

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         |
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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u> |                                                                                                                                                                                                                                           |
| A This return/report is for:                                                                             | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| B This return/report is:                                                                                 | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| C If the plan is a collectively-bargained plan, check here. . . . .                                      | <input checked="" type="checkbox"/>                                                                                                                                                                                                       |
| D Check box if filing under:                                                                             | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------|-------------------------------------------------------|--|---------------------------------------------------------------------|--|-------------------------------------------------------------|--|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>1a</b> Name of plan<br><u>THE TRANE MERGED HOURLY PENSION PLAN</u>                                                                                                                                         | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>023</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/1956</u></td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/><u>25-0900465</u></td> </tr> <tr> <td colspan="2"><b>2c</b> Sponsor's telephone number<br/><u>704-655-4000</u></td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/><u>332900</u></td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | <u>023</u> | <b>1c</b> Effective date of plan<br><u>01/01/1956</u> |  | <b>2b</b> Employer Identification Number (EIN)<br><u>25-0900465</u> |  | <b>2c</b> Sponsor's telephone number<br><u>704-655-4000</u> |  | <b>2d</b> Business code (see instructions)<br><u>332900</u> |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                      | <u>023</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/1956</u>                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>25-0900465</u>                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>2c</b> Sponsor's telephone number<br><u>704-655-4000</u>                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>332900</u>                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><br><u>TRANE U.S. INC.</u><br><br><u>800 E BEATY STREET</u><br><u>DAVIDSON, NC 28036</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |

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

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

|                                                                                                            |                                                   |            |                                                              |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature. | 10/14/2014 | PAUL LONGSTREET                                              |
|                                                                                                            | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature. | 10/14/2014 | RICHARD J. WELLER                                            |
|                                                                                                            | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                           |                                                   |            |                                                              |
|                                                                                                            | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) |                                                   |            | Preparer's telephone number (optional)                       |

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address<br><br>BENEFITS ADMINISTRATION COMMITTEE OF INGERSOLL-RAND COMPANY<br><br>800 E BEATY STREET<br>DAVIDSON, NC 28036                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br>22-2116054                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3c</b> Administrator's telephone number<br>704-655-4000 |
| <b>4</b> 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:<br><b>a</b> Sponsor's name                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>4b</b> EIN<br><br><b>4c</b> PN                          |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                               | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 19185                                                      |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                            |
| <b>a</b> Active participants .....                                                                                                                                                                                                                                                                                                                                                                                                    | <b>6a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3407                                                       |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                                   | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 7734                                                       |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                                     | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 5888                                                       |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                              | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 17029                                                      |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....                                                                                                                                                                                                                                                                                                                            | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 982                                                        |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                               | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 18011                                                      |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                       | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                            |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                           | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 9                                                          |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                   | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                            |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1B 1H                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                            |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                            |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |                                                            |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                            |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>5</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |                                                            |

|                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
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| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013 |                                                             |     |
| <b>A</b> Name of plan<br>THE TRANE MERGED HOURLY PENSION PLAN                              | <b>B</b> Three-digit plan number (PN) ▶                     | 023 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>TRANE U.S. INC.           | <b>D</b> Employer Identification Number (EIN)<br>25-0900465 |     |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**1** Coverage Information:

(a) Name of insurance carrier

METLIFE INSURANCE COMPANY OF CONNECTICUT

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 06-0566090 | 87726         | GAC#90500                             |                                                                             | 01/01/2013              | 12/31/2013 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 0                                    | 0                             |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> |  |

**6 Contracts With Allocated Funds:****a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier.....                                                                                                                                                                         | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year.....                                                                                                                                                   | <b>6c</b> |  |
| <b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☐ other ▶

|                                                                                                         |              |          |
|---------------------------------------------------------------------------------------------------------|--------------|----------|
| <b>b</b> Balance at the end of the previous year.....                                                   | <b>7b</b>    | 19527744 |
| <b>c</b> Additions: (1) Contributions deposited during the year.....                                    | <b>7c(1)</b> |          |
| (2) Dividends and credits .....                                                                         | <b>7c(2)</b> |          |
| (3) Interest credited during the year .....                                                             | <b>7c(3)</b> | 699853   |
| (4) Transferred from separate account.....                                                              | <b>7c(4)</b> |          |
| (5) Other (specify below) .....                                                                         | <b>7c(5)</b> |          |
| ▶                                                                                                       |              |          |
| (6) Total additions.....                                                                                | <b>7c(6)</b> | 699853   |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>    | 20227597 |
| <b>e</b> Deductions:                                                                                    |              |          |
| (1) Disbursed from fund to pay benefits or purchase annuities during year .....                         | <b>7e(1)</b> | 50000    |
| (2) Administration charge made by carrier .....                                                         | <b>7e(2)</b> | 40211    |
| (3) Transferred to separate account.....                                                                | <b>7e(3)</b> |          |
| (4) Other (specify below) .....                                                                         | <b>7e(4)</b> |          |
| ▶                                                                                                       |              |          |
| (5) Total deductions.....                                                                               | <b>7e(5)</b> | 90211    |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b>    | 20137386 |

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)      **b** ☐ Dental      **c** ☐ Vision      **d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)      **f** ☐ Long-term disability      **g** ☐ Supplemental unemployment      **h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)      **j** ☐ HMO contract      **k** ☐ PPO contract      **l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |  |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |  |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                         | <b>9a(3)</b>    |                 |  |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    |  |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |  |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |  |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    |  |
| (4) Claims charged.....                                                                                                                           |                 | <b>9b(4)</b>    |  |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |  |
| (A) Commissions .....                                                                                                                             | <b>9c(1)(A)</b> |                 |  |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |  |
| (C) Other specific acquisition costs .....                                                                                                        | <b>9c(1)(C)</b> |                 |  |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |  |
| (E) Taxes .....                                                                                                                                   | <b>9c(1)(E)</b> |                 |  |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |  |
| (G) Other retention charges .....                                                                                                                 | <b>9c(1)(G)</b> |                 |  |
| (H) Total retention.....                                                                                                                          |                 | <b>9c(1)(H)</b> |  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |  |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                               |                 | <b>9d(1)</b>    |  |
| (2) Claim reserves .....                                                                                                                          |                 | <b>9d(2)</b>    |  |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |  |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....                                           |                 | <b>9e</b>       |  |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                |            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                          | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount..... | <b>10b</b> |  |

Specify nature of costs ▶

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☐ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                           |                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><hr/> <small>Department of Labor<br/>Employee Benefits Security Administration</small><br><hr/> <small>Pension Benefit Guaranty Corporation</small> | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b><br><br>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><hr/> <b>2013</b><br><br><hr/> <b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|

|                                                                                                                                                              |                                                                                              |                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------|
| For calendar plan year 2013 or fiscal plan year beginning <span style="color:blue;">01/01/2013</span> and ending <span style="color:blue;">12/31/2013</span> |                                                                                              |                                      |
| <b>A</b> Name of plan<br><span style="color:blue;">THE TRANE MERGED HOURLY PENSION PLAN</span>                                                               | <b>B</b> Three-digit plan number (PN) ►                                                      | <span style="color:blue;">023</span> |
|                                                                                                                                                              |                                                                                              |                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><span style="color:blue;">TRANE U.S. INC.</span>                                            | <b>D</b> Employer Identification Number (EIN)<br><span style="color:blue;">25-0900465</span> |                                      |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**1** Coverage Information:

**(a)** Name of insurance carrier

METLIFE INSURANCE COMPANY OF CONNECTICUT

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 06-0566090 | 87726         | 90500A                                |                                                                             | 01/01/2013              | 12/31/2013 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 0                                    | 0                             |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> |  |

**6 Contracts With Allocated Funds:****a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☐ other ▶

|                                                                                                         |              |        |
|---------------------------------------------------------------------------------------------------------|--------------|--------|
| <b>b</b> Balance at the end of the previous year .....                                                  | <b>7b</b>    | 249970 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b> | 50000  |
| (2) Dividends and credits .....                                                                         | <b>7c(2)</b> |        |
| (3) Interest credited during the year .....                                                             | <b>7c(3)</b> | 10167  |
| (4) Transferred from separate account .....                                                             | <b>7c(4)</b> |        |
| (5) Other (specify below) .....                                                                         | <b>7c(5)</b> |        |
| ▶                                                                                                       |              |        |
| (6) Total additions .....                                                                               | <b>7c(6)</b> | 60167  |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>    | 310137 |
| <b>e</b> Deductions:                                                                                    |              |        |
| (1) Disbursed from fund to pay benefits or purchase annuities during year .....                         | <b>7e(1)</b> | 59600  |
| (2) Administration charge made by carrier .....                                                         | <b>7e(2)</b> | 6577   |
| (3) Transferred to separate account .....                                                               | <b>7e(3)</b> |        |
| (4) Other (specify below) .....                                                                         | <b>7e(4)</b> |        |
| ▶                                                                                                       |              |        |
| (5) Total deductions .....                                                                              | <b>7e(5)</b> | 66177  |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b>    | 243960 |

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
 **b** ☐ Dental     
 **c** ☐ Vision     
 **d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
 **f** ☐ Long-term disability     
 **g** ☐ Supplemental unemployment     
 **h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
 **j** ☐ HMO contract     
 **k** ☐ PPO contract     
 **l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |  |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |  |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                         | <b>9a(3)</b>    |                 |  |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    |  |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |  |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |  |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    |  |
| (4) Claims charged .....                                                                                                                          |                 | <b>9b(4)</b>    |  |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |  |
| (A) Commissions .....                                                                                                                             | <b>9c(1)(A)</b> |                 |  |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |  |
| (C) Other specific acquisition costs .....                                                                                                        | <b>9c(1)(C)</b> |                 |  |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |  |
| (E) Taxes .....                                                                                                                                   | <b>9c(1)(E)</b> |                 |  |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |  |
| (G) Other retention charges .....                                                                                                                 | <b>9c(1)(G)</b> |                 |  |
| (H) Total retention .....                                                                                                                         |                 | <b>9c(1)(H)</b> |  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |  |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                               |                 | <b>9d(1)</b>    |  |
| (2) Claim reserves .....                                                                                                                          |                 | <b>9d(2)</b>    |  |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |  |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....                                           |                 | <b>9e</b>       |  |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                |            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                          | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount..... | <b>10b</b> |  |

Specify nature of costs ▶

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☐ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013 |                                                             |     |
| <b>A</b> Name of plan<br>THE TRANE MERGED HOURLY PENSION PLAN                              | <b>B</b> Three-digit plan number (PN) ▶                     | 023 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>TRANE U.S. INC.           | <b>D</b> Employer Identification Number (EIN)<br>25-0900465 |     |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**1** Coverage Information:

**(a)** Name of insurance carrier  
AXA EQUITABLE LIFE INSURANCE COMPANY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 13-5570651 | 62944         | 1096                                  |                                                                             | 01/01/2013              | 12/31/2013 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|                                             |                                      |
|---------------------------------------------|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
| 0                                           | 0                                    |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> |  |

**6 Contracts With Allocated Funds:****a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☐ other ▶

|                                                                                                         |              |        |
|---------------------------------------------------------------------------------------------------------|--------------|--------|
| <b>b</b> Balance at the end of the previous year .....                                                  | <b>7b</b>    | 119329 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b> |        |
| (2) Dividends and credits .....                                                                         | <b>7c(2)</b> |        |
| (3) Interest credited during the year .....                                                             | <b>7c(3)</b> | 1875   |
| (4) Transferred from separate account .....                                                             | <b>7c(4)</b> |        |
| (5) Other (specify below) .....                                                                         | <b>7c(5)</b> |        |
| ▶                                                                                                       |              |        |
| (6) Total additions .....                                                                               | <b>7c(6)</b> | 1875   |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>    | 121204 |
| <b>e</b> Deductions:                                                                                    |              |        |
| (1) Disbursed from fund to pay benefits or purchase annuities during year .....                         | <b>7e(1)</b> | 14391  |
| (2) Administration charge made by carrier .....                                                         | <b>7e(2)</b> | 3723   |
| (3) Transferred to separate account .....                                                               | <b>7e(3)</b> |        |
| (4) Other (specify below) .....                                                                         | <b>7e(4)</b> |        |
| ▶                                                                                                       |              |        |
| (5) Total deductions .....                                                                              | <b>7e(5)</b> | 18114  |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b>    | 103090 |

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
 **b** ☐ Dental     
 **c** ☐ Vision     
 **d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
 **f** ☐ Long-term disability     
 **g** ☐ Supplemental unemployment     
 **h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
 **j** ☐ HMO contract     
 **k** ☐ PPO contract     
 **l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |  |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |  |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                         | <b>9a(3)</b>    |                 |  |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    |  |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |  |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |  |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    |  |
| (4) Claims charged.....                                                                                                                           |                 | <b>9b(4)</b>    |  |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |  |
| (A) Commissions .....                                                                                                                             | <b>9c(1)(A)</b> |                 |  |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |  |
| (C) Other specific acquisition costs .....                                                                                                        | <b>9c(1)(C)</b> |                 |  |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |  |
| (E) Taxes .....                                                                                                                                   | <b>9c(1)(E)</b> |                 |  |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |  |
| (G) Other retention charges .....                                                                                                                 | <b>9c(1)(G)</b> |                 |  |
| (H) Total retention.....                                                                                                                          |                 | <b>9c(1)(H)</b> |  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |  |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                               |                 | <b>9d(1)</b>    |  |
| (2) Claim reserves .....                                                                                                                          |                 | <b>9d(2)</b>    |  |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |  |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....                                           |                 | <b>9e</b>       |  |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                |            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                          | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount..... | <b>10b</b> |  |

Specify nature of costs ▶

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☐ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                           |                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><hr/> <small>Department of Labor<br/>Employee Benefits Security Administration</small><br><hr/> <small>Pension Benefit Guaranty Corporation</small> | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b><br><br>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><hr/> <b>2013</b><br><br><hr/> <b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2013 or fiscal plan year beginning <b>01/01/2013</b> and ending <b>12/31/2013</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>THE TRANE MERGED HOURLY PENSION PLAN</b>                                     | <b>B</b> Three-digit plan number (PN) ►                            | <b>023</b> |
|                                                                                                          |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>TRANE U.S. INC.</b>                  | <b>D</b> Employer Identification Number (EIN)<br><b>25-0900465</b> |            |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                |
|--------------------------------|
| <b>1</b> Coverage Information: |
|--------------------------------|

**(a)** Name of insurance carrier  
**AXA EQUITABLE LIFE INSURANCE COMPANY**

| (b) EIN           | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |                   |
|-------------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|-------------------|
|                   |               |                                       |                                                                             | (f) From                | (g) To            |
| <b>13-5570651</b> | <b>62944</b>  | <b>155</b>                            |                                                                             | <b>01/01/2013</b>       | <b>12/31/2013</b> |

|                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2</b> Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                             |                                      |
|---------------------------------------------|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
| <b>0</b>                                    | <b>0</b>                             |

|                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|
| <b>3</b> Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). |
|--------------------------------------------------------------------------------------------------------------|

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|---------------------------------------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|---------------------------------------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> |  |

**6 Contracts With Allocated Funds:****a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☐ other ▶

|                                                                                                         |              |       |
|---------------------------------------------------------------------------------------------------------|--------------|-------|
| <b>b</b> Balance at the end of the previous year .....                                                  | <b>7b</b>    | 18220 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b> |       |
| (2) Dividends and credits .....                                                                         | <b>7c(2)</b> |       |
| (3) Interest credited during the year .....                                                             | <b>7c(3)</b> | 273   |
| (4) Transferred from separate account .....                                                             | <b>7c(4)</b> |       |
| (5) Other (specify below) .....                                                                         | <b>7c(5)</b> |       |
| ▶                                                                                                       |              |       |
| (6) Total additions .....                                                                               | <b>7c(6)</b> | 273   |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>    | 18493 |
| <b>e</b> Deductions:                                                                                    |              |       |
| (1) Disbursed from fund to pay benefits or purchase annuities during year .....                         | <b>7e(1)</b> | 481   |
| (2) Administration charge made by carrier .....                                                         | <b>7e(2)</b> | 864   |
| (3) Transferred to separate account .....                                                               | <b>7e(3)</b> |       |
| (4) Other (specify below) .....                                                                         | <b>7e(4)</b> |       |
| ▶                                                                                                       |              |       |
| (5) Total deductions .....                                                                              | <b>7e(5)</b> | 1345  |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b>    | 17148 |

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
 **b** ☐ Dental     
 **c** ☐ Vision     
 **d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
 **f** ☐ Long-term disability     
 **g** ☐ Supplemental unemployment     
 **h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
 **j** ☐ HMO contract     
 **k** ☐ PPO contract     
 **l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |  |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |  |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                         | <b>9a(3)</b>    |                 |  |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    |  |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |  |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |  |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    |  |
| (4) Claims charged .....                                                                                                                          |                 | <b>9b(4)</b>    |  |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |  |
| (A) Commissions .....                                                                                                                             | <b>9c(1)(A)</b> |                 |  |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |  |
| (C) Other specific acquisition costs .....                                                                                                        | <b>9c(1)(C)</b> |                 |  |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |  |
| (E) Taxes .....                                                                                                                                   | <b>9c(1)(E)</b> |                 |  |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |  |
| (G) Other retention charges .....                                                                                                                 | <b>9c(1)(G)</b> |                 |  |
| (H) Total retention .....                                                                                                                         |                 | <b>9c(1)(H)</b> |  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |  |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                               |                 | <b>9d(1)</b>    |  |
| (2) Claim reserves .....                                                                                                                          |                 | <b>9d(2)</b>    |  |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |  |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....                                           |                 | <b>9e</b>       |  |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                |            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                          | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount..... | <b>10b</b> |  |

Specify nature of costs ▶

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☐ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013 |                                                             |     |
| <b>A</b> Name of plan<br>THE TRANE MERGED HOURLY PENSION PLAN                              | <b>B</b> Three-digit plan number (PN) ▶                     | 023 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>TRANE U.S. INC.           | <b>D</b> Employer Identification Number (EIN)<br>25-0900465 |     |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**1** Coverage Information:

(a) Name of insurance carrier  
JOHN HANCOCK LIFE INSURANCE COMPANY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 04-1414660 | 65099         | 217                                   |                                                                             | 01/01/2013              | 12/31/2013 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 0                                    | 0                             |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> |  |

**6 Contracts With Allocated Funds:****a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☐ other ▶

|                                                                                                         |              |        |
|---------------------------------------------------------------------------------------------------------|--------------|--------|
| <b>b</b> Balance at the end of the previous year .....                                                  | <b>7b</b>    | 211135 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b> |        |
| (2) Dividends and credits .....                                                                         | <b>7c(2)</b> |        |
| (3) Interest credited during the year .....                                                             | <b>7c(3)</b> | 9693   |
| (4) Transferred from separate account .....                                                             | <b>7c(4)</b> |        |
| (5) Other (specify below) .....                                                                         | <b>7c(5)</b> |        |
| ▶                                                                                                       |              |        |
| (6) Total additions .....                                                                               | <b>7c(6)</b> | 9693   |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>    | 220828 |
| <b>e</b> Deductions:                                                                                    |              |        |
| (1) Disbursed from fund to pay benefits or purchase annuities during year .....                         | <b>7e(1)</b> | 3745   |
| (2) Administration charge made by carrier .....                                                         | <b>7e(2)</b> | 8770   |
| (3) Transferred to separate account .....                                                               | <b>7e(3)</b> |        |
| (4) Other (specify below) .....                                                                         | <b>7e(4)</b> |        |
| ▶                                                                                                       |              |        |
| (5) Total deductions .....                                                                              | <b>7e(5)</b> | 12515  |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b>    | 208313 |

