was frozen effective October 31, 1993.
<i>Early Retirement</i>	Eligible at age 55 with 5 years of Service. The early retirement benefit is the accrued normal retirement pension payable at age 65 or, alternatively, an immediate pension, reduced by 1/2 of 1% for each month prior to age 65 by which the pension commences.
<i>Disability Retirement</i>	Eligible upon total and permanent disability as required by the Social Security Administration with at least 10 years of Service. The disability benefit is equal \$200 per month commencing immediately until Normal Retirement Benefit begins.
<i>Vested Termination</i>	Eligible at any age and 5 years of Service. The vested terminated benefit is equal to the accrued normal retirement pension payable at 65. Benefit paid as a lump sum if value is not more than \$5,000.

United Technologies Corporation
Market Forge and United Steel Workers of America (AFL-CIO) Pension Trust
EIN: 06-0570975 PN: 026
Schedule SB, Part V – Summary of Plan Provisions

<i>Pre-Retirement Spouse's Benefit</i>	<p>Eligible upon death of an employee or former employee prior to commencement of pension benefits and after completion of at least 5 years of Service.</p> <p>The surviving spouse will receive the benefit which would have been paid if the employee had retired on the day prior to this death (or, if later, age 55) and had elected a 50% Contingent Annuity option with the surviving spouse as the contingent annuitant. The Spouse benefit will commence on the first day of the month following the employee's death or earliest retirement age, whichever is later.</p>
<i>Form of Payment</i>	<p>An employee may elect to receive his benefit on a straight-life basis or on an actuarially equivalent 50% or 75% Contingent Annuitant annuity option. Unless otherwise elected, any benefit payable under the Plan shall be paid: (1) on a 50% Contingent Annuitant annuity basis, with the spouse as the contingent annuitant, if the employee is married on the date his benefit commences; or (2) on a straight-life basis otherwise. The normal form of payment is converted to an optional form of payment using a 6% interest rate and GAR-94 unisex mortality.</p>
<i>Change in Plan Provisions since Last Actuarial Valuation</i>	<p>– IRS-mandated increases in the IRC 401(a)(17) pay limit and the IRC 415 defined benefit limit.</p>