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
**b** ☐ Dental     
**c** ☐ Vision     
**d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
**f** ☐ Long-term disability     
**g** ☐ Supplemental unemployment     
**h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
**j** ☐ HMO contract     
**k** ☐ PPO contract     
**l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |  |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |  |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                         | <b>9a(3)</b>    |                 |  |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    |  |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |  |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |  |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    |  |
| (4) Claims charged.....                                                                                                                           |                 | <b>9b(4)</b>    |  |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |  |
| (A) Commissions .....                                                                                                                             | <b>9c(1)(A)</b> |                 |  |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |  |
| (C) Other specific acquisition costs .....                                                                                                        | <b>9c(1)(C)</b> |                 |  |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |  |
| (E) Taxes .....                                                                                                                                   | <b>9c(1)(E)</b> |                 |  |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |  |
| (G) Other retention charges .....                                                                                                                 | <b>9c(1)(G)</b> |                 |  |
| (H) Total retention.....                                                                                                                          |                 | <b>9c(1)(H)</b> |  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |  |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                               |                 | <b>9d(1)</b>    |  |
| (2) Claim reserves .....                                                                                                                          |                 | <b>9d(2)</b>    |  |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |  |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....                                           |                 | <b>9e</b>       |  |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                |            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                          | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount..... | <b>10b</b> |  |
| Specify nature of costs ▶                                                                                                                                                                                                      |            |  |

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☐ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

▶ **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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>THE TRANE MERGED HOURLY PENSION PLAN</u>                                                                      | <b>B</b> Three-digit plan number (PN) ▶ <u>023</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>TRANE U.S. INC.</u>                                        | <b>D</b> Employer Identification Number (EIN)<br><u>25-0900465</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                |                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                  | <b>Basic Information</b>                  |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2013</u>                                                                                                                              |                                           |
| <b>2</b> Assets:                                                                                                                                                                                               |                                           |
| <b>a</b> Market value .....                                                                                                                                                                                    | <b>2a</b> <u>835142514</u>                |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b> <u>793875443</u>                |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                           |                                           |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | <b>3a</b> <u>8891</u> <u>503758097</u>    |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | <b>3b</b> <u>6592</u> <u>94322426</u>     |
| <b>c</b> For active participants:                                                                                                                                                                              |                                           |
| <b>(1)</b> Non-vested benefits .....                                                                                                                                                                           | <b>3c(1)</b> <u>13355382</u>              |
| <b>(2)</b> Vested benefits .....                                                                                                                                                                               | <b>3c(2)</b> <u>227349882</u>             |
| <b>(3)</b> Total active.....                                                                                                                                                                                   | <b>3c(3)</b> <u>3702</u> <u>240705264</u> |
| <b>d</b> Total.....                                                                                                                                                                                            | <b>3d</b> <u>19185</u> <u>838785787</u>   |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                                           |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                                 |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>                                 |
| <b>5</b> Effective interest rate .....                                                                                                                                                                         | <b>5</b> <u>6.31</u> %                    |
| <b>6</b> Target normal cost .....                                                                                                                                                                              | <b>6</b> <u>11801781</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.

|                                                                                               |                                                      |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------|
| <b>SIGN HERE</b>                                                                              |                                                      |
| Signature of actuary<br><u>BRENDA G. STOVALL</u>                                              | Date<br><u>14-05721</u>                              |
| Type or print name of actuary<br><u>TOWERS WATSON DELAWARE INC.</u>                           | Most recent enrollment number<br><u>901-252-4000</u> |
| Firm name<br><u>3350 PLAYERS CLUB PARKWAY</u><br><u>SUITE 200</u><br><u>MEMPHIS, TN 38125</u> | Telephone number (including area code)               |
| 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) 2013**  
**v. 130118**

| Part II Beginning of Year Carryover and Prefunding Balances                                                                         |                       |                        |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                     | (a) Carryover balance | (b) Prefunding balance |
| 7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                   | 0                     | 476995                 |
| 8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                | 0                     | 0                      |
| 9 Amount remaining (line 7 minus line 8) .....                                                                                      | 0                     | 476995                 |
| 10 Interest on line 9 using prior year's actual return of <u>13.51</u> % .....                                                      |                       | 64442                  |
| 11 Prior year's excess contributions to be added to prefunding balance:                                                             |                       |                        |
| a Present value of excess contributions (line 38a from prior year) .....                                                            |                       | 16356332               |
| b Interest on (a) using prior year's effective interest rate of <u>7.01</u> % except as otherwise provided (see instructions) ..... |                       | 1146578                |
| c Total available at beginning of current plan year to add to prefunding balance .....                                              |                       | 17502910               |
| d Portion of (c) to be added to prefunding balance .....                                                                            |                       | 0                      |
| 12 Other reductions in balances due to elections or deemed elections .....                                                          | 0                     | 541437                 |
| 13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                               | 0                     | 0                      |

| Part III Funding Percentages                                                                                                                                        |    |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 14 Funding target attainment percentage .....                                                                                                                       | 14 | 94.64 % |
| 15 Adjusted funding target attainment percentage .....                                                                                                              | 15 | 94.64 % |
| 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 | 97.97 % |
| 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<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 04/15/2013                                                                        | 4563000                           |                                 | 09/15/2014               | 9200000                           |                                 |
| 07/15/2013                                                                        | 4563000                           |                                 |                          |                                   |                                 |
| 10/15/2013                                                                        | 5811000                           |                                 |                          |                                   |                                 |
| 01/15/2014                                                                        | 5811000                           |                                 |                          |                                   |                                 |
| 04/15/2014                                                                        | 6328000                           |                                 |                          |                                   |                                 |
| 07/15/2014                                                                        | 6328000                           |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 | Totals ►                 | 18(b)                             | 42604000                        |
|                                                                                   |                                   |                                 |                          | 18(c)                             | 0                               |

|                                                                                                                               |                                                                     |          |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------|
| 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                     |          |
| a Contributions allocated toward unpaid minimum required contributions from prior years. ....                                 | 19a                                                                 |          |
| b Contributions made to avoid restrictions adjusted to valuation date .....                                                   | 19b                                                                 |          |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....              | 19c                                                                 | 39784010 |
| 20 Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |          |
| a Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |          |
| b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |          |
| c If line 20a is "Yes," see instructions and complete the following table as applicable:                                      |                                                                     |          |

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
| 0                                                          | 0       | 0       | 0       |

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

|                                                                                                                                                                                              |                       |                       |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.94% | 2nd segment:<br>6.15% | 3rd segment:<br>6.76 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                       |                       |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                       |                       |                        | <b>22</b> 63                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                        |                                                     |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6).....                                                                                                                                            | <b>31a</b>          | 11801781           |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 | 44910344            | 13509782           |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                     | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           | 0                  |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            | <b>34</b>           | 25311563           |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           | 25311563           |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           | 39784010           |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 14472447           |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

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

|                                                                                                |                                                                                                                         |  |  |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                                | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b>                                                                                                               |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b>                                                                                                               |  |  |

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>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                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2013                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013 |                                                      |
| A Name of plan<br>THE TRANE MERGED HOURLY PENSION PLAN                                     | B Three-digit plan number (PN) ▶ 023                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>TRANE U.S. INC.                  | D Employer Identification Number (EIN)<br>25-0900465 |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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**(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)

BANK OF NEW YORK MELLON

13-5160382

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21                     | CONTRACT ADMINISTRATOR                                                                            | 151583                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BLACKROCK INSTITUTIONAL TRUST COMPA

94-3112180

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | NONE                                                                                              | 234949                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

PACIFIC INVESTMENT MANAGEMENT

33-0629048

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | NONE                                                                                              | 1078511                                                                | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11                     | NONE                                                                                              | 266864                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BUCK CONSULTANT

13-2655989

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16                     | NONE                                                                                              | 56100                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

ROCATON

20-0558591

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16                     | NONE                                                                                              | 22062                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

NORTHERN TRUST/SECURITIES

36-1561860

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | NONE                                                                                              | 31066                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

VANGUARD GROUP INC

23-1945930

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | NONE                                                                                              | 25860                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

RELIABLE RS

20-0083181

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16                     | NONE                                                                                              | 8550                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

BERWYN GROUP INC

34-1672337

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 65                     | NONE                                                                                              | 5830                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

AON CORP

36-3051915

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16                     | NONE                                                                                              | 159056                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

**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<br>(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<br>(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<br>(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)

|                                                                                               |                                  |
|-----------------------------------------------------------------------------------------------|----------------------------------|
| <b>a</b> Name: SEAMUS DOYLE                                                                   | <b>b</b> EIN: 53-0181291         |
| <b>c</b> Position: ENROLLED ACTUARY                                                           |                                  |
| <b>d</b> Address: TOWERS WATSON DELAWARE INC.<br>800 BOYLSTON STREET<br>BOSTON, MA 02199-8103 | <b>e</b> Telephone: 617-638-3700 |
|                                                                                               |                                  |

Explanation: REASSIGNMENT OF WORK WITHIN TOWERS WATSON.

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

|                                                                                                |                                                                            |            |
|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>THE TRANE MERGED HOURLY PENSION PLAN</u>                           | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>023</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>TRANE U.S. INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>25-0900465</u>         |            |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NORTHERN TRUST RUSSELL 3000 INDEX F

**b** Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY

|                                       |                               |                                                                                                                                                         |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>45-6138589-097</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>125616981</u></span> |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: BGI EMERGING MARKETS STRATEGIC INDE

**b** Name of sponsor of entity listed in (a): BARCLAYS GLOBAL INVESTORS, N.A.

|                                       |                               |                                                                                                                                                        |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>94-3112180-001</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>44764745</u></span> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TOTAL STOCK MARKET INDEX T

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

|                                       |                               |                                                                                                                                                         |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>23-3046114-001</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>133255983</u></span> |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                        |            |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2013 or fiscal plan year beginning <b>01/01/2013</b> and ending <b>12/31/2013</b> |                                                                        |            |
| <b>A</b> Name of plan<br><b>THE TRANE MERGED HOURLY PENSION PLAN</b>                                     | <b>B</b> Three-digit plan number (PN) ▶                                | <b>023</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>TRANE U.S. INC.</b>                  | <b>D</b> Employer Identification Number (EIN)<br><br><b>25-0900465</b> |            |

| <b>Part I</b> | <b>Asset and Liability Statement</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 | (a) Beginning of Year | (b) End of Year |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b>      | 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. <b>Round off amounts to the nearest dollar.</b> 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. |                 |                       |                 |
|               | <b>Assets</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                       |                 |
| <b>a</b>      | Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       |                       |                 |
| <b>b</b>      | Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
|               | (1) Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(1)</b>    | 19200000              | 27667000        |
|               | (2) Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1b(2)</b>    |                       |                 |
|               | (3) Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>1b(3)</b>    | 8044869               | 8550103         |
| <b>c</b>      | General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
|               | (1) Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(1)</b>    | 4903991               | 2611726         |
|               | (2) U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(2)</b>    | 204618381             | 230697693       |
|               | (3) Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                       |                 |
|               | (A) Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1c(3)(A)</b> |                       |                 |
|               | (B) All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1c(3)(B)</b> | 216740797             | 184997637       |
|               | (4) Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                       |                 |
|               | (A) Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1c(4)(A)</b> |                       |                 |
|               | (B) Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(4)(B)</b> |                       |                 |
|               | (5) Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(5)</b>    | 3288989               | 124028          |
|               | (6) Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(6)</b>    |                       |                 |
|               | (7) Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1c(7)</b>    |                       |                 |
|               | (8) Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(8)</b>    |                       |                 |
|               | (9) Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(9)</b>    | 350013943             | 368836729       |
|               | (10) Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(10)</b>   |                       |                 |
|               | (11) Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(11)</b>   |                       |                 |
|               | (12) Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(12)</b>   |                       |                 |
|               | (13) Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(13)</b>   | 20524847              | 17696940        |
|               | (14) Value of funds held in insurance company general account (unallocated contracts) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(14)</b>   | 20123211              | 20709897        |
|               | (15) Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(15)</b>   | -4334                 | -2740           |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 847454694             | 861889013       |

**Liabilities**

|                                                                           |           |          |         |
|---------------------------------------------------------------------------|-----------|----------|---------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |          |         |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |          |         |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |          |         |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 11420213 | 5558720 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 11420213 | 5558720 |

**Net Assets**

|                                                           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 836034481 | 856330293 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**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: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 42604000   |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 42604000  |

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

|                                                                                                      |                 |          |          |
|------------------------------------------------------------------------------------------------------|-----------------|----------|----------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> | 17234858 |          |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |          |          |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |          |          |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |          |          |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> |          |          |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> | 725048   |          |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |          | 17959906 |

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

|                                                                                           |                 |          |          |
|-------------------------------------------------------------------------------------------|-----------------|----------|----------|
| (3) Rents .....                                                                           | <b>2b(3)</b>    |          |          |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> | 12252893 |          |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> |          |          |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |          | 12252893 |

|                                                                                                       |                 |          |          |
|-------------------------------------------------------------------------------------------------------|-----------------|----------|----------|
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                    | <b>2b(5)(A)</b> | 15391509 |          |
| <b>(B)</b> Other .....                                                                                | <b>2b(5)(B)</b> |          |          |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> ..... | <b>2b(5)(C)</b> |          | 15391509 |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (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 <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 88208308  |

**Expenses**

|                                                                                      |       |          |          |
|--------------------------------------------------------------------------------------|-------|----------|----------|
| e Benefit payment and payments to provide benefits:                                  |       |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 53625768 |          |
| (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) |          | 53625768 |
| 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) | 518462   |          |
| (2) Contract administrator fees .....                                                | 2i(2) | 1584795  |          |
| (3) Investment advisory and management fees .....                                    | 2i(3) | 2037810  |          |
| (4) Other .....                                                                      | 2i(4) |          |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |          | 4141067  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |          | 57766835 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 30441473 |
| l Transfers of assets:                                   |       |  |          |
| (1) To this plan .....                                   | 2l(1) |  |          |
| (2) From this plan .....                                 | 2l(2) |  | 10145661 |

**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: DIXON HUGHES GOODMAN LLP

(2) EIN: 56-0747981

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

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

**Part IV Compliance Questions**

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

During the plan year:

- a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               | Yes | No | Amount   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>c</b> 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  |          |
| <b>d</b> 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  |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 60000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |          |
| <b>g</b> 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  |          |
| <b>h</b> 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  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |          |
| <b>j</b> 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   |    |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     |    |          |
| <b>n</b> 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. ....                                      |     |    |          |

**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) |
|---------------------------------------|--------------|-------------|
| SCHLAGE LOCK COMPANY LLC PENSION PLAN | 54-2139412   | 001         |
|                                       |              |             |
|                                       |              |             |
|                                       |              |             |
|                                       |              |             |

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? .... ☒ Yes ☐ No ☐ Not determined

## Part V Trust Information (optional)

|                         |                       |
|-------------------------|-----------------------|
| <b>6a</b> Name of trust | <b>6b</b> Trust's EIN |
|                         |                       |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

|                                                                                         |                                                                    |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>THE TRANE MERGED HOURLY PENSION PLAN</u>                    | <b>B</b> Three-digit plan number (PN) ▶<br><u>023</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>TRANE U.S. INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>25-0900465</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b>           |
| <b>2</b> 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):<br><br>EIN(s): <u>37-1483824</u> |                    |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>                                                                                                                                                                                            |                    |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> <u>29</u> |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                                        |                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                                        |                                         |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                                        |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                                             | <b>6a</b>                    |                                        |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                                 | <b>6b</b>                    |                                        |                                         |
| <b>c</b> 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) .....                                                                                                                                                                                                                          | <b>6c</b>                    |                                        |                                         |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                                        |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline?.....                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....                                                                                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers ..... | <b>16b</b> |  |

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: 45% Investment-Grade Debt: 55% High-Yield Debt: 0% Real Estate: 0% Other: 0%

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

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

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

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



**DIXON HUGHES GOODMAN** LLP  
Certified Public Accountants and Advisors

**- Independent Auditors' Report -**

To the Participants and Administrator of the  
Trane Merged Hourly Pension Plan  
Davidson, North Carolina

***Report on the Financial Statements***

We were engaged to audit the accompanying financial statements of the Trane Merged Hourly Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2012, and the related statement of changes in accumulated plan benefits for the year ended December 31, 2012, and the related notes to the financial statements.

***Management's Responsibility for the Financial Statements***

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

***Auditors' Responsibility***

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

***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by The Bank of New York Mellon, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2013 and 2012, and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

***Disclaimer of Opinion***

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

***Other Matter***

The supplemental schedules of assets (held at end of year) as of December 31, 2013 and reportable transactions for the year ended December 31, 2013 are required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedules.

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

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

*Dixon Hughes Goodman LLP*

Charlotte, North Carolina  
October 13, 2014

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2013

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for each group. The groups are then prorated based on the size of each group to the total population.

Group A - Participants at least age 50 as of January 1, 2008

| x  | Mid Year | $q_x^r$ | $l_x$     | ${}_{x-55}P_{55} = l_x / l_{55}$ | $q_x^r * l_x / l_{55}$ | $x * q_x^r * l_x / l_{55}$ |
|----|----------|---------|-----------|----------------------------------|------------------------|----------------------------|
| 55 | 55.5     | 0.05    | 1,000,000 | 1.00000                          | 0.05000                | 2.7750                     |
| 56 | 56.5     | 0.03    | 950,000   | 0.95000                          | 0.02850                | 1.6103                     |
| 57 | 57.5     | 0.03    | 921,500   | 0.92150                          | 0.02765                | 1.5896                     |
| 58 | 58.5     | 0.03    | 893,855   | 0.89386                          | 0.02682                | 1.5687                     |
| 59 | 59.5     | 0.03    | 867,039   | 0.86704                          | 0.02601                | 1.5477                     |
| 60 | 60.5     | 0.30    | 841,028   | 0.84103                          | 0.25231                | 15.2647                    |
| 61 | 61.5     | 0.20    | 588,720   | 0.58872                          | 0.11774                | 7.2413                     |
| 62 | 62.5     | 0.20    | 470,976   | 0.47098                          | 0.09420                | 5.8872                     |
| 63 | 63.5     | 0.20    | 376,781   | 0.37678                          | 0.07536                | 4.7851                     |
| 64 | 64.5     | 0.20    | 301,424   | 0.30142                          | 0.06028                | 3.8884                     |
| 65 | 65.5     | 0.25    | 241,140   | 0.24114                          | 0.06028                | 3.9487                     |
| 66 | 66.5     | 0.25    | 180,855   | 0.18085                          | 0.04521                | 3.0067                     |
| 67 | 67.5     | 0.25    | 135,641   | 0.13564                          | 0.03391                | 2.2889                     |
| 68 | 68.5     | 0.25    | 101,731   | 0.10173                          | 0.02543                | 1.7421                     |
| 69 | 69.5     | 0.25    | 76,298    | 0.07630                          | 0.01907                | 1.3257                     |
| 70 | 70.5     | 1.00    | 57,224    | 0.05722                          | 0.05722                | 4.0343                     |

Weighted Average age at retirement Group A 62.5044

Participant Count Group A 1,384

Plan Name: The Trane Merged Hourly Pension Plan  
 EIN / PN: 25-0900465 / 023  
 Plan Sponsor: Ingersoll Rand  
 Valuation Date: January 1, 2013

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2013

Group B - Participants less than age 50 as of January 1, 2008

| x  | Mid Year | $q_x^r$ | $l_x$     | ${}_{x-55}P_{55} = l_x / l_{55}$ | $q_x^r * l_x / l_{55}$ | $x * q_x^r * l_x / l_{55}$ |
|----|----------|---------|-----------|----------------------------------|------------------------|----------------------------|
| 55 | 55.5     | 0.05    | 1,000,000 | 1.00000                          | 0.05000                | 2.7750                     |
| 56 | 56.5     | 0.03    | 950,000   | 0.95000                          | 0.02850                | 1.6103                     |
| 57 | 57.5     | 0.03    | 921,500   | 0.92150                          | 0.02765                | 1.5896                     |
| 58 | 58.5     | 0.03    | 893,855   | 0.89386                          | 0.02682                | 1.5687                     |
| 59 | 59.5     | 0.03    | 867,039   | 0.86704                          | 0.02601                | 1.5477                     |
| 60 | 60.5     | 0.15    | 841,028   | 0.84103                          | 0.12615                | 7.6323                     |
| 61 | 61.5     | 0.10    | 714,874   | 0.71487                          | 0.07149                | 4.3965                     |
| 62 | 62.5     | 0.10    | 643,387   | 0.64339                          | 0.06434                | 4.0212                     |
| 63 | 63.5     | 0.10    | 579,048   | 0.57905                          | 0.05790                | 3.6770                     |
| 64 | 64.5     | 0.10    | 521,143   | 0.52114                          | 0.05211                | 3.3614                     |
| 65 | 65.5     | 0.25    | 469,029   | 0.46903                          | 0.11726                | 7.6803                     |
| 66 | 66.5     | 0.25    | 351,772   | 0.35177                          | 0.08794                | 5.8482                     |
| 67 | 67.5     | 0.25    | 263,829   | 0.26383                          | 0.06596                | 4.4521                     |
| 68 | 68.5     | 0.25    | 197,872   | 0.19787                          | 0.04947                | 3.3885                     |
| 69 | 69.5     | 0.25    | 148,404   | 0.14840                          | 0.03710                | 2.5785                     |
| 70 | 70.5     | 1.00    | 111,303   | 0.11130                          | 0.11130                | 7.8468                     |

Weighted Average age at retirement Group B 63.9741

Participant Count  
Group B 2,318

The weighted average retirement age was determined on a prorate basis of the size of Group A&B to the total population.

Weighted Average Age 63.4247  
Rounded for Schedule SB item  
22 63

Plan Name: The Trane Merged Hourly Pension Plan  
EIN / PN: 25-0900465 / 023  
Plan Sponsor: Ingersoll Rand  
Valuation Date: January 1, 2013

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2013

| Attained Age | Years of Credited Service |            |        |            |        |            |          |            |          |            |          |            |          |            |
|--------------|---------------------------|------------|--------|------------|--------|------------|----------|------------|----------|------------|----------|------------|----------|------------|
|              | Under 1                   |            | 1 to 4 |            | 5 to 9 |            | 10 to 14 |            | 15 to 19 |            | 20 to 24 |            | 25 to 29 |            |
|              | No.                       | Avg. Comp. | No.    | Avg. Comp. | No.    | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. |
| Under 25     | 0                         |            | 0      |            | 0      |            | 0        |            | 0        |            | 0        |            | 0        |            |
| 25 - 29      | 0                         |            | 1      |            | 84     |            | 1        |            | 0        |            | 0        |            | 0        |            |
| 30 - 34      | 0                         |            | 2      |            | 98     |            | 62       |            | 3        |            | 0        |            | 0        |            |
| 35 - 39      | 0                         |            | 2      |            | 68     |            | 78       |            | 196      |            | 7        |            | 0        |            |
| 40 - 44      | 0                         |            | 0      |            | 83     |            | 77       |            | 269      |            | 64       |            | 0        |            |
| 45 - 49      | 0                         |            | 3      |            | 57     |            | 85       |            | 225      |            | 77       |            | 0        |            |
| 50 - 54      | 0                         |            | 3      |            | 75     |            | 61       |            | 198      |            | 69       |            | 125      |            |
| 55 - 59      | 0                         |            | 1      |            | 52     |            | 56       |            | 167      |            | 54       |            | 187      |            |
| 60 - 64      | 0                         |            | 2      |            | 28     |            | 37       |            | 77       |            | 20       |            | 41       |            |
| 65 - 69      | 0                         |            | 0      |            | 7      |            | 4        |            | 17       |            | 3        |            | 5        |            |
| 70 & Over    | 0                         |            | 0      |            | 0      |            | 2        |            | 3        |            | 2        |            | 0        |            |

Plan Name: The Trane Merged Hourly Pension Plan  
 EIN / PN: 25-0900465 / 023  
 Plan Sponsor: Ingersoll Rand  
 Valuation Date: January 1, 2013

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 32 Schedule of Amortization Bases as of January 1, 2013

| Type of Base | Date<br>Established | Initial Amount | Remaining<br>Amortization<br>Period (Years) | Outstanding<br>Balance | Amortization<br>Payment |
|--------------|---------------------|----------------|---------------------------------------------|------------------------|-------------------------|
| 1 Shortfall  | 01/01/2013          | 37,565,273     | 7                                           | 37,565,273             | 6,269,342               |
| 2 Shortfall  | 01/01/2012          | (95,585,275)   | 6                                           | (85,867,438)           | (16,223,167)            |
| 3 Shortfall  | 01/01/2011          | 42,602,379     | 5                                           | 31,898,828             | 7,009,345               |
| 4 Shortfall  | 01/01/2010          | 97,772,049     | 4                                           | 61,313,681             | 16,454,262              |
| Total        |                     |                |                                             | 44,910,344             | 13,509,782              |

Plan Name: The Trane Merged Hourly Pension Plan  
 EIN / PN: 25-0900465 / 023  
 Plan Sponsor: Ingersoll Rand  
 Valuation Date: January 1, 2013

# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

|                          |                                      |
|--------------------------|--------------------------------------|
| <b>Plan Sponsor</b>      | Ingersoll Rand                       |
| <b>EIN/PN</b>            | 25-0900465/023                       |
| <b>Plan Name</b>         | The Trane Merged Hourly Pension Plan |
| <b>Valuation Date</b>    | January 1, 2013                      |
| <b>Enrolled Actuary</b>  | Brenda G. Stovall                    |
| <b>Enrollment Number</b> | 14-05721                             |

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

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

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V Summary of Plan Provisions

### Summary of principal plan provisions

#### THE TRANE MERGED HOURLY PENSION PLAN

Potters: Tiffin (1134), Trenton (1136):

January 1, 2013

- I. Age and/or Service eligibility:
  - A. Normal retirement 65
  - B. Disability retirement 10 years
  - C. Early retirement
    1. Voluntary reduced 55 and 10
    2. Shutdown 75/80 and 10
    3. Voluntary unreduced 62 and 10 or 58 and 30
  - D. Vesting - Any reason 5 years
  - E. Spouse's benefit on death before retirement (other than as required by REA) 50 and 10
- II. Formulas for monthly pensions:
 

For Benefit Service prior to 5/1/2004

  - A. Normal retirement (Hired before 6/1/91):
    1. Present formula 1% of final average monthly earnings times Years of Service.
    2. Net Minimum per Year of Service \$18.00
  - B. Normal retirement (Hired on or after 6/1/91) Net per Year of Service (no 1% formula): \$18.00

For Benefit Service on or after 5/1/2004

  - C. Normal retirement: Net per Year of Service \$36.00\*
  - D. Disability retirement:
    1. Regular Same as normal retirement, but based on Service and earnings to disability retirement
    2. Special minimum \$225
  - E. Early retirement:
    1. Voluntary reduced – Same as normal retirement, but based on Service and earnings to early retirement and reduced for early commencement 1/3% per month from age 62
    2. Shutdown:
      - a) Pension after age 65 Same as normal retirement, but based on Service and earnings to early retirement
      - b) Pension before age 65 Same as after age 65.
    3. Voluntary unreduced:
      - a) Pension for life Same as II.A.
      - b) Temporary Supplement:
        - i) To age 62
        - ii) Amount \$175

Plan Name: The Trane Merged Hourly Pension Plan  
 EIN / PN: 25-0900465 / 023  
 Plan Sponsor: Ingersoll Rand  
 Valuation Date: January 1, 2013

## SCHEDULE SB ATTACHMENTS

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*Potters: Tiffin (1134), Trenton (1136) - continued*

- |    |                                                                                                                       |                            |
|----|-----------------------------------------------------------------------------------------------------------------------|----------------------------|
| F. | Vesting – Same as normal retirement, but based on Service and earnings to termination, reduced for early commencement | 1/3% per month from age 65 |
| G. | Spouse's monthly benefit payable until age 65 or remarriage                                                           | \$100                      |

III. Other features:

- |    |                                                       |                                                   |
|----|-------------------------------------------------------|---------------------------------------------------|
| A. | Averaging period for pay                              | Best 5 of final 15                                |
| B. | Bridging of Service (other than as required by ERISA) | Yes                                               |
| C. | Automatic Post-Retirement Spouse's Option             | A Joint and 50% survivorship actuarially reduced. |
| D. | No Credited Service Before                            | N/A                                               |

IV. Changes in Provisions Since Last Actuarial Valuation      None.

\* II.D. Effective 5/5/2007 the benefit multiplier increased to \$36.00 for service on or after 5/1/2007. As of October 31, 2007 benefits were effectively frozen due to the sale of the B&K division.

|                 |                                      |
|-----------------|--------------------------------------|
| Plan Name:      | The Trane Merged Hourly Pension Plan |
| EIN / PN:       | 25-0900465 / 023                     |
| Plan Sponsor:   | Ingersoll Rand                       |
| Valuation Date: | January 1, 2013                      |

# SCHEDULE SB ATTACHMENTS

## THE TRANE MERGED HOURLY PENSION PLAN

Paintsville (1139):

January 1, 2013

- I. Age and/or Service eligibility:
  - A. Normal retirement 65
  - B. Disability retirement 10 years
  - C. Early retirement
    - 1. Voluntary reduced 55 and 10
    - 2. Shutdown 75/80 and 10 or 53 and 18
    - 3. Voluntary unreduced 62 and 10 or 58 and 30
  - D. Vesting – Any reason 5 years
  - E. Spouse's benefit on death before retirement (other than as required by REA) 10 years
- II. Formulas for monthly pensions:
  - A. Normal retirement:
    - 1. Present formula 1% of final average monthly earnings times Years of Service.
    - 2. Net Minimum per Year of Service \$30.00
  - B. Disability retirement:
    - 1. Regular Same as normal retirement, but based on Service and earnings to disability retirement.
    - 2. Special minimum \$300
  - C. Early retirement
    - 1. Voluntary reduced – Same as normal retirement, but based on Service and earnings to early retirement and reduced for early commencement. ¼% per month from age 62
    - 2. Shutdown:
      - a) Pension after age 65 Same as normal retirement, but based on Service and earnings to early retirement.
      - b) Pension before age 65 Same as after age 65
    - 3. Voluntary unreduced:
      - a) Pension for life Same as II.A.
      - b) Temporary Supplement:
        - i) To age 62
        - ii) Amount \$375

Plan Name: The Trane Merged Hourly Pension Plan  
EIN / PN: 25-0900465 / 023  
Plan Sponsor: Ingersoll Rand  
Valuation Date: January 1, 2013

## SCHEDULE SB ATTACHMENTS

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### *Paintsville (1139) - continued*

- |    |                                                                                                                       |                          |
|----|-----------------------------------------------------------------------------------------------------------------------|--------------------------|
| D. | Vesting – Same as normal retirement, but based on Service and earnings to termination, reduced for early commencement | ¼% per month from age 65 |
| E. | Spouse's monthly benefit payable until age 65 or remarriage                                                           | \$200                    |
- III. Other features:
- |    |                                                       |                                                                           |
|----|-------------------------------------------------------|---------------------------------------------------------------------------|
| A. | Averaging period for pay                              | Best 5 of final 15                                                        |
| B. | Bridging of Service (other than as required by ERISA) | No                                                                        |
| C. | Automatic Post-Retirement Spouse's Option             | A Joint and 50% survivorship actuarially reduced at 80% rate equivalence. |
| D. | No Credited Service Before                            | N/A                                                                       |
- IV. Changes in Provisions Since Last Actuarial Valuation      None.

\* As of October 31, 2007 benefits were effectively frozen due to the sale of the B&K division.

|                 |                                      |
|-----------------|--------------------------------------|
| Plan Name:      | The Trane Merged Hourly Pension Plan |
| EIN / PN:       | 25-0900465 / 023                     |
| Plan Sponsor:   | Ingersoll Rand                       |
| Valuation Date: | January 1, 2013                      |

# SCHEDULE SB ATTACHMENTS

## THE TRANE MERGED HOURLY PENSION PLAN

Trane Hourly-LaCrosse (6501)

January 1, 2013

- |                                                                                                             |                                                                                      |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| I. Age and/or Service eligibility:                                                                          |                                                                                      |
| A. Normal retirement                                                                                        | 65                                                                                   |
| B. Disability retirement                                                                                    | 10 years                                                                             |
| C. Early retirement                                                                                         |                                                                                      |
| 1. Reduced                                                                                                  | 55 and 10                                                                            |
| 2. Unreduced supplement                                                                                     | 60 and 15                                                                            |
| D. Retirement Supplement (commencing age 65)                                                                | 15 years                                                                             |
| E. Vesting - Any reason                                                                                     | 5 years                                                                              |
| F. Spouse's benefit on death before retirement (other than as required by REA)                              | 5 years                                                                              |
| II. Formulas for monthly pensions:                                                                          |                                                                                      |
| A. Normal retirement:                                                                                       |                                                                                      |
| Net per Year of Service                                                                                     |                                                                                      |
| 1. Local 44                                                                                                 | \$20.50                                                                              |
| 2. Lodge 21 & Lodge 1115                                                                                    | \$43.00*                                                                             |
| B. Disability retirement:                                                                                   | Same as normal retirement, but based on Service to disability retirement.            |
| C. Early retirement                                                                                         |                                                                                      |
| 1. Reduced:                                                                                                 |                                                                                      |
| Same as normal retirement, but based on Service to early retirement, reduced for early commencement         | 2/12% per month from age 65 to 62. 5/12% per month from age 62 to 55.                |
| 2. Unreduced supplement:                                                                                    |                                                                                      |
| a) To age                                                                                                   | 62.                                                                                  |
| b) Amount                                                                                                   |                                                                                      |
| i) Local 44                                                                                                 | \$475                                                                                |
| ii) Lodge 21 & Lodge 1115                                                                                   | \$850                                                                                |
| D. Retirement Supplement:                                                                                   |                                                                                      |
| 1. Local 44                                                                                                 | \$20.00                                                                              |
| 2. Lodge 21 & Lodge 1115                                                                                    | \$40.00                                                                              |
| E. Vesting – Same as normal retirement, but based on Service to termination, reduced for early commencement | 2/12% per month from age 65 to 62. 5/12% per month from age 62 to 55.                |
| F. Spouse's benefit                                                                                         | 50% of benefit as for early retirement actuarially reduced for joint & 50% survivor. |
| III. Other features:                                                                                        |                                                                                      |
| A. Rate of Accrual of Benefit Service                                                                       | One-tenth of a year for each 170 hours                                               |
| B. Bridging of Service (other than as required by ERISA)                                                    | No                                                                                   |
| C. Automatic Post-Retirement Spouse's Option                                                                | A Joint and 50% survivorship actuarially reduced.                                    |
| D. No Credited Service Before                                                                               | N/A                                                                                  |

Plan Name: The Trane Merged Hourly Pension Plan  
 EIN / PN: 25-0900465 / 023  
 Plan Sponsor: Ingersoll Rand  
 Valuation Date: January 1, 2013

# SCHEDULE SB ATTACHMENTS

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## *Trane Hourly-LaCrosse (6501) - continued*

IV. Changes in Provisions Since Last Actuarial Valuation      None.

\* II.A.2 for employees active on or after 8/5/2007 the benefit increased to \$43.00 effective 8/2/2009.

Benefits for Local 44 frozen effective 8/5/1994. Active participants will continue to earn age (not service) credit for subsidized early retirement, unreduced supplement and retirement supplement.

Employees of LaCrosse whose first day worked is on or after 8/8/2010 are not covered under the Plan.

|                 |                                      |
|-----------------|--------------------------------------|
| Plan Name:      | The Trane Merged Hourly Pension Plan |
| EIN / PN:       | 25-0900465 / 023                     |
| Plan Sponsor:   | Ingersoll Rand                       |
| Valuation Date: | January 1, 2013                      |

# SCHEDULE SB ATTACHMENTS

## THE TRANE MERGED HOURLY PENSION PLAN

Rushville (6505):

January 1, 2013

- |                                                                                                             |                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I. Age and/or Service eligibility:                                                                          |                                                                                                                                                                                                                                                 |
| A. Normal retirement                                                                                        | 65                                                                                                                                                                                                                                              |
| B. Disability retirement                                                                                    | 15 years                                                                                                                                                                                                                                        |
| C. 1. Early retirement (reduced)                                                                            | 55 and 10                                                                                                                                                                                                                                       |
| 2. Early retirement (unreduced)                                                                             | 60 and 15                                                                                                                                                                                                                                       |
| D. Retirement Supplement                                                                                    | 15 years                                                                                                                                                                                                                                        |
| E. Vesting - Any reason                                                                                     | 5 years                                                                                                                                                                                                                                         |
| F. Spouse's benefit on death before retirement (other than as required by REA)                              | 5 years                                                                                                                                                                                                                                         |
| II. Formulas for monthly pensions:                                                                          |                                                                                                                                                                                                                                                 |
| A. Normal retirement:                                                                                       |                                                                                                                                                                                                                                                 |
| Net per Year of Service                                                                                     | \$38.50*                                                                                                                                                                                                                                        |
| B. Disability retirement                                                                                    | Same as normal retirement, but based on Service to disability retirement.                                                                                                                                                                       |
| C. Early retirement:                                                                                        |                                                                                                                                                                                                                                                 |
| 1. Reduced                                                                                                  |                                                                                                                                                                                                                                                 |
| Same as normal retirement, but based on Service to early retirement, reduced for early commencement         | 2/12% per month from age 65 to 62. 5/12% per month from age 62 to 55.                                                                                                                                                                           |
| 2. Unreduced:                                                                                               |                                                                                                                                                                                                                                                 |
| (a) From age 60 to age                                                                                      | 62                                                                                                                                                                                                                                              |
| (b) Amount                                                                                                  | \$400 per month                                                                                                                                                                                                                                 |
| D. Retirement Supplement                                                                                    | \$30.00                                                                                                                                                                                                                                         |
| E. Vesting – Same as normal retirement, but based on Service to termination, reduced for early commencement | 2/12% per month from age 65 to 62. 5/12% per month from age 62 to 55.                                                                                                                                                                           |
| F. Elective spouse's benefit                                                                                | 50% of benefit as for early retirement actuarially reduced for joint & 50% survivor and pre-retirement coverage (1/24% per month), reduced for early commencement – same as early retirement reduction, plus 4/12% per month between ages 45-55 |
| III. Other features:                                                                                        |                                                                                                                                                                                                                                                 |
| A. Rate of Accrual of Benefit Service                                                                       | One-tenth of a year for each 170 hours                                                                                                                                                                                                          |
| B. Bridging of Service (other than as required by ERISA)                                                    | No                                                                                                                                                                                                                                              |
| C. Automatic Post-Retirement Spouse's Option                                                                | A Joint and 50% survivorship actuarially reduced.                                                                                                                                                                                               |
| D. No Credited Service Before                                                                               | N/A                                                                                                                                                                                                                                             |
| IV. Changes in Provisions Since Last Actuarial Valuation                                                    | None.                                                                                                                                                                                                                                           |

\* II.A. For employees hired on or before 5/5/2006 the benefit increased to \$38.50 effective 5/6/2009.

Employees of Rushville whose first day worked is on or after 5/6/2006 are not covered under the Plan.

|                 |                                      |
|-----------------|--------------------------------------|
| Plan Name:      | The Trane Merged Hourly Pension Plan |
| EIN / PN:       | 25-0900465 / 023                     |
| Plan Sponsor:   | Ingersoll Rand                       |
| Valuation Date: | January 1, 2013                      |

# SCHEDULE SB ATTACHMENTS

## THE TRANE MERGED HOURLY PENSION PLAN

Lexington (6522):

January 1, 2013

- |                                                                                                             |                                                                                      |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| I. Age and/or Service eligibility:                                                                          |                                                                                      |
| A. Normal retirement                                                                                        | 65                                                                                   |
| B. Disability retirement                                                                                    | 10 years                                                                             |
| C. 1. Early retirement (reduced)                                                                            | 55 and 10                                                                            |
| 2. Early retirement (unreduced)                                                                             | 60 and 15                                                                            |
| D. Retirement Supplement                                                                                    | 15 years                                                                             |
| E. Vesting - Any reason                                                                                     | 5 years                                                                              |
| F. Spouse's benefit on death before retirement (other than as required by REA)                              | 5 years                                                                              |
| II. Formulas for monthly pensions:                                                                          |                                                                                      |
| A. Normal retirement:                                                                                       |                                                                                      |
| Net per Year of Service                                                                                     | \$42.00*                                                                             |
| B. Disability retirement                                                                                    | Same as normal retirement, but based on Service to disability retirement.            |
| C. 1. Early retirement:                                                                                     |                                                                                      |
| Same as normal retirement, but based on Service to early retirement, reduced for early commencement         | 2/12% per month from age 65 to 62. 5/12% per month from age 62 to 55.                |
| 2. Early (unreduced):                                                                                       |                                                                                      |
| Temporary supplement                                                                                        |                                                                                      |
| i) to age                                                                                                   | 62                                                                                   |
| ii) amount                                                                                                  | \$800                                                                                |
| D. Retirement Supplement                                                                                    | \$32.00**                                                                            |
| E. Vesting – Same as normal retirement, but based on Service to termination, reduced for early commencement | 2/12% per month from age 65 to 62. 5/12% per month from age 62 to 55.                |
| F. Elective spouse's benefit                                                                                | 50% of benefit as for early retirement actuarially reduced for joint & 50% survivor. |
| III. Other features:                                                                                        |                                                                                      |
| A. Rate of Accrual of Benefit Service                                                                       | One-tenth of a year for each 170 hours                                               |
| B. Bridging of Service (other than as required by ERISA)                                                    | No                                                                                   |
| C. Automatic Post-Retirement Spouse's Option                                                                | A Joint and 50% survivorship actuarially reduced.                                    |
| D. No Credited Service Before                                                                               | N/A                                                                                  |
| IV. Changes in Provisions Since Last Actuarial Valuation                                                    | None.                                                                                |

\* II.A increased to \$42.00 effective 3/1/2011.

\*\* II.D increased to \$32.00 effective 2/18/2007 adopted 1/1/2005.

Employees of Lexington whose first day worked is on or after 9/1/2008 are not covered under the Plan.

|                 |                                      |
|-----------------|--------------------------------------|
| Plan Name:      | The Trane Merged Hourly Pension Plan |
| EIN / PN:       | 25-0900465 / 023                     |
| Plan Sponsor:   | Ingersoll Rand                       |
| Valuation Date: | January 1, 2013                      |

# SCHEDULE SB ATTACHMENTS

## THE TRANE MERGED HOURLY PENSION PLAN

Trane Hourly - Clarksville (6523):

January 1, 2013

- |                                                                                                             |                                                                                                 |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| I. Age and/or Service eligibility:                                                                          |                                                                                                 |
| A. Normal retirement                                                                                        | 65                                                                                              |
| B. Disability retirement                                                                                    | 10 years                                                                                        |
| C. 1. Early retirement (reduced)                                                                            | 55 and 10                                                                                       |
| 2. Early retirement (unreduced)                                                                             | 60 and 15                                                                                       |
| D. Retirement Supplement                                                                                    | 15 years                                                                                        |
| E. Vesting - Any reason                                                                                     | 5 years                                                                                         |
| F. Spouse's benefit on death before retirement (other than as required by REA)                              | 5 years                                                                                         |
| II. Formulas for monthly pensions:                                                                          |                                                                                                 |
| A. Normal retirement:                                                                                       |                                                                                                 |
| Net per Year of Service                                                                                     | \$43.00*                                                                                        |
| B. Disability retirement                                                                                    | Same as normal retirement, but based on Service to disability retirement.                       |
| C. 1. Early retirement:                                                                                     |                                                                                                 |
| Same as normal retirement, but based on Service to early retirement, reduced for early commencement         | 2/12% per month from age 65 to 62. 1/3% per month from age 62 to 55.                            |
| 2. Early (unreduced):                                                                                       |                                                                                                 |
| Temporary supplement                                                                                        |                                                                                                 |
| i) to age                                                                                                   | 62                                                                                              |
| ii) amount                                                                                                  | \$700**                                                                                         |
| D. Retirement Supplement                                                                                    | \$12.50                                                                                         |
| E. Vesting - Same as normal retirement, but based on Service to termination, reduced for early commencement | 2/12% per month from age 65 to 62. 1/3% per month from age 62 to 55.                            |
| III. Other features:                                                                                        |                                                                                                 |
| A. Rate of Accrual of Benefit Service                                                                       | One-tenth of a year for each 170 hours                                                          |
| B. Bridging of Service (other than as required by ERISA)                                                    | No                                                                                              |
| C. Automatic Pre-Retirement Spouse's Option                                                                 | A Joint and 50% survivorship actuarially reduced for joint & 50% survivor and early retirement. |
| D. Automatic Post-Retirement Spouse's Option                                                                | A Joint and 50% survivorship actuarially reduced.                                               |
| E. No Credited Service Before                                                                               | N/A                                                                                             |

IV. Changes in Provisions Since Last Actuarial Valuation      None.

Post 65 "Medical" Supplement (Payable for life):

- 1) Age 55 & 15 years of service - \$12.50/month supplement at age 65
- 2) Age 55 & 10 years of service - \$30.00/month supplement at age 65 plus additional \$30.00/month when spouse attains age 65.

\* II.A for employees hired on or before 12/31/2006, the benefit increased to \$43.00 effective 2/13/2009.

\*\* II.C for employees hired on or before 12/31/2006, the benefit increased to \$700 effective 2/11/2006.

Employees of Clarksville whose first day worked is on or after 1/1/2007 are no longer covered under the Plan.

|                 |                                      |
|-----------------|--------------------------------------|
| Plan Name:      | The Trane Merged Hourly Pension Plan |
| EIN / PN:       | 25-0900465 / 023                     |
| Plan Sponsor:   | Ingersoll Rand                       |
| Valuation Date: | January 1, 2013                      |

# SCHEDULE SB ATTACHMENTS

## THE TRANE MERGED HOURLY PENSION PLAN

UPG Hourly – Fort Smith (6530):

January 1, 2013

- |                                                                                                             |                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I. Age and/or Service eligibility:                                                                          |                                                                                                                                                                                                                                                                                                   |
| A. Normal retirement                                                                                        | 65                                                                                                                                                                                                                                                                                                |
| B. Disability retirement                                                                                    | 5 years                                                                                                                                                                                                                                                                                           |
| C. 1. Early retirement                                                                                      | 60/5 or 55/10                                                                                                                                                                                                                                                                                     |
| 2. Early retirement supplement                                                                              | 5 years                                                                                                                                                                                                                                                                                           |
| D. Vesting - Any reason                                                                                     | 5 years or 65                                                                                                                                                                                                                                                                                     |
| E. Spouse's benefit on death before retirement (other than as required by REA)                              | 65 or 5 years                                                                                                                                                                                                                                                                                     |
| II. Formulas for monthly pensions:                                                                          |                                                                                                                                                                                                                                                                                                   |
| A. Normal retirement:                                                                                       |                                                                                                                                                                                                                                                                                                   |
| Net per Year of Service                                                                                     | \$42.00*                                                                                                                                                                                                                                                                                          |
| B. 1. Disability retirement                                                                                 | Same as normal retirement, but based on Service and earnings to disability retirement, a minimum benefit of the greater of \$320 or \$15 times service.                                                                                                                                           |
| 2. Disability Supplements                                                                                   | If disability begins prior to age 62 and participant is not eligible for Social Security Disability Insurance, the supplement equals the greater of \$125 or \$6 times years of service (max 25 yrs.), continuing to age 62. In addition, GE age 60 benefit reduced by 12%, continuing to age 60. |
| C. 1. Early retirement:                                                                                     |                                                                                                                                                                                                                                                                                                   |
| Same as normal retirement, but based on Service to early retirement, reduced for early commencement         | ½% per month from age 60 to 55.                                                                                                                                                                                                                                                                   |
| 2. Early retirement (retire after age 60):                                                                  |                                                                                                                                                                                                                                                                                                   |
| Temporary supplement (after age 60)                                                                         |                                                                                                                                                                                                                                                                                                   |
| i) to age                                                                                                   | 62                                                                                                                                                                                                                                                                                                |
| ii) amount                                                                                                  | \$30.00 times service (30 year cap), min. \$475                                                                                                                                                                                                                                                   |
| D. Vesting – Same as normal retirement, but based on Service to termination, reduced for early commencement | ½% per month from age 65 to 55.                                                                                                                                                                                                                                                                   |
| E. Spousal death benefit                                                                                    | 50% of benefit, actuarially reduced for joint and 50% survivor coverage by 12% if benefit starts prior to age 60 plus 50% of GE benefit reduced by 12% if benefit starts prior to age 60, payable for life; if single, payable for 5 years.                                                       |
| III. Other features:                                                                                        |                                                                                                                                                                                                                                                                                                   |
| A. Averaging period for pay                                                                                 | Best 5 of final 10                                                                                                                                                                                                                                                                                |
| B. Bridging of Service (other than as required by ERISA)                                                    | No                                                                                                                                                                                                                                                                                                |
| C. Automatic Pre-Retirement Spouse's Option                                                                 | A Joint and 50% survivorship actuarially reduced.                                                                                                                                                                                                                                                 |
| D. No Credited Service Before                                                                               | 9/15/82                                                                                                                                                                                                                                                                                           |
| E. Normal Form of Payment                                                                                   | Five Years Certain and Continuous                                                                                                                                                                                                                                                                 |

|                 |                                      |
|-----------------|--------------------------------------|
| Plan Name:      | The Trane Merged Hourly Pension Plan |
| EIN / PN:       | 25-0900465 / 023                     |
| Plan Sponsor:   | Ingersoll Rand                       |
| Valuation Date: | January 1, 2013                      |

## SCHEDULE SB ATTACHMENTS

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*UPG Hourly – Fort Smith (6530)- continued*

None.

#### IV. Changes in Provisions Since Last Actuarial Valuation

Post 65 "Medical" Supplement (Payable for life):

Age 65 & 10 years of service and eligible for normal, early or disability retirement - \$40.00/month supplement at age 65 plus additional \$40.00/month supplement for spouse when spouse reaches age 65.

\* II.A The benefit increased to \$42.00 effective 3/17/2008.

UPG Hourly Employees of Fort Smith whose first day worked is on or after 3/15/2008 are not covered under the Plan.

|                 |                                      |
|-----------------|--------------------------------------|
| Plan Name:      | The Trane Merged Hourly Pension Plan |
| EIN / PN:       | 25-0900465 / 023                     |
| Plan Sponsor:   | Ingersoll Rand                       |
| Valuation Date: | January 1, 2013                      |

# SCHEDULE SB ATTACHMENTS

## THE TRANE MERGED HOURLY PENSION PLAN

UPG Hourly – Trenton (6531):

January 1, 2013

- |                                                                                                             |                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I. Age and/or Service eligibility:                                                                          |                                                                                                                                                                                                                                                                                                   |
| A. Normal retirement                                                                                        | 65                                                                                                                                                                                                                                                                                                |
| B. Disability retirement                                                                                    | 10 years                                                                                                                                                                                                                                                                                          |
| C. 1. Early retirement                                                                                      | 60/5 or 55/10                                                                                                                                                                                                                                                                                     |
| 2. Early retirement supplement                                                                              | 5 years                                                                                                                                                                                                                                                                                           |
| D. Vesting - Any reason                                                                                     | 5 years or 65                                                                                                                                                                                                                                                                                     |
| E. Spouse's benefit on death before retirement (other than as required by REA)                              | 65 or 5 years                                                                                                                                                                                                                                                                                     |
| II. Formulas for monthly pensions:                                                                          |                                                                                                                                                                                                                                                                                                   |
| A. Normal retirement:                                                                                       |                                                                                                                                                                                                                                                                                                   |
| Net per Year of Service                                                                                     | \$42.00*                                                                                                                                                                                                                                                                                          |
| B. 1. Disability retirement                                                                                 | Same as normal retirement, but based on Service and earnings to disability retirement, minimum of \$175 plus \$10 times service.                                                                                                                                                                  |
| 2. Disability Supplements                                                                                   | If disability begins prior to age 62 and participant is not eligible for Social Security Disability Insurance, the supplement equals the greater of \$125 or \$6 times years of service (max 25 yrs.), continuing to age 62. In addition, GE age 60 benefit reduced by 12%, continuing to age 60. |
| C. 1. Early retirement:                                                                                     |                                                                                                                                                                                                                                                                                                   |
| Same as normal retirement, but based on Service to early retirement, reduced for early commencement         | ½% per month from age 60 to 55.                                                                                                                                                                                                                                                                   |
| 2. Early retirement (retire after age 60):                                                                  |                                                                                                                                                                                                                                                                                                   |
| Temporary supplement (after age 60)                                                                         |                                                                                                                                                                                                                                                                                                   |
| i) to age                                                                                                   | 62                                                                                                                                                                                                                                                                                                |
| ii) amount                                                                                                  | \$19 times service (30 year cap), plus \$210 per month                                                                                                                                                                                                                                            |
| D. Vesting – Same as normal retirement, but based on Service to termination, reduced for early commencement | ½% per month from age 65 to 55.                                                                                                                                                                                                                                                                   |
| E. Spousal death benefit                                                                                    | 50% of benefit, actuarially reduced for joint and 50% survivor coverage by 12% if benefit starts prior to age 60 plus 50% of GE benefit reduced by 12% if benefit starts prior to age 60, payable for life; if single, payable for 5 years.                                                       |
| III. Other features:                                                                                        |                                                                                                                                                                                                                                                                                                   |
| A. Averaging period for pay                                                                                 | Best 5 of final 10                                                                                                                                                                                                                                                                                |
| B. Bridging of Service (other than as required by ERISA)                                                    | No                                                                                                                                                                                                                                                                                                |
| C. Automatic Pre-Retirement Spouse's Option                                                                 | A Joint and 50% survivorship actuarially reduced.                                                                                                                                                                                                                                                 |
| D. No Credited Service Before                                                                               | 9/15/82                                                                                                                                                                                                                                                                                           |
| E. Normal Form of Payment                                                                                   | Five Years Certain and Continuous                                                                                                                                                                                                                                                                 |

Plan Name: The Trane Merged Hourly Pension Plan  
 EIN / PN: 25-0900465 / 023  
 Plan Sponsor: Ingersoll Rand  
 Valuation Date: January 1, 2013

## SCHEDULE SB ATTACHMENTS

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*UPG Hourly – Trenton (6531)- continued*

IV. Changes in Provisions Since Last Actuarial Valuation      None.

Eligibility to participate at the Trenton Location was frozen at 1/1/2006.

\* II.A for employees hired prior to 1/1/2006 the benefit increased to \$42.00 effective 6/7/2008.

|                 |                                      |
|-----------------|--------------------------------------|
| Plan Name:      | The Trane Merged Hourly Pension Plan |
| EIN / PN:       | 25-0900465 / 023                     |
| Plan Sponsor:   | Ingersoll Rand                       |
| Valuation Date: | January 1, 2013                      |

# SCHEDULE SB ATTACHMENTS

## THE TRANE MERGED HOURLY PENSION PLAN

UPG Hourly – Tyler (6532):

January 1, 2013

- |                                                                                                             |                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I. Age and/or Service eligibility:                                                                          |                                                                                                                                                                                                                                                                                                   |
| A. Normal retirement                                                                                        | 65                                                                                                                                                                                                                                                                                                |
| B. Disability retirement                                                                                    | 10 years                                                                                                                                                                                                                                                                                          |
| C. 1. Early retirement                                                                                      | 60/5 or 55/10                                                                                                                                                                                                                                                                                     |
| 2. Early retirement supplement                                                                              | 5 years                                                                                                                                                                                                                                                                                           |
| D. Vesting - Any reason                                                                                     | 5 years or 65                                                                                                                                                                                                                                                                                     |
| E. Spouse's benefit on death before retirement (other than as required by REA)                              | 65 or 5 years                                                                                                                                                                                                                                                                                     |
| II. Formulas for monthly pensions:                                                                          |                                                                                                                                                                                                                                                                                                   |
| A. Normal retirement:                                                                                       |                                                                                                                                                                                                                                                                                                   |
| Net per Year of Service                                                                                     | \$42.50*                                                                                                                                                                                                                                                                                          |
| B. 1. Disability retirement                                                                                 | Same as normal retirement, but based on Service and earnings to disability retirement, minimum of \$350.                                                                                                                                                                                          |
| 2. Disability Supplements                                                                                   | If disability begins prior to age 62 and participant is not eligible for Social Security Disability Insurance, the supplement equals the greater of \$150 or \$7 times years of service (max 25 yrs.), continuing to age 62. In addition, GE age 60 benefit reduced by 12%, continuing to age 60. |
| C. 1. Early retirement:                                                                                     |                                                                                                                                                                                                                                                                                                   |
| Same as normal retirement, but based on Service to early retirement, reduced for early commencement         | ½% per month from age 60 to 55.                                                                                                                                                                                                                                                                   |
| 2. Early retirement (retire after age 60):                                                                  |                                                                                                                                                                                                                                                                                                   |
| Temporary supplement (after age 60)                                                                         |                                                                                                                                                                                                                                                                                                   |
| i) to age                                                                                                   | 62                                                                                                                                                                                                                                                                                                |
| ii) amount                                                                                                  | \$26 times service (30 year cap), minimum of \$400                                                                                                                                                                                                                                                |
| D. Vesting – Same as normal retirement, but based on Service to termination, reduced for early commencement | ½% per month from age 65 to 55.                                                                                                                                                                                                                                                                   |
| E. Spousal death benefit                                                                                    | 50% of benefit, actuarially reduced for joint and 50% survivor coverage plus 50% of GE benefit reduced by 12% if benefit starts prior to age 60, payable for life; if single, payable for 5 years.                                                                                                |
| III. Other features:                                                                                        |                                                                                                                                                                                                                                                                                                   |
| A. Averaging period for pay                                                                                 | Best 5 of final 10                                                                                                                                                                                                                                                                                |
| B. Bridging of Service (other than as required by ERISA)                                                    | No                                                                                                                                                                                                                                                                                                |
| C. Automatic Post-Retirement Spouse's Option                                                                | A Joint and 50% survivorship actuarially reduced.                                                                                                                                                                                                                                                 |
| D. No Credited Service Before                                                                               | 9/15/82                                                                                                                                                                                                                                                                                           |
| E. Normal Form of Payment                                                                                   | Five Years Certain and Continuous                                                                                                                                                                                                                                                                 |

|                 |                                      |
|-----------------|--------------------------------------|
| Plan Name:      | The Trane Merged Hourly Pension Plan |
| EIN / PN:       | 25-0900465 / 023                     |
| Plan Sponsor:   | Ingersoll Rand                       |
| Valuation Date: | January 1, 2013                      |

# SCHEDULE SB ATTACHMENTS

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## *UPG Hourly – Tyler (6532)-continued*

IV. Changes in Provisions Since Last Actuarial Valuation      None.

A \$30 monthly supplement payable beginning at age 65 (for life) for employees who elect normal, early, or disability after 7-1-93.

\* II.A. Increased to \$42.50 for retirements on or after 6/30/2011.

Employees of UPG Tyler whose first day worked is on or after 6/17/2006 are no longer covered under the Plan.

|                 |                                      |
|-----------------|--------------------------------------|
| Plan Name:      | The Trane Merged Hourly Pension Plan |
| EIN / PN:       | 25-0900465 / 023                     |
| Plan Sponsor:   | Ingersoll Rand                       |
| Valuation Date: | January 1, 2013                      |

# SCHEDULE SB ATTACHMENTS

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

### Statement of actuarial assumptions and methods

#### Interest rate basis:

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

#### Interest rates:

|                           | Reflecting<br>Corridors | Not Reflecting<br>Corridors |
|---------------------------|-------------------------|-----------------------------|
| ● First segment rate      | 4.94%                   | 1.75%                       |
| ● Second segment rate     | 6.15%                   | 4.62%                       |
| ● Third segment rate      | 6.76%                   | 5.72%                       |
| ● Effective interest rate | 6.31%                   | 4.93%                       |

#### Annual rates of increase

- |                                      |     |
|--------------------------------------|-----|
| ● Compensation:                      | N/A |
| ● Future Social Security wage bases: | N/A |
| ● Statutory limits on compensation:  | N/A |

#### Assumed cost of living adjustments

0.00%

#### Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant.

|                 |                                      |
|-----------------|--------------------------------------|
| Plan Name:      | The Trane Merged Hourly Pension Plan |
| EIN / PN:       | 25-0900465 / 023                     |
| Plan Sponsor:   | Ingersoll Rand                       |
| Valuation Date: | January 1, 2013                      |

# SCHEDULE SB ATTACHMENTS

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## Plan-related expenses

\$2,479,000 of administrative expenses are assumed to be paid out of the trust in 2013 and are added to the service cost. This amount is based on the noninvestment-related expenses that were paid out of the plan in the prior fiscal year, and the change in the expected PBGC variable rate premium from the prior year to the current year.

## Mortality

For all participants: The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

## Retirement

It is assumed that normal and early retirements will occur in accordance with the following rates (subject to eligibility under the individual plans):

Current A – will be used for those participants at least age 50 as of January 1, 2008

Current B – will be used for those participants less than age 50 as of January 1, 2008

| Age | Current A | Current B |
|-----|-----------|-----------|
| 55  | 5.00%     | 5.00%     |
| 56  | 3.00%     | 3.00%     |
| 57  | 3.00%     | 3.00%     |
| 58  | 3.00%     | 3.00%     |
| 59  | 3.00%     | 3.00%     |
| 60  | 30.00%    | 15.00%    |
| 61  | 20.00%    | 10.00%    |
| 62  | 20.00%    | 10.00%    |
| 63  | 20.00%    | 10.00%    |
| 64  | 20.00%    | 10.00%    |
| 65  | 25.00%    | 25.00%    |
| 66  | 25.00%    | 25.00%    |
| 67  | 25.00%    | 25.00%    |
| 68  | 25.00%    | 25.00%    |
| 69  | 25.00%    | 25.00%    |
| 70  | 100.00%   | 100.00%   |

This is equivalent to an average assumed retirement age of 62 for those participants at least age 50 as of January 1, 2008 and 63 for those participants less than age 50 as of January 1, 2008.

Participants leaving before retirement eligibility are assumed to commence pension benefit payments at age 62.

Plan Name: The Trane Merged Hourly Pension Plan  
EIN / PN: 25-0900465 / 023  
Plan Sponsor: Ingersoll Rand  
Valuation Date: January 1, 2013

# SCHEDULE SB ATTACHMENTS

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## Representative termination rates (not due to disability, retirement or mortality)

The rates at which participants are assumed to leave the company by age and gender are shown below:

| Age   | Unisex rate of Withdrawal |
|-------|---------------------------|
| 20-24 | 10.00%                    |
| 25-29 | 8.00%                     |
| 30-34 | 5.50%                     |
| 35-39 | 5.00%                     |
| 40-44 | 3.50%                     |
| 45-49 | 2.50%                     |
| 50+   | 1.50%                     |

The rates of withdrawal used for the first four years of service are 20%, 12.5%, 11%, and 9% respectively. Thereafter, the rates vary by age as shown on the previous page for the indicated illustrative ages.

## Terminated vested participants

Terminated vested participants are assumed to commence pension benefit payments at age 62, or current age if greater. Terminated vested participants over age 65 and prior to age 70 as of the valuation date who have not commenced benefits under the plan were assumed to receive benefits actuarially increased from age 65 to the valuation date under the actuarial equivalence basis detailed in the plan document. Any participant over age 70 was valued without any increase to their benefit to reflect the probability that they are deceased, and those found to be deceased on a public death index were valued assuming half of their benefit would be paid to a beneficiary.

## Form of payment

Actual data is used for retired participants. For all other participants, pension benefits are assumed to be paid in the form of a single life annuity at retirement, except for the UPG plans, which have a five year certain and life normal form of payment.

|                 |                                      |
|-----------------|--------------------------------------|
| Plan Name:      | The Trane Merged Hourly Pension Plan |
| EIN / PN:       | 25-0900465 / 023                     |
| Plan Sponsor:   | Ingersoll Rand                       |
| Valuation Date: | January 1, 2013                      |

# SCHEDULE SB ATTACHMENTS

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## Future increases in Medicare Part B Costs

Annual increases in Medicare Part B benefits are assumed to be as follows:

| Year  | Trend Rate |
|-------|------------|
| 2013  | 8.05%      |
| 2014  | 7.65%      |
| 2015  | 7.25%      |
| 2016  | 6.85%      |
| 2017  | 6.45%      |
| 2018  | 6.05%      |
| 2019  | 5.65%      |
| 2020  | 5.25%      |
| 2021+ | 5.00%      |

## Marriage

Actual data is used for retired participants. For all other participants 80% of males and females are assumed to be married at death. Females are assumed to be 3 years younger than their husbands.

## Valuation date

First day of plan year

## 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.

|                 |                                      |
|-----------------|--------------------------------------|
| Plan Name:      | The Trane Merged Hourly Pension Plan |
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| Valuation Date: | January 1, 2013                      |

# SCHEDULE SB ATTACHMENTS

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## Actuarial value of assets

Under this method, the valuation assets are equal to the average of three values (all determined without regard to receivable contributions), the result increased by the discounted present value of contributions expected to be made after the valuation date based on the prior plan year PPA effective interest rate. This amount is then subject to a 10% corridor around the market value of assets (including the discounted present value of receivable contributions) as of the valuation date. The three values used to develop the average value are: the market value of assets as of the current valuation date, the adjusted market value of assets as of the prior valuation date and the adjusted market value of assets as of the second prior valuation date. The adjusted market value as of a relevant valuation date is equal to the market value of assets as of the prior valuation date increased by actual plan contributions and assumed return on plan assets and decreased by actual plan disbursements after that date until the current valuation date. The assumed rate of return on plan assets for the prior plan year (pursuant to IRS Notice 2009-22) was 6.75%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 6.75%, and the applicable limitation for the plan year, equal to 7.52%. The assumed rate of return on plan assets for the second prior plan year (pursuant to IRS Notice 2009-22) was 6.57%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 7.25%, and the applicable limitation for the plan year, equal to 6.57%. The algebraically equivalent development of this method (pursuant to IRS Notice 2009-22) is shown in Section 2.3. Because expected investment returns under this method are limited under WRERA, over time it is more likely to produce an actuarial value that is expected to be less than the market value of assets.

## Benefits not valued

None.

## Participant data

The valuations are based on employee data provided by Ingersoll Rand, covering all persons who participated in the plan during the year ending on the valuation date, whether in an active or retired status. Some relevant data concerning such persons was provided by the Company for use in previous valuations, and reasonable estimates were employed if any data was unavailable. Persons on temporary layoff subject to recall or on an approved leave of absence are treated as actively employed persons. In addition, terminated participants are assumed to be vested unless confirmed otherwise by Ingersoll Rand.

We have not independently verified the accuracy or completeness of the data or information provided, but we have performed limited checks for reasonableness.

## Tax policy

The actuarial valuation performed for the plan year ending December 31, 2013 is used to determine the maximum deductible contribution for the tax year ending December 31, 2013.

|                 |                                      |
|-----------------|--------------------------------------|
| Plan Name:      | The Trane Merged Hourly Pension Plan |
| EIN / PN:       | 25-0900465 / 023                     |
| Plan Sponsor:   | Ingersoll Rand                       |
| Valuation Date: | January 1, 2013                      |

## SCHEDULE SB ATTACHMENTS

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### Changes in assumptions and methods since last actuarial valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2011 to September 2012 with application of MAP-21 corridors as applicable.
- The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvement.
- The assumed consumed plan-related expenses added to the target normal cost were changed from \$2,073,000 for 2012 to \$2,479,000 for 2013.
- The ASC 960 (plan accounting) discount rate was changed from 6.75% to 6.50% and the mortality table used was updated to include one additional year of projected mortality improvement.

|                 |                                      |
|-----------------|--------------------------------------|
| Plan Name:      | The Trane Merged Hourly Pension Plan |
| EIN / PN:       | 25-0900465 / 023                     |
| Plan Sponsor:   | Ingersoll Rand                       |
| Valuation Date: | January 1, 2013                      |

|                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration<br/>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

► **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.

|                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                 |                                         |     |                                                                 |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----|-----------------------------------------------------------------|--|
| <b>A</b> Name of plan<br><br>THE TRANE MERGED HOURLY PENSION PLAN                                                                                                        | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>B</b> Three-digit plan number (PN) ►</td> <td style="width:40%; text-align: center;">023</td> </tr> <tr> <td colspan="2"><b>D</b> Employer Identification Number (EIN)<br/><br/>25-0900465</td> </tr> </table> | <b>B</b> Three-digit plan number (PN) ► | 023 | <b>D</b> Employer Identification Number (EIN)<br><br>25-0900465 |  |
| <b>B</b> Three-digit plan number (PN) ►                                                                                                                                  | 023                                                                                                                                                                                                                                                                                                             |                                         |     |                                                                 |  |
| <b>D</b> Employer Identification Number (EIN)<br><br>25-0900465                                                                                                          |                                                                                                                                                                                                                                                                                                                 |                                         |     |                                                                 |  |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>TRANE U.S. INC.                                                                          |                                                                                                                                                                                                                                                                                                                 |                                         |     |                                                                 |  |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B <input type="checkbox"/> Other |                                                                                                                                                                                                                                                                                                                 |                                         |     |                                                                 |  |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500                  |                                                                                                                                                                                                                                                                                                                 |                                         |     |                                                                 |  |

|                                                                                                                                                                                                          |              |                            |                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------|--------------------|
| <b>Part I Basic Information</b>                                                                                                                                                                          |              |                            |                    |
| <b>1</b> Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2013</u>                                                                                                                          |              |                            |                    |
| <b>2</b> Assets:                                                                                                                                                                                         |              |                            |                    |
| a Market value .....                                                                                                                                                                                     | <b>2a</b>    |                            | 835,142,514        |
| b Actuarial value .....                                                                                                                                                                                  | <b>2b</b>    |                            | 793,875,443        |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                     |              |                            |                    |
|                                                                                                                                                                                                          |              | (1) Number of participants | (2) Funding Target |
| a For retired participants and beneficiaries receiving payment .....                                                                                                                                     | <b>3a</b>    | 8,891                      | 503,758,097        |
| b For terminated vested participants .....                                                                                                                                                               | <b>3b</b>    | 6,592                      | 94,322,426         |
| <b>c</b> For active participants:                                                                                                                                                                        |              |                            |                    |
| (1) Non-vested benefits .....                                                                                                                                                                            | <b>3c(1)</b> |                            | 13,355,382         |
| (2) Vested benefits .....                                                                                                                                                                                | <b>3c(2)</b> |                            | 227,349,882        |
| (3) Total active .....                                                                                                                                                                                   | <b>3c(3)</b> | 3,702                      | 240,705,264        |
| d Total .....                                                                                                                                                                                            | <b>3d</b>    | 19,185                     | 838,785,787        |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                    |              |                            |                    |
| a Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>    |                            |                    |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>    |                            |                    |
| <b>5</b> Effective interest rate .....                                                                                                                                                                   | <b>5</b>     |                            | 6.31 %             |
| <b>6</b> Target normal cost .....                                                                                                                                                                        | <b>6</b>     |                            | 11,801,781         |

**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.

|                  |                                                                                                                                                                                             |                                                                                                                                     |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN HERE</b> | Brenda G. Stovall<br><br>Signature of actuary                                                                                                                                               | 10/06/2014<br>Date<br><br>14-05721<br>Most recent enrollment number<br><br>(901) 252-4000<br>Telephone number (including area code) |
|                  | Brenda G. Stovall<br>Type or print name of actuary<br><br>Towers Watson Delaware Inc.<br>Firm name<br><br>3350 Players Club Parkway<br>Suite 200<br>Memphis TN 38125<br>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) 2013  
v. 130118

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                            | (a) Carryover balance | (b) Prefunding balance |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                   | 0                     | 476,995                |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                      | 0                     | 476,995                |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>13.51</u> % .....                                                      |                       | 64,442                 |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                             |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                            |                       | 16,356,332             |
| <b>b</b> Interest on (a) using prior year's effective interest rate of <u>7.01</u> % except as otherwise provided (see instructions) ..... |                       | 1,146,578              |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                              |                       | 17,502,910             |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                            |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                          | 0                     | 541,437                |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....                                               | 0                     | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 94.64 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 94.64 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 97.97 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 04/15/2013               | 4,563,000                         |                                 | 09/15/2014               | 9,200,000                         |                                 |
| 07/15/2013               | 4,563,000                         |                                 |                          |                                   |                                 |
| 10/15/2013               | 5,811,000                         |                                 |                          |                                   |                                 |
| 01/15/2014               | 5,811,000                         |                                 |                          |                                   |                                 |
| 04/15/2014               | 6,328,000                         |                                 |                          |                                   |                                 |
| 07/15/2014               | 6,328,000                         |                                 |                          |                                   |                                 |
| <b>Totals ►</b>          |                                   |                                 | <b>18(b)</b>             | 42,604,000                        | <b>18(c)</b> 0                  |

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

|                                                                                                                         |            |            |
|-------------------------------------------------------------------------------------------------------------------------|------------|------------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> |            |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> |            |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 39,784,010 |

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

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
| 0                                                          | 0       | 0       | 0       |

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

|                                                                                                                                                                                              |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.94 % | 2nd segment:<br>6.15 % | 3rd segment:<br>6.76 %                              |
|                                                                                                                                                                                              |                        |                        | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        | <b>22</b> 63                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                   |                     |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                   |                     |               |
| <b>a</b> Target normal cost (line 6).....                                                                                                                                            |                   | <b>31a</b>          | 11,801,781    |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           |                   | <b>31b</b>          | 0             |
| <b>32</b> Amortization installments:                                                                                                                                                 |                   | Outstanding Balance | Installment   |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 |                   | 44,910,344          | 13,509,782    |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                   |                     | 0             |
| <b>33</b> 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 ..... |                   | <b>33</b>           | 0             |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..                                                            |                   | <b>34</b>           | 25,311,563    |
|                                                                                                                                                                                      | Carryover balance | Prefunding balance  | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                 | 0                   | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   |                   | <b>36</b>           | 25,311,563    |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   |                   | <b>37</b>           | 39,784,010    |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                   |                     |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       |                   | <b>38a</b>          | 14,472,447    |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                |                   | <b>38b</b>          | 0             |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      |                   | <b>39</b>           | 0             |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  |                   | <b>40</b>           | 0             |

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

|                                                                                                |  |                                                                                                                         |  |
|------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |  |                                                                                                                         |  |
| <b>a</b> Schedule elected .....                                                                |  | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               |  | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |
| <b>42</b> Amount of acceleration adjustment .....                                              |  | <b>42</b>                                                                                                               |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... |  | <b>43</b>                                                                                                               |  |

# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

|                          |                                      |
|--------------------------|--------------------------------------|
| <b>Plan Sponsor</b>      | Ingersoll Rand                       |
| <b>EIN/PN</b>            | 25-0900465/023                       |
| <b>Plan Name</b>         | The Trane Merged Hourly Pension Plan |
| <b>Valuation Date</b>    | January 1, 2013                      |
| <b>Enrolled Actuary</b>  | Brenda G. Stovall                    |
| <b>Enrollment Number</b> | 14-05721                             |

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

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

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2013

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for each group. The groups are then prorated based on the size of each group to the total population.

Group A - Participants at least age 50 as of January 1, 2008

| x  | Mid Year | $q_x^r$ | $l_x$     | ${}_{x-55}P_{55} = l_x / l_{55}$ | $q_x^r * l_x / l_{55}$ | $x * q_x^r * l_x / l_{55}$ |
|----|----------|---------|-----------|----------------------------------|------------------------|----------------------------|
| 55 | 55.5     | 0.05    | 1,000,000 | 1.00000                          | 0.05000                | 2.7750                     |
| 56 | 56.5     | 0.03    | 950,000   | 0.95000                          | 0.02850                | 1.6103                     |
| 57 | 57.5     | 0.03    | 921,500   | 0.92150                          | 0.02765                | 1.5896                     |
| 58 | 58.5     | 0.03    | 893,855   | 0.89386                          | 0.02682                | 1.5687                     |
| 59 | 59.5     | 0.03    | 867,039   | 0.86704                          | 0.02601                | 1.5477                     |
| 60 | 60.5     | 0.30    | 841,028   | 0.84103                          | 0.25231                | 15.2647                    |
| 61 | 61.5     | 0.20    | 588,720   | 0.58872                          | 0.11774                | 7.2413                     |
| 62 | 62.5     | 0.20    | 470,976   | 0.47098                          | 0.09420                | 5.8872                     |
| 63 | 63.5     | 0.20    | 376,781   | 0.37678                          | 0.07536                | 4.7851                     |
| 64 | 64.5     | 0.20    | 301,424   | 0.30142                          | 0.06028                | 3.8884                     |
| 65 | 65.5     | 0.25    | 241,140   | 0.24114                          | 0.06028                | 3.9487                     |
| 66 | 66.5     | 0.25    | 180,855   | 0.18085                          | 0.04521                | 3.0067                     |
| 67 | 67.5     | 0.25    | 135,641   | 0.13564                          | 0.03391                | 2.2889                     |
| 68 | 68.5     | 0.25    | 101,731   | 0.10173                          | 0.02543                | 1.7421                     |
| 69 | 69.5     | 0.25    | 76,298    | 0.07630                          | 0.01907                | 1.3257                     |
| 70 | 70.5     | 1.00    | 57,224    | 0.05722                          | 0.05722                | 4.0343                     |

Weighted Average age at retirement Group A 62.5044

Participant Count Group A 1,384

Plan Name: The Trane Merged Hourly Pension Plan  
 EIN / PN: 25-0900465 / 023  
 Plan Sponsor: Ingersoll Rand  
 Valuation Date: January 1, 2013

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2013

Group B - Participants less than age 50 as of January 1, 2008

| x  | Mid Year | $q_x^r$ | $l_x$     | ${}_{x-55}P_{55} = l_x / l_{55}$ | $q_x^r * l_x / l_{55}$ | $x * q_x^r * l_x / l_{55}$ |
|----|----------|---------|-----------|----------------------------------|------------------------|----------------------------|
| 55 | 55.5     | 0.05    | 1,000,000 | 1.00000                          | 0.05000                | 2.7750                     |
| 56 | 56.5     | 0.03    | 950,000   | 0.95000                          | 0.02850                | 1.6103                     |
| 57 | 57.5     | 0.03    | 921,500   | 0.92150                          | 0.02765                | 1.5896                     |
| 58 | 58.5     | 0.03    | 893,855   | 0.89386                          | 0.02682                | 1.5687                     |
| 59 | 59.5     | 0.03    | 867,039   | 0.86704                          | 0.02601                | 1.5477                     |
| 60 | 60.5     | 0.15    | 841,028   | 0.84103                          | 0.12615                | 7.6323                     |
| 61 | 61.5     | 0.10    | 714,874   | 0.71487                          | 0.07149                | 4.3965                     |
| 62 | 62.5     | 0.10    | 643,387   | 0.64339                          | 0.06434                | 4.0212                     |
| 63 | 63.5     | 0.10    | 579,048   | 0.57905                          | 0.05790                | 3.6770                     |
| 64 | 64.5     | 0.10    | 521,143   | 0.52114                          | 0.05211                | 3.3614                     |
| 65 | 65.5     | 0.25    | 469,029   | 0.46903                          | 0.11726                | 7.6803                     |
| 66 | 66.5     | 0.25    | 351,772   | 0.35177                          | 0.08794                | 5.8482                     |
| 67 | 67.5     | 0.25    | 263,829   | 0.26383                          | 0.06596                | 4.4521                     |
| 68 | 68.5     | 0.25    | 197,872   | 0.19787                          | 0.04947                | 3.3885                     |
| 69 | 69.5     | 0.25    | 148,404   | 0.14840                          | 0.03710                | 2.5785                     |
| 70 | 70.5     | 1.00    | 111,303   | 0.11130                          | 0.11130                | 7.8468                     |

Weighted Average age at retirement Group B 63.9741

Participant Count  
Group B 2,318

The weighted average retirement age was determined on a prorate basis of the size of Group A&B to the total population.

Weighted Average Age 63.4247  
Rounded for Schedule SB item  
22 63

Plan Name: The Trane Merged Hourly Pension Plan  
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Plan Sponsor: Ingersoll Rand  
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# SCHEDULE SB ATTACHMENTS

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

### Statement of actuarial assumptions and methods

#### Interest rate basis:

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

#### Interest rates:

|                           | Reflecting<br>Corridors | Not Reflecting<br>Corridors |
|---------------------------|-------------------------|-----------------------------|
| ● First segment rate      | 4.94%                   | 1.75%                       |
| ● Second segment rate     | 6.15%                   | 4.62%                       |
| ● Third segment rate      | 6.76%                   | 5.72%                       |
| ● Effective interest rate | 6.31%                   | 4.93%                       |

#### Annual rates of increase

- |                                      |     |
|--------------------------------------|-----|
| ● Compensation:                      | N/A |
| ● Future Social Security wage bases: | N/A |
| ● Statutory limits on compensation:  | N/A |

#### Assumed cost of living adjustments

0.00%

#### Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant.

|                 |                                      |
|-----------------|--------------------------------------|
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# SCHEDULE SB ATTACHMENTS

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## Plan-related expenses

\$2,479,000 of administrative expenses are assumed to be paid out of the trust in 2013 and are added to the service cost. This amount is based on the noninvestment-related expenses that were paid out of the plan in the prior fiscal year, and the change in the expected PBGC variable rate premium from the prior year to the current year.

## Mortality

For all participants: The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

## Retirement

It is assumed that normal and early retirements will occur in accordance with the following rates (subject to eligibility under the individual plans):

Current A – will be used for those participants at least age 50 as of January 1, 2008

Current B – will be used for those participants less than age 50 as of January 1, 2008

| Age | Current A | Current B |
|-----|-----------|-----------|
| 55  | 5.00%     | 5.00%     |
| 56  | 3.00%     | 3.00%     |
| 57  | 3.00%     | 3.00%     |
| 58  | 3.00%     | 3.00%     |
| 59  | 3.00%     | 3.00%     |
| 60  | 30.00%    | 15.00%    |
| 61  | 20.00%    | 10.00%    |
| 62  | 20.00%    | 10.00%    |
| 63  | 20.00%    | 10.00%    |
| 64  | 20.00%    | 10.00%    |
| 65  | 25.00%    | 25.00%    |
| 66  | 25.00%    | 25.00%    |
| 67  | 25.00%    | 25.00%    |
| 68  | 25.00%    | 25.00%    |
| 69  | 25.00%    | 25.00%    |
| 70  | 100.00%   | 100.00%   |

This is equivalent to an average assumed retirement age of 62 for those participants at least age 50 as of January 1, 2008 and 63 for those participants less than age 50 as of January 1, 2008.

Participants leaving before retirement eligibility are assumed to commence pension benefit payments at age 62.

|                 |                                      |
|-----------------|--------------------------------------|
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### Representative termination rates (not due to disability, retirement or mortality)

The rates at which participants are assumed to leave the company by age and gender are shown below:

| Age   | Unisex rate of Withdrawal |
|-------|---------------------------|
| 20-24 | 10.00%                    |
| 25-29 | 8.00%                     |
| 30-34 | 5.50%                     |
| 35-39 | 5.00%                     |
| 40-44 | 3.50%                     |
| 45-49 | 2.50%                     |
| 50+   | 1.50%                     |

The rates of withdrawal used for the first four years of service are 20%, 12.5%, 11%, and 9% respectively. Thereafter, the rates vary by age as shown on the previous page for the indicated illustrative ages.

### Terminated vested participants

Terminated vested participants are assumed to commence pension benefit payments at age 62, or current age if greater. Terminated vested participants over age 65 and prior to age 70 as of the valuation date who have not commenced benefits under the plan were assumed to receive benefits actuarially increased from age 65 to the valuation date under the actuarial equivalence basis detailed in the plan document. Any participant over age 70 was valued without any increase to their benefit to reflect the probability that they are deceased, and those found to be deceased on a public death index were valued assuming half of their benefit would be paid to a beneficiary.

### Form of payment

Actual data is used for retired participants. For all other participants, pension benefits are assumed to be paid in the form of a single life annuity at retirement, except for the UPG plans, which have a five year certain and life normal form of payment.

|                 |                                      |
|-----------------|--------------------------------------|
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# SCHEDULE SB ATTACHMENTS

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## Future increases in Medicare Part B Costs

Annual increases in Medicare Part B benefits are assumed to be as follows:

| Year  | Trend Rate |
|-------|------------|
| 2013  | 8.05%      |
| 2014  | 7.65%      |
| 2015  | 7.25%      |
| 2016  | 6.85%      |
| 2017  | 6.45%      |
| 2018  | 6.05%      |
| 2019  | 5.65%      |
| 2020  | 5.25%      |
| 2021+ | 5.00%      |

## Marriage

Actual data is used for retired participants. For all other participants 80% of males and females are assumed to be married at death. Females are assumed to be 3 years younger than their husbands.

## Valuation date

First day of plan year

## 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.

|                 |                                      |
|-----------------|--------------------------------------|
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# SCHEDULE SB ATTACHMENTS

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## Actuarial value of assets

Under this method, the valuation assets are equal to the average of three values (all determined without regard to receivable contributions), the result increased by the discounted present value of contributions expected to be made after the valuation date based on the prior plan year PPA effective interest rate. This amount is then subject to a 10% corridor around the market value of assets (including the discounted present value of receivable contributions) as of the valuation date. The three values used to develop the average value are: the market value of assets as of the current valuation date, the adjusted market value of assets as of the prior valuation date and the adjusted market value of assets as of the second prior valuation date. The adjusted market value as of a relevant valuation date is equal to the market value of assets as of the prior valuation date increased by actual plan contributions and assumed return on plan assets and decreased by actual plan disbursements after that date until the current valuation date. The assumed rate of return on plan assets for the prior plan year (pursuant to IRS Notice 2009-22) was 6.75%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 6.75%, and the applicable limitation for the plan year, equal to 7.52%. The assumed rate of return on plan assets for the second prior plan year (pursuant to IRS Notice 2009-22) was 6.57%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 7.25%, and the applicable limitation for the plan year, equal to 6.57%. The algebraically equivalent development of this method (pursuant to IRS Notice 2009-22) is shown in Section 2.3. Because expected investment returns under this method are limited under WRERA, over time it is more likely to produce an actuarial value that is expected to be less than the market value of assets.

## Benefits not valued

None.

## Participant data

The valuations are based on employee data provided by Ingersoll Rand, covering all persons who participated in the plan during the year ending on the valuation date, whether in an active or retired status. Some relevant data concerning such persons was provided by the Company for use in previous valuations, and reasonable estimates were employed if any data was unavailable. Persons on temporary layoff subject to recall or on an approved leave of absence are treated as actively employed persons. In addition, terminated participants are assumed to be vested unless confirmed otherwise by Ingersoll Rand.

We have not independently verified the accuracy or completeness of the data or information provided, but we have performed limited checks for reasonableness.

## Tax policy

The actuarial valuation performed for the plan year ending December 31, 2013 is used to determine the maximum deductible contribution for the tax year ending December 31, 2013.

|                 |                                      |
|-----------------|--------------------------------------|
| Plan Name:      | The Trane Merged Hourly Pension Plan |
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## SCHEDULE SB ATTACHMENTS

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### Changes in assumptions and methods since last actuarial valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2011 to September 2012 with application of MAP-21 corridors as applicable.
- The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvement.
- The assumed consumed plan-related expenses added to the target normal cost were changed from \$2,073,000 for 2012 to \$2,479,000 for 2013.
- The ASC 960 (plan accounting) discount rate was changed from 6.75% to 6.50% and the mortality table used was updated to include one additional year of projected mortality improvement.

|                 |                                      |
|-----------------|--------------------------------------|
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| Valuation Date: | January 1, 2013                      |

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V Summary of Plan Provisions

### Summary of principal plan provisions

#### THE TRANE MERGED HOURLY PENSION PLAN

Potters: Tiffin (1134), Trenton (1136):

January 1, 2013

- I. Age and/or Service eligibility:
  - A. Normal retirement 65
  - B. Disability retirement 10 years
  - C. Early retirement
    - 1. Voluntary reduced 55 and 10
    - 2. Shutdown 75/80 and 10
    - 3. Voluntary unreduced 62 and 10 or 58 and 30
  - D. Vesting - Any reason 5 years
  - E. Spouse's benefit on death before retirement (other than as required by REA) 50 and 10
- II. Formulas for monthly pensions:
  - For Benefit Service prior to 5/1/2004
    - A. Normal retirement (Hired before 6/1/91):
      - 1. Present formula 1% of final average monthly earnings times Years of Service.
      - 2. Net Minimum per Year of Service \$18.00
    - B. Normal retirement (Hired on or after 6/1/91) Net per Year of Service (no 1% formula): \$18.00
  - For Benefit Service on or after 5/1/2004
    - C. Normal retirement: Net per Year of Service \$36.00\*
    - D. Disability retirement:
      - 1. Regular Same as normal retirement, but based on Service and earnings to disability retirement
      - 2. Special minimum \$225
    - E. Early retirement:
      - 1. Voluntary reduced – Same as normal retirement, but based on Service and earnings to early retirement and reduced for early commencement 1/3% per month from age 62
      - 2. Shutdown:
        - a) Pension after age 65 Same as normal retirement, but based on Service and earnings to early retirement
        - b) Pension before age 65 Same as after age 65.
      - 3. Voluntary unreduced:
        - a) Pension for life Same as II.A.
        - b) Temporary Supplement:
          - i) To age 62
          - ii) Amount \$175

Plan Name: The Trane Merged Hourly Pension Plan  
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## SCHEDULE SB ATTACHMENTS

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*Potters: Tiffin (1134), Trenton (1136) - continued*

- |    |                                                                                                                       |                            |
|----|-----------------------------------------------------------------------------------------------------------------------|----------------------------|
| F. | Vesting – Same as normal retirement, but based on Service and earnings to termination, reduced for early commencement | 1/3% per month from age 65 |
| G. | Spouse's monthly benefit payable until age 65 or remarriage                                                           | \$100                      |

III. Other features:

- |    |                                                       |                                                   |
|----|-------------------------------------------------------|---------------------------------------------------|
| A. | Averaging period for pay                              | Best 5 of final 15                                |
| B. | Bridging of Service (other than as required by ERISA) | Yes                                               |
| C. | Automatic Post-Retirement Spouse's Option             | A Joint and 50% survivorship actuarially reduced. |
| D. | No Credited Service Before                            | N/A                                               |

IV. Changes in Provisions Since Last Actuarial Valuation      None.

\* II.D. Effective 5/5/2007 the benefit multiplier increased to \$36.00 for service on or after 5/1/2007. As of October 31, 2007 benefits were effectively frozen due to the sale of the B&K division.

|                 |                                      |
|-----------------|--------------------------------------|
| Plan Name:      | The Trane Merged Hourly Pension Plan |
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| Valuation Date: | January 1, 2013                      |

# SCHEDULE SB ATTACHMENTS

## THE TRANE MERGED HOURLY PENSION PLAN

Paintsville (1139):

January 1, 2013

- I. Age and/or Service eligibility:
  - A. Normal retirement 65
  - B. Disability retirement 10 years
  - C. Early retirement
    - 1. Voluntary reduced 55 and 10
    - 2. Shutdown 75/80 and 10 or 53 and 18
    - 3. Voluntary unreduced 62 and 10 or 58 and 30
  - D. Vesting – Any reason 5 years
  - E. Spouse's benefit on death before retirement (other than as required by REA) 10 years
- II. Formulas for monthly pensions:
  - A. Normal retirement:
    - 1. Present formula 1% of final average monthly earnings times Years of Service.
    - 2. Net Minimum per Year of Service \$30.00
  - B. Disability retirement:
    - 1. Regular Same as normal retirement, but based on Service and earnings to disability retirement.
    - 2. Special minimum \$300
  - C. Early retirement
    - 1. Voluntary reduced – Same as normal retirement, but based on Service and earnings to early retirement and reduced for early commencement. ¼% per month from age 62
    - 2. Shutdown:
      - a) Pension after age 65 Same as normal retirement, but based on Service and earnings to early retirement.
      - b) Pension before age 65 Same as after age 65
    - 3. Voluntary unreduced:
      - a) Pension for life Same as II.A.
      - b) Temporary Supplement:
        - i) To age 62
        - ii) Amount \$375

Plan Name: The Trane Merged Hourly Pension Plan  
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## SCHEDULE SB ATTACHMENTS

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### *Paintsville (1139) - continued*

- |    |                                                                                                                       |                          |
|----|-----------------------------------------------------------------------------------------------------------------------|--------------------------|
| D. | Vesting – Same as normal retirement, but based on Service and earnings to termination, reduced for early commencement | ¼% per month from age 65 |
| E. | Spouse's monthly benefit payable until age 65 or remarriage                                                           | \$200                    |
- III. Other features:
- |    |                                                       |                                                                           |
|----|-------------------------------------------------------|---------------------------------------------------------------------------|
| A. | Averaging period for pay                              | Best 5 of final 15                                                        |
| B. | Bridging of Service (other than as required by ERISA) | No                                                                        |
| C. | Automatic Post-Retirement Spouse's Option             | A Joint and 50% survivorship actuarially reduced at 80% rate equivalence. |
| D. | No Credited Service Before                            | N/A                                                                       |
- IV. Changes in Provisions Since Last Actuarial Valuation      None.

\* As of October 31, 2007 benefits were effectively frozen due to the sale of the B&K division.

|                 |                                      |
|-----------------|--------------------------------------|
| Plan Name:      | The Trane Merged Hourly Pension Plan |
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# SCHEDULE SB ATTACHMENTS

## THE TRANE MERGED HOURLY PENSION PLAN

Trane Hourly-LaCrosse (6501)

January 1, 2013

- |                                                                                                             |                                                                                      |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| I. Age and/or Service eligibility:                                                                          |                                                                                      |
| A. Normal retirement                                                                                        | 65                                                                                   |
| B. Disability retirement                                                                                    | 10 years                                                                             |
| C. Early retirement                                                                                         |                                                                                      |
| 1. Reduced                                                                                                  | 55 and 10                                                                            |
| 2. Unreduced supplement                                                                                     | 60 and 15                                                                            |
| D. Retirement Supplement (commencing age 65)                                                                | 15 years                                                                             |
| E. Vesting - Any reason                                                                                     | 5 years                                                                              |
| F. Spouse's benefit on death before retirement (other than as required by REA)                              | 5 years                                                                              |
| II. Formulas for monthly pensions:                                                                          |                                                                                      |
| A. Normal retirement:                                                                                       |                                                                                      |
| Net per Year of Service                                                                                     |                                                                                      |
| 1. Local 44                                                                                                 | \$20.50                                                                              |
| 2. Lodge 21 & Lodge 1115                                                                                    | \$43.00*                                                                             |
| B. Disability retirement:                                                                                   | Same as normal retirement, but based on Service to disability retirement.            |
| C. Early retirement                                                                                         |                                                                                      |
| 1. Reduced:                                                                                                 |                                                                                      |
| Same as normal retirement, but based on Service to early retirement, reduced for early commencement         | 2/12% per month from age 65 to 62. 5/12% per month from age 62 to 55.                |
| 2. Unreduced supplement:                                                                                    |                                                                                      |
| a) To age                                                                                                   | 62.                                                                                  |
| b) Amount                                                                                                   |                                                                                      |
| i) Local 44                                                                                                 | \$475                                                                                |
| ii) Lodge 21 & Lodge 1115                                                                                   | \$850                                                                                |
| D. Retirement Supplement:                                                                                   |                                                                                      |
| 1. Local 44                                                                                                 | \$20.00                                                                              |
| 2. Lodge 21 & Lodge 1115                                                                                    | \$40.00                                                                              |
| E. Vesting – Same as normal retirement, but based on Service to termination, reduced for early commencement | 2/12% per month from age 65 to 62. 5/12% per month from age 62 to 55.                |
| F. Spouse's benefit                                                                                         | 50% of benefit as for early retirement actuarially reduced for joint & 50% survivor. |
| III. Other features:                                                                                        |                                                                                      |
| A. Rate of Accrual of Benefit Service                                                                       | One-tenth of a year for each 170 hours                                               |
| B. Bridging of Service (other than as required by ERISA)                                                    | No                                                                                   |
| C. Automatic Post-Retirement Spouse's Option                                                                | A Joint and 50% survivorship actuarially reduced.                                    |
| D. No Credited Service Before                                                                               | N/A                                                                                  |

Plan Name: The Trane Merged Hourly Pension Plan  
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# SCHEDULE SB ATTACHMENTS

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## *Trane Hourly-LaCrosse (6501) - continued*

IV. Changes in Provisions Since Last Actuarial Valuation      None.

\* II.A.2 for employees active on or after 8/5/2007 the benefit increased to \$43.00 effective 8/2/2009.

Benefits for Local 44 frozen effective 8/5/1994. Active participants will continue to earn age (not service) credit for subsidized early retirement, unreduced supplement and retirement supplement.

Employees of LaCrosse whose first day worked is on or after 8/8/2010 are not covered under the Plan.

|                 |                                      |
|-----------------|--------------------------------------|
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# SCHEDULE SB ATTACHMENTS

## THE TRANE MERGED HOURLY PENSION PLAN

Rushville (6505):

January 1, 2013

- |                                                          |                                                                                                          |                                                                                                                                                                                                                                                 |
|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I. Age and/or Service eligibility:                       |                                                                                                          |                                                                                                                                                                                                                                                 |
| A.                                                       | Normal retirement                                                                                        | 65                                                                                                                                                                                                                                              |
| B.                                                       | Disability retirement                                                                                    | 15 years                                                                                                                                                                                                                                        |
| C.                                                       | 1. Early retirement (reduced)                                                                            | 55 and 10                                                                                                                                                                                                                                       |
|                                                          | 2. Early retirement (unreduced)                                                                          | 60 and 15                                                                                                                                                                                                                                       |
| D.                                                       | Retirement Supplement                                                                                    | 15 years                                                                                                                                                                                                                                        |
| E.                                                       | Vesting - Any reason                                                                                     | 5 years                                                                                                                                                                                                                                         |
| F.                                                       | Spouse's benefit on death before retirement (other than as required by REA)                              | 5 years                                                                                                                                                                                                                                         |
| II. Formulas for monthly pensions:                       |                                                                                                          |                                                                                                                                                                                                                                                 |
| A.                                                       | Normal retirement:                                                                                       |                                                                                                                                                                                                                                                 |
|                                                          | Net per Year of Service                                                                                  | \$38.50*                                                                                                                                                                                                                                        |
| B.                                                       | Disability retirement                                                                                    | Same as normal retirement, but based on Service to disability retirement.                                                                                                                                                                       |
| C.                                                       | Early retirement:                                                                                        |                                                                                                                                                                                                                                                 |
|                                                          | 1. Reduced                                                                                               |                                                                                                                                                                                                                                                 |
|                                                          | Same as normal retirement, but based on Service to early retirement, reduced for early commencement      | 2/12% per month from age 65 to 62. 5/12% per month from age 62 to 55.                                                                                                                                                                           |
|                                                          | 2. Unreduced:                                                                                            |                                                                                                                                                                                                                                                 |
|                                                          | (a) From age 60 to age                                                                                   | 62                                                                                                                                                                                                                                              |
|                                                          | (b) Amount                                                                                               | \$400 per month                                                                                                                                                                                                                                 |
| D.                                                       | Retirement Supplement                                                                                    | \$30.00                                                                                                                                                                                                                                         |
| E.                                                       | Vesting – Same as normal retirement, but based on Service to termination, reduced for early commencement | 2/12% per month from age 65 to 62. 5/12% per month from age 62 to 55.                                                                                                                                                                           |
| F.                                                       | Elective spouse's benefit                                                                                | 50% of benefit as for early retirement actuarially reduced for joint & 50% survivor and pre-retirement coverage (1/24% per month), reduced for early commencement – same as early retirement reduction, plus 4/12% per month between ages 45-55 |
| III. Other features:                                     |                                                                                                          |                                                                                                                                                                                                                                                 |
| A.                                                       | Rate of Accrual of Benefit Service                                                                       | One-tenth of a year for each 170 hours                                                                                                                                                                                                          |
| B.                                                       | Bridging of Service (other than as required by ERISA)                                                    | No                                                                                                                                                                                                                                              |
| C.                                                       | Automatic Post-Retirement Spouse's Option                                                                | A Joint and 50% survivorship actuarially reduced.                                                                                                                                                                                               |
| D.                                                       | No Credited Service Before                                                                               | N/A                                                                                                                                                                                                                                             |
| IV. Changes in Provisions Since Last Actuarial Valuation |                                                                                                          | None.                                                                                                                                                                                                                                           |

\* II.A. For employees hired on or before 5/5/2006 the benefit increased to \$38.50 effective 5/6/2009.

Employees of Rushville whose first day worked is on or after 5/6/2006 are not covered under the Plan.

|                 |                                      |
|-----------------|--------------------------------------|
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## THE TRANE MERGED HOURLY PENSION PLAN

Lexington (6522):

January 1, 2013

- |                                                                                                             |                                                                                      |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| I. Age and/or Service eligibility:                                                                          |                                                                                      |
| A. Normal retirement                                                                                        | 65                                                                                   |
| B. Disability retirement                                                                                    | 10 years                                                                             |
| C. 1. Early retirement (reduced)                                                                            | 55 and 10                                                                            |
| 2. Early retirement (unreduced)                                                                             | 60 and 15                                                                            |
| D. Retirement Supplement                                                                                    | 15 years                                                                             |
| E. Vesting - Any reason                                                                                     | 5 years                                                                              |
| F. Spouse's benefit on death before retirement (other than as required by REA)                              | 5 years                                                                              |
| II. Formulas for monthly pensions:                                                                          |                                                                                      |
| A. Normal retirement:                                                                                       |                                                                                      |
| Net per Year of Service                                                                                     | \$42.00*                                                                             |
| B. Disability retirement                                                                                    | Same as normal retirement, but based on Service to disability retirement.            |
| C. 1. Early retirement:                                                                                     |                                                                                      |
| Same as normal retirement, but based on Service to early retirement, reduced for early commencement         | 2/12% per month from age 65 to 62. 5/12% per month from age 62 to 55.                |
| 2. Early (unreduced):                                                                                       |                                                                                      |
| Temporary supplement                                                                                        |                                                                                      |
| i) to age                                                                                                   | 62                                                                                   |
| ii) amount                                                                                                  | \$800                                                                                |
| D. Retirement Supplement                                                                                    | \$32.00**                                                                            |
| E. Vesting – Same as normal retirement, but based on Service to termination, reduced for early commencement | 2/12% per month from age 65 to 62. 5/12% per month from age 62 to 55.                |
| F. Elective spouse's benefit                                                                                | 50% of benefit as for early retirement actuarially reduced for joint & 50% survivor. |
| III. Other features:                                                                                        |                                                                                      |
| A. Rate of Accrual of Benefit Service                                                                       | One-tenth of a year for each 170 hours                                               |
| B. Bridging of Service (other than as required by ERISA)                                                    | No                                                                                   |
| C. Automatic Post-Retirement Spouse's Option                                                                | A Joint and 50% survivorship actuarially reduced.                                    |
| D. No Credited Service Before                                                                               | N/A                                                                                  |
| IV. Changes in Provisions Since Last Actuarial Valuation                                                    | None.                                                                                |

\* II.A increased to \$42.00 effective 3/1/2011.

\*\* II.D increased to \$32.00 effective 2/18/2007 adopted 1/1/2005.

Employees of Lexington whose first day worked is on or after 9/1/2008 are not covered under the Plan.

|                 |                                      |
|-----------------|--------------------------------------|
| Plan Name:      | The Trane Merged Hourly Pension Plan |
| EIN / PN:       | 25-0900465 / 023                     |
| Plan Sponsor:   | Ingersoll Rand                       |
| Valuation Date: | January 1, 2013                      |

# SCHEDULE SB ATTACHMENTS

## THE TRANE MERGED HOURLY PENSION PLAN

Trane Hourly - Clarksville (6523):

January 1, 2013

- |                                                                                                             |                                                                                                 |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| I. Age and/or Service eligibility:                                                                          |                                                                                                 |
| A. Normal retirement                                                                                        | 65                                                                                              |
| B. Disability retirement                                                                                    | 10 years                                                                                        |
| C. 1. Early retirement (reduced)                                                                            | 55 and 10                                                                                       |
| 2. Early retirement (unreduced)                                                                             | 60 and 15                                                                                       |
| D. Retirement Supplement                                                                                    | 15 years                                                                                        |
| E. Vesting - Any reason                                                                                     | 5 years                                                                                         |
| F. Spouse's benefit on death before retirement (other than as required by REA)                              | 5 years                                                                                         |
| II. Formulas for monthly pensions:                                                                          |                                                                                                 |
| A. Normal retirement:                                                                                       |                                                                                                 |
| Net per Year of Service                                                                                     | \$43.00*                                                                                        |
| B. Disability retirement                                                                                    | Same as normal retirement, but based on Service to disability retirement.                       |
| C. 1. Early retirement:                                                                                     |                                                                                                 |
| Same as normal retirement, but based on Service to early retirement, reduced for early commencement         | 2/12% per month from age 65 to 62. 1/3% per month from age 62 to 55.                            |
| 2. Early (unreduced):                                                                                       |                                                                                                 |
| Temporary supplement                                                                                        |                                                                                                 |
| i) to age                                                                                                   | 62                                                                                              |
| ii) amount                                                                                                  | \$700**                                                                                         |
| D. Retirement Supplement                                                                                    | \$12.50                                                                                         |
| E. Vesting - Same as normal retirement, but based on Service to termination, reduced for early commencement | 2/12% per month from age 65 to 62. 1/3% per month from age 62 to 55.                            |
| III. Other features:                                                                                        |                                                                                                 |
| A. Rate of Accrual of Benefit Service                                                                       | One-tenth of a year for each 170 hours                                                          |
| B. Bridging of Service (other than as required by ERISA)                                                    | No                                                                                              |
| C. Automatic Pre-Retirement Spouse's Option                                                                 | A Joint and 50% survivorship actuarially reduced for joint & 50% survivor and early retirement. |
| D. Automatic Post-Retirement Spouse's Option                                                                | A Joint and 50% survivorship actuarially reduced.                                               |
| E. No Credited Service Before                                                                               | N/A                                                                                             |

IV. Changes in Provisions Since Last Actuarial Valuation      None.

Post 65 "Medical" Supplement (Payable for life):

- 1) Age 55 & 15 years of service - \$12.50/month supplement at age 65
- 2) Age 55 & 10 years of service - \$30.00/month supplement at age 65 plus additional \$30.00/month when spouse attains age 65.

\* II.A for employees hired on or before 12/31/2006, the benefit increased to \$43.00 effective 2/13/2009.

\*\* II.C for employees hired on or before 12/31/2006, the benefit increased to \$700 effective 2/11/2006.

Employees of Clarksville whose first day worked is on or after 1/1/2007 are no longer covered under the Plan.

|                 |                                      |
|-----------------|--------------------------------------|
| Plan Name:      | The Trane Merged Hourly Pension Plan |
| EIN / PN:       | 25-0900465 / 023                     |
| Plan Sponsor:   | Ingersoll Rand                       |
| Valuation Date: | January 1, 2013                      |

# SCHEDULE SB ATTACHMENTS

## THE TRANE MERGED HOURLY PENSION PLAN

UPG Hourly – Fort Smith (6530):

| January 1, 2013                                                                                             |                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I. Age and/or Service eligibility:                                                                          |                                                                                                                                                                                                                                                                                                   |
| A. Normal retirement                                                                                        | 65                                                                                                                                                                                                                                                                                                |
| B. Disability retirement                                                                                    | 5 years                                                                                                                                                                                                                                                                                           |
| C. 1. Early retirement                                                                                      | 60/5 or 55/10                                                                                                                                                                                                                                                                                     |
| 2. Early retirement supplement                                                                              | 5 years                                                                                                                                                                                                                                                                                           |
| D. Vesting - Any reason                                                                                     | 5 years or 65                                                                                                                                                                                                                                                                                     |
| E. Spouse's benefit on death before retirement (other than as required by REA)                              | 65 or 5 years                                                                                                                                                                                                                                                                                     |
| II. Formulas for monthly pensions:                                                                          |                                                                                                                                                                                                                                                                                                   |
| A. Normal retirement:                                                                                       |                                                                                                                                                                                                                                                                                                   |
| Net per Year of Service                                                                                     | \$42.00*                                                                                                                                                                                                                                                                                          |
| B. 1. Disability retirement                                                                                 | Same as normal retirement, but based on Service and earnings to disability retirement, a minimum benefit of the greater of \$320 or \$15 times service.                                                                                                                                           |
| 2. Disability Supplements                                                                                   | If disability begins prior to age 62 and participant is not eligible for Social Security Disability Insurance, the supplement equals the greater of \$125 or \$6 times years of service (max 25 yrs.), continuing to age 62. In addition, GE age 60 benefit reduced by 12%, continuing to age 60. |
| C. 1. Early retirement:                                                                                     |                                                                                                                                                                                                                                                                                                   |
| Same as normal retirement, but based on Service to early retirement, reduced for early commencement         | ½% per month from age 60 to 55.                                                                                                                                                                                                                                                                   |
| 2. Early retirement (retire after age 60):                                                                  |                                                                                                                                                                                                                                                                                                   |
| Temporary supplement (after age 60)                                                                         |                                                                                                                                                                                                                                                                                                   |
| i) to age                                                                                                   | 62                                                                                                                                                                                                                                                                                                |
| ii) amount                                                                                                  | \$30.00 times service (30 year cap), min. \$475                                                                                                                                                                                                                                                   |
| D. Vesting – Same as normal retirement, but based on Service to termination, reduced for early commencement | ½% per month from age 65 to 55.                                                                                                                                                                                                                                                                   |
| E. Spousal death benefit                                                                                    | 50% of benefit, actuarially reduced for joint and 50% survivor coverage by 12% if benefit starts prior to age 60 plus 50% of GE benefit reduced by 12% if benefit starts prior to age 60, payable for life; if single, payable for 5 years.                                                       |
| III. Other features:                                                                                        |                                                                                                                                                                                                                                                                                                   |
| A. Averaging period for pay                                                                                 | Best 5 of final 10                                                                                                                                                                                                                                                                                |
| B. Bridging of Service (other than as required by ERISA)                                                    | No                                                                                                                                                                                                                                                                                                |
| C. Automatic Pre-Retirement Spouse's Option                                                                 | A Joint and 50% survivorship actuarially reduced.                                                                                                                                                                                                                                                 |
| D. No Credited Service Before                                                                               | 9/15/82                                                                                                                                                                                                                                                                                           |
| E. Normal Form of Payment                                                                                   | Five Years Certain and Continuous                                                                                                                                                                                                                                                                 |

Plan Name: The Trane Merged Hourly Pension Plan  
 EIN / PN: 25-0900465 / 023  
 Plan Sponsor: Ingersoll Rand  
 Valuation Date: January 1, 2013

# SCHEDULE SB ATTACHMENTS

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*UPG Hourly – Fort Smith (6530)- continued*

None.

## IV. Changes in Provisions Since Last Actuarial Valuation

Post 65 "Medical" Supplement (Payable for life):

Age 65 & 10 years of service and eligible for normal, early or disability retirement - \$40.00/month supplement at age 65 plus additional \$40.00/month supplement for spouse when spouse reaches age 65.

\* II.A The benefit increased to \$42.00 effective 3/17/2008.

UPG Hourly Employees of Fort Smith whose first day worked is on or after 3/15/2008 are not covered under the Plan.

|                 |                                      |
|-----------------|--------------------------------------|
| Plan Name:      | The Trane Merged Hourly Pension Plan |
| EIN / PN:       | 25-0900465 / 023                     |
| Plan Sponsor:   | Ingersoll Rand                       |
| Valuation Date: | January 1, 2013                      |

# SCHEDULE SB ATTACHMENTS

## THE TRANE MERGED HOURLY PENSION PLAN

UPG Hourly – Trenton (6531):

January 1, 2013

- |                                                                                                             |                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I. Age and/or Service eligibility:                                                                          |                                                                                                                                                                                                                                                                                                   |
| A. Normal retirement                                                                                        | 65                                                                                                                                                                                                                                                                                                |
| B. Disability retirement                                                                                    | 10 years                                                                                                                                                                                                                                                                                          |
| C. 1. Early retirement                                                                                      | 60/5 or 55/10                                                                                                                                                                                                                                                                                     |
| 2. Early retirement supplement                                                                              | 5 years                                                                                                                                                                                                                                                                                           |
| D. Vesting - Any reason                                                                                     | 5 years or 65                                                                                                                                                                                                                                                                                     |
| E. Spouse's benefit on death before retirement (other than as required by REA)                              | 65 or 5 years                                                                                                                                                                                                                                                                                     |
| II. Formulas for monthly pensions:                                                                          |                                                                                                                                                                                                                                                                                                   |
| A. Normal retirement:                                                                                       |                                                                                                                                                                                                                                                                                                   |
| Net per Year of Service                                                                                     | \$42.00*                                                                                                                                                                                                                                                                                          |
| B. 1. Disability retirement                                                                                 | Same as normal retirement, but based on Service and earnings to disability retirement, minimum of \$175 plus \$10 times service.                                                                                                                                                                  |
| 2. Disability Supplements                                                                                   | If disability begins prior to age 62 and participant is not eligible for Social Security Disability Insurance, the supplement equals the greater of \$125 or \$6 times years of service (max 25 yrs.), continuing to age 62. In addition, GE age 60 benefit reduced by 12%, continuing to age 60. |
| C. 1. Early retirement:                                                                                     |                                                                                                                                                                                                                                                                                                   |
| Same as normal retirement, but based on Service to early retirement, reduced for early commencement         | ½% per month from age 60 to 55.                                                                                                                                                                                                                                                                   |
| 2. Early retirement (retire after age 60):                                                                  |                                                                                                                                                                                                                                                                                                   |
| Temporary supplement (after age 60)                                                                         |                                                                                                                                                                                                                                                                                                   |
| i) to age                                                                                                   | 62                                                                                                                                                                                                                                                                                                |
| ii) amount                                                                                                  | \$19 times service (30 year cap), plus \$210 per month                                                                                                                                                                                                                                            |
| D. Vesting – Same as normal retirement, but based on Service to termination, reduced for early commencement | ½% per month from age 65 to 55.                                                                                                                                                                                                                                                                   |
| E. Spousal death benefit                                                                                    | 50% of benefit, actuarially reduced for joint and 50% survivor coverage by 12% if benefit starts prior to age 60 plus 50% of GE benefit reduced by 12% if benefit starts prior to age 60, payable for life; if single, payable for 5 years.                                                       |
| III. Other features:                                                                                        |                                                                                                                                                                                                                                                                                                   |
| A. Averaging period for pay                                                                                 | Best 5 of final 10                                                                                                                                                                                                                                                                                |
| B. Bridging of Service (other than as required by ERISA)                                                    | No                                                                                                                                                                                                                                                                                                |
| C. Automatic Pre-Retirement Spouse's Option                                                                 | A Joint and 50% survivorship actuarially reduced.                                                                                                                                                                                                                                                 |
| D. No Credited Service Before                                                                               | 9/15/82                                                                                                                                                                                                                                                                                           |
| E. Normal Form of Payment                                                                                   | Five Years Certain and Continuous                                                                                                                                                                                                                                                                 |

Plan Name: The Trane Merged Hourly Pension Plan  
 EIN / PN: 25-0900465 / 023  
 Plan Sponsor: Ingersoll Rand  
 Valuation Date: January 1, 2013

## SCHEDULE SB ATTACHMENTS

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*UPG Hourly – Trenton (6531)- continued*

IV. Changes in Provisions Since Last Actuarial Valuation      None.

Eligibility to participate at the Trenton Location was frozen at 1/1/2006.

\* II.A for employees hired prior to 1/1/2006 the benefit increased to \$42.00 effective 6/7/2008.

|                 |                                      |
|-----------------|--------------------------------------|
| Plan Name:      | The Trane Merged Hourly Pension Plan |
| EIN / PN:       | 25-0900465 / 023                     |
| Plan Sponsor:   | Ingersoll Rand                       |
| Valuation Date: | January 1, 2013                      |

# SCHEDULE SB ATTACHMENTS

## THE TRANE MERGED HOURLY PENSION PLAN

UPG Hourly – Tyler (6532):

January 1, 2013

- |                                                                                                             |                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I. Age and/or Service eligibility:                                                                          |                                                                                                                                                                                                                                                                                                   |
| A. Normal retirement                                                                                        | 65                                                                                                                                                                                                                                                                                                |
| B. Disability retirement                                                                                    | 10 years                                                                                                                                                                                                                                                                                          |
| C. 1. Early retirement                                                                                      | 60/5 or 55/10                                                                                                                                                                                                                                                                                     |
| 2. Early retirement supplement                                                                              | 5 years                                                                                                                                                                                                                                                                                           |
| D. Vesting - Any reason                                                                                     | 5 years or 65                                                                                                                                                                                                                                                                                     |
| E. Spouse's benefit on death before retirement (other than as required by REA)                              | 65 or 5 years                                                                                                                                                                                                                                                                                     |
| II. Formulas for monthly pensions:                                                                          |                                                                                                                                                                                                                                                                                                   |
| A. Normal retirement:                                                                                       |                                                                                                                                                                                                                                                                                                   |
| Net per Year of Service                                                                                     | \$42.50*                                                                                                                                                                                                                                                                                          |
| B. 1. Disability retirement                                                                                 | Same as normal retirement, but based on Service and earnings to disability retirement, minimum of \$350.                                                                                                                                                                                          |
| 2. Disability Supplements                                                                                   | If disability begins prior to age 62 and participant is not eligible for Social Security Disability Insurance, the supplement equals the greater of \$150 or \$7 times years of service (max 25 yrs.), continuing to age 62. In addition, GE age 60 benefit reduced by 12%, continuing to age 60. |
| C. 1. Early retirement:                                                                                     |                                                                                                                                                                                                                                                                                                   |
| Same as normal retirement, but based on Service to early retirement, reduced for early commencement         | ½% per month from age 60 to 55.                                                                                                                                                                                                                                                                   |
| 2. Early retirement (retire after age 60):                                                                  |                                                                                                                                                                                                                                                                                                   |
| Temporary supplement (after age 60)                                                                         |                                                                                                                                                                                                                                                                                                   |
| i) to age                                                                                                   | 62                                                                                                                                                                                                                                                                                                |
| ii) amount                                                                                                  | \$26 times service (30 year cap), minimum of \$400                                                                                                                                                                                                                                                |
| D. Vesting – Same as normal retirement, but based on Service to termination, reduced for early commencement | ½% per month from age 65 to 55.                                                                                                                                                                                                                                                                   |
| E. Spousal death benefit                                                                                    | 50% of benefit, actuarially reduced for joint and 50% survivor coverage plus 50% of GE benefit reduced by 12% if benefit starts prior to age 60, payable for life; if single, payable for 5 years.                                                                                                |
| III. Other features:                                                                                        |                                                                                                                                                                                                                                                                                                   |
| A. Averaging period for pay                                                                                 | Best 5 of final 10                                                                                                                                                                                                                                                                                |
| B. Bridging of Service (other than as required by ERISA)                                                    | No                                                                                                                                                                                                                                                                                                |
| C. Automatic Post-Retirement Spouse's Option                                                                | A Joint and 50% survivorship actuarially reduced.                                                                                                                                                                                                                                                 |
| D. No Credited Service Before                                                                               | 9/15/82                                                                                                                                                                                                                                                                                           |
| E. Normal Form of Payment                                                                                   | Five Years Certain and Continuous                                                                                                                                                                                                                                                                 |

|                 |                                      |
|-----------------|--------------------------------------|
| Plan Name:      | The Trane Merged Hourly Pension Plan |
| EIN / PN:       | 25-0900465 / 023                     |
| Plan Sponsor:   | Ingersoll Rand                       |
| Valuation Date: | January 1, 2013                      |

# SCHEDULE SB ATTACHMENTS

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## *UPG Hourly – Tyler (6532)-continued*

IV. Changes in Provisions Since Last Actuarial Valuation      None.

A \$30 monthly supplement payable beginning at age 65 (for life) for employees who elect normal, early, or disability after 7-1-93.

\* II.A. Increased to \$42.50 for retirements on or after 6/30/2011.

Employees of UPG Tyler whose first day worked is on or after 6/17/2006 are no longer covered under the Plan.

|                 |                                      |
|-----------------|--------------------------------------|
| Plan Name:      | The Trane Merged Hourly Pension Plan |
| EIN / PN:       | 25-0900465 / 023                     |
| Plan Sponsor:   | Ingersoll Rand                       |
| Valuation Date: | January 1, 2013                      |

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2013

| Attained Age | Years of Credited Service |            |        |            |        |            |          |            |          |            |          |            |          |            |
|--------------|---------------------------|------------|--------|------------|--------|------------|----------|------------|----------|------------|----------|------------|----------|------------|
|              | Under 1                   |            | 1 to 4 |            | 5 to 9 |            | 10 to 14 |            | 15 to 19 |            | 20 to 24 |            | 25 to 29 |            |
|              | No.                       | Avg. Comp. | No.    | Avg. Comp. | No.    | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. |
| Under 25     | 0                         |            | 0      |            | 0      |            | 0        |            | 0        |            | 0        |            | 0        |            |
| 25 - 29      | 0                         |            | 1      |            | 84     |            | 1        |            | 0        |            | 0        |            | 0        |            |
| 30 - 34      | 0                         |            | 2      |            | 98     |            | 62       |            | 3        |            | 0        |            | 0        |            |
| 35 - 39      | 0                         |            | 2      |            | 68     |            | 78       |            | 196      |            | 7        |            | 0        |            |
| 40 - 44      | 0                         |            | 0      |            | 83     |            | 77       |            | 269      |            | 64       |            | 0        |            |
| 45 - 49      | 0                         |            | 3      |            | 57     |            | 85       |            | 225      |            | 77       |            | 0        |            |
| 50 - 54      | 0                         |            | 3      |            | 75     |            | 61       |            | 198      |            | 69       |            | 125      |            |
| 55 - 59      | 0                         |            | 1      |            | 52     |            | 56       |            | 167      |            | 54       |            | 187      |            |
| 60 - 64      | 0                         |            | 2      |            | 28     |            | 37       |            | 77       |            | 20       |            | 41       |            |
| 65 - 69      | 0                         |            | 0      |            | 7      |            | 4        |            | 17       |            | 3        |            | 5        |            |
| 70 & Over    | 0                         |            | 0      |            | 0      |            | 2        |            | 3        |            | 2        |            | 0        |            |

Plan Name: The Trane Merged Hourly Pension Plan  
 EIN / PN: 25-0900465 / 023  
 Plan Sponsor: Ingersoll Rand  
 Valuation Date: January 1, 2013

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 32 Schedule of Amortization Bases as of January 1, 2013

| Type of Base | Date<br>Established | Initial Amount | Remaining<br>Amortization<br>Period (Years) | Outstanding<br>Balance | Amortization<br>Payment |
|--------------|---------------------|----------------|---------------------------------------------|------------------------|-------------------------|
| 1 Shortfall  | 01/01/2013          | 37,565,273     | 7                                           | 37,565,273             | 6,269,342               |
| 2 Shortfall  | 01/01/2012          | (95,585,275)   | 6                                           | (85,867,438)           | (16,223,167)            |
| 3 Shortfall  | 01/01/2011          | 42,602,379     | 5                                           | 31,898,828             | 7,009,345               |
| 4 Shortfall  | 01/01/2010          | 97,772,049     | 4                                           | 61,313,681             | 16,454,262              |
| Total        |                     |                |                                             | 44,910,344             | 13,509,782              |

Plan Name: The Trane Merged Hourly Pension Plan  
 EIN / PN: 25-0900465 / 023  
 Plan Sponsor: Ingersoll Rand  
 Valuation Date: January 1, 2013

# **Trane Merged Hourly Pension Plan**

Financial Statements and Supplemental Schedules

December 31, 2013 and 2012

# Trane Merged Hourly Pension Plan

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**- Independent Auditors' Report -**

To the Participants and Administrator of the  
Trane Merged Hourly Pension Plan  
Davidson, North Carolina

***Report on the Financial Statements***

We were engaged to audit the accompanying financial statements of the Trane Merged Hourly Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2012, and the related statement of changes in accumulated plan benefits for the year ended December 31, 2012, and the related notes to the financial statements.

***Management's Responsibility for the Financial Statements***

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

***Auditors' Responsibility***

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

***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by The Bank of New York Mellon, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2013 and 2012, and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

***Disclaimer of Opinion***

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

***Other Matter***

The supplemental schedules of assets (held at end of year) as of December 31, 2013 and reportable transactions for the year ended December 31, 2013 are required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedules.

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

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

*Dixon Hughes Goodman LLP*

Charlotte, North Carolina  
October 13, 2014

**Trane Merged Hourly Pension Plan**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2013 and 2012**

---

|                                             | <b>2013</b>           | <b>2012</b>           |
|---------------------------------------------|-----------------------|-----------------------|
| <b>Assets</b>                               |                       |                       |
| Investments, at fair value:                 |                       |                       |
| Cash and cash equivalents                   | \$ 2,611,726          | \$ 4,903,991          |
| Commingled funds - equity                   | 368,836,729           | 350,013,943           |
| Asset-backed and mortgage-backed securities | 17,696,940            | 20,524,847            |
| Corporate bonds                             | 184,997,637           | 216,740,797           |
| U.S. government and agency obligations      | 230,697,693           | 204,618,381           |
| Real estate                                 | 124,028               | 3,288,989             |
| Annuity contracts                           | 20,709,897            | 20,123,211            |
| Other investments                           | (2,740)               | (4,334)               |
| Total investments                           | <u>825,671,910</u>    | <u>820,209,825</u>    |
| Employer contribution receivable            | 27,667,000            | 19,200,000            |
| Interest and dividends receivable           | 4,478,738             | 3,762,447             |
| Due from broker                             | 4,071,365             | 4,282,422             |
| Total assets                                | <u>861,889,013</u>    | <u>847,454,694</u>    |
| <b>Liabilities</b>                          |                       |                       |
| Pending transfers to Other plans (Note 1)   | 963,380               | -                     |
| Due to broker                               | 4,595,340             | 11,420,213            |
| Total liabilities                           | <u>5,558,720</u>      | <u>11,420,213</u>     |
| Net assets available for benefits           | <u>\$ 856,330,293</u> | <u>\$ 836,034,481</u> |

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

**Trane Merged Hourly Pension Plan**  
**Statements of Changes in Net Assets Available for Benefits**  
**Years Ended December 31, 2013 and 2012**

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|                                                    | <b>2013</b>           | <b>2012</b>           |
|----------------------------------------------------|-----------------------|-----------------------|
| <b>Additions to net assets attributable to:</b>    |                       |                       |
| Net appreciation in fair value of investments      | \$ 27,644,402         | \$ 83,236,158         |
| Interest and dividend income                       | 17,234,858            | 16,732,851            |
|                                                    | <u>44,879,260</u>     | <u>99,969,009</u>     |
| Employer contributions                             | 42,604,000            | 37,184,000            |
| Other income - annuity contracts                   | 725,048               | 1,131,796             |
|                                                    | <u>42,604,000</u>     | <u>37,184,000</u>     |
| Total additions                                    | <u>88,208,308</u>     | <u>138,284,805</u>    |
| <b>Deductions from net assets attributable to:</b> |                       |                       |
| Benefit payments to pensioners and beneficiaries   | 53,625,768            | 52,004,561            |
| Administrative expenses                            | 4,141,067             | 3,603,437             |
| Total deductions                                   | <u>57,766,835</u>     | <u>55,607,998</u>     |
| Net increase prior to transfers                    | 30,441,473            | 82,676,807            |
| <b>Transfers to other Plans (Note 1)</b>           | <u>10,145,661</u>     | <u>-</u>              |
| Net (decrease) increase                            | 20,295,812            | 82,676,807            |
| <b>Net assets available for benefits</b>           |                       |                       |
| Beginning of year                                  | 836,034,481           | 753,357,674           |
| End of year                                        | <u>\$ 856,330,293</u> | <u>\$ 836,034,481</u> |

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

**Trane Merged Hourly Pension Plan**  
**Statement of Accumulated Plan Benefits**  
**December 31, 2012\***

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**Actuarial present value of accumulated plan benefits (Note 2)**

|                                                                   |                              |
|-------------------------------------------------------------------|------------------------------|
| Vested benefits                                                   |                              |
| Participants currently receiving payments                         | \$ 490,436,423               |
| Other participants                                                | 318,961,977                  |
| Total vested benefits                                             | <u>809,398,400</u>           |
| Nonvested benefits                                                | 13,062,930                   |
| <b>Total actuarial present value of accumulated plan benefits</b> | <b><u>\$ 822,461,330</u></b> |

\* Based on the latest actuarial valuation at January 1, 2013.

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

**Trane Merged Hourly Pension Plan**  
**Statement of Changes in Accumulated Plan Benefits**  
**Year Ended December 31, 2012\***

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|                                                                                  |                       |
|----------------------------------------------------------------------------------|-----------------------|
| <b>Actuarial present value of accumulated plan benefits at January 1, 2012</b>   | <b>\$ 766,049,524</b> |
| Increase (decrease) during the year attributable to:                             |                       |
| Increase for interest due to a decrease in the discount period                   | 50,705,380            |
| Benefits accumulated                                                             | 9,639,098             |
| Actuarial gains                                                                  | 25,454,514            |
| Benefits paid                                                                    | (52,004,561)          |
| Change of assumptions                                                            | 22,617,375            |
| Net increase during the year                                                     | 56,411,806            |
| <b>Actuarial present value of accumulated plan benefits at December 31, 2012</b> | <b>\$ 822,461,330</b> |

\* Based on the latest actuarial valuation at January 1, 2013.

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

# **Trane Merged Hourly Pension Plan**

## **Notes to Financial Statements**

### **December 31, 2013 and 2012**

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#### **1. Description of the Plan**

The following brief description of The Trane Merged Hourly Pension Plan (the "Plan") is provided for general information purposes. Participants should refer to the plan document for complete information.

##### **General**

The Plan is a defined benefit plan covering exclusively collectively bargained employees of Trane U.S. Inc. (the "Company"), who commenced employment prior to a date set forth in the applicable labor agreement and the Plan. Employees who commenced employment after such date described in the applicable labor agreement and the Plan are not eligible. The employees hired after such dates are eligible to participate in the Trane Pension Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA") and the Internal Revenue Code of 1986, as amended ("IRC"). The Company is a wholly owned subsidiary of Ingersoll-Rand plc.

##### **Pension Benefits**

The Plan provides normal retirement pension benefits commencing at age 65 and permits earlier retirement under specified conditions, some of which result in a reduction in the amount of the pension benefit for early receipt. Retirement benefits generally become 100% vested upon completion of five years of service as defined by the Plan.

Pension benefits for certain retirees are paid by the proceeds from annuity contracts. Such contracts are included in the Plan's net assets available for benefits.

The Bank of New York Mellon is the trustee of the Plan.

On December 1, 2013 (the "Distribution Date"), Ingersoll-Rand plc, the ultimate parent of the Company, completed the spin-off of its commercial and residential security businesses to its shareholders. The businesses were transferred to Allegion plc ("Allegion"), a newly created independent Irish company. Allegion is now an independent public company trading under the symbol "ALLE" on the New York Stock Exchange. At the completion of the spin-off, Allegion formed its own defined benefit plans intended to be qualified under section 401(a) of the IRC. The assets of all current and former employees of the Company determined to be part of the spin-off to Allegion were transferred from the Plan into the newly formed Allegion defined benefit plan shortly after the completion of the spin-off in the amount of \$9,182,281.

#### **2. Summary of Significant Accounting Policies**

##### **Basis of Accounting**

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

##### **Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States ("GAAP") requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

##### **Investment Valuation and Income Recognition**

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. See Note 5 for discussion of fair value measurements.

## **Trane Merged Hourly Pension Plan**

### **Notes to Financial Statements**

#### **December 31, 2013 and 2012**

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Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/depreciation includes the Plan's gains and losses on the investments bought and sold as well as held during the year.

#### **Funding Policy**

The Company's funding policy is to make annual minimum contributions as required by law and determined by the actuary, and other contributions in its discretion as allowed by law. As determined by the actuary, contributions were required during 2013 and 2012 of \$18,248,754 and \$25,311,563; however, the Company made contributions of \$42,604,000 and \$37,184,000 during 2013 and 2012, respectively. The amounts over the minimum required contributions were discretionary.

#### **Expenses**

The Plan pays substantially all expenses incurred with administering the Plan. The Plan's actuarial cost method includes a factor to fund such expenses through employer contributions. Fees paid by the Plan include various professional fees, investment fees, Pension Benefit Guaranty Corporation ("PBGC") fees and any other costs of administering the Plan. The PBGC requires the Plan to pay an annual fee based on the number of participants in the Plan. The fee for 2013 and 2012 was \$42 and \$35 per participant, respectively; however, the yearly cost is determined by the PBGC and is subject to change. The annual PBGC fee per participant is expected to be \$49 in 2014 and \$50 in 2015.

#### **Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to retired or vested terminated employees or their beneficiaries, and present employees or their beneficiaries.

The present value of accumulated plan benefits under the Plan was calculated by consulting actuaries and are those amounts that result 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 at January 1, 2013 and 2012 were as follows:

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2011 to September 2012 with the application of MAP-21 corridors as applicable.
- The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvement.
- Participants' life expectancy, based on the mortality assumptions under Section 430(h)(3)(A) using static tables with separate mortality rates for annuitants and non-annuitants.
- Retirement ages, which start at 55 and use actual plan experience.
- Turnover rates, which vary with age and length of service.

# Trane Merged Hourly Pension Plan

## Notes to Financial Statements

### December 31, 2013 and 2012

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- Administrative expense assumption was \$2,479,000 and \$2,073,000 for 2013 and 2012, respectively.
- Discount rate of 6.50% at January 1, 2013 and 6.75% at January 1, 2012.

The forgoing 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 the accumulated Plan benefits.

#### Subsequent Events

The Plan has evaluated subsequent events through October 13, 2014, the date the financial statements were available to be issued.

### 3. Investments

The following represents individual investments that represent 5% or more of the Plan's net assets available for benefits at December 31:

|                                        | 2013          | 2012          |
|----------------------------------------|---------------|---------------|
| Blackrock MSCI Equity Index            | \$ 65,199,020 | \$ 65,585,966 |
| Northern Trust Russell 3000 Index Fund | 125,616,981   | 117,344,665   |
| Vanguard Total Stock Market Index Fund | 133,255,983   | 121,717,795   |
| Emerging Markets Opportunities Fund    | 44,764,745    | 45,365,517    |

Net appreciation (depreciation) for the years ended December 31, 2013 and 2012 are as follows:

|                                         | 2013                 | 2012                 |
|-----------------------------------------|----------------------|----------------------|
| Commingled funds – equity               | \$ 149,027,762       | \$ 72,422,204        |
| Corporate bonds                         | (84,383,608)         | 11,273,460           |
| Asset-backed securities                 | 299,248              | (832,049)            |
| U.S. government securities and agencies | (36,270,303)         | (1,644,635)          |
| Limited partnerships                    | 154,585              | 1,314,762            |
| Other investments                       | (1,183,282)          | 702,416              |
|                                         | <u>\$ 27,644,402</u> | <u>\$ 83,236,158</u> |

### 4. Unaudited Information Certified by Trustee

The Bank of New York Mellon (“the Trustee”), holds the Plan's investments and executes its transactions. The Trustee has prepared the information included in the accompanying financial statements as of December 31, 2013 and 2012 and for the years then ended and has furnished it to the plan administrator together with a certification that such information is complete and accurate. Such certifications are required under the method of compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 elected by the Plan Administrator.

# Trane Merged Hourly Pension Plan

## Notes to Financial Statements

### December 31, 2013 and 2012

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The accompanying financial statements include the following unaudited information as of and for the years ended December 31, 2013 and 2012 which was obtained from data prepared and certified as complete and accurate by the Trustee:

|                                               | 2013           | 2012            |
|-----------------------------------------------|----------------|-----------------|
| Money market and other short-term investments | \$ 2,611,726   | \$ 4,903,991    |
| Commingled fund - equity                      | \$ 368,836,729 | \$ 350,013,943  |
| Corporate bonds                               | \$ 184,997,637 | \$ 216,740,797  |
| Asset-backed and mortgage-backed securities   | \$ 17,696,940  | \$ 20,524,847   |
| U.S. government securities and agencies       | \$ 230,697,693 | \$ 204,618,381  |
| Real estate                                   | \$ 124,028     | \$ 3,288,989    |
| Other investments                             | \$ (2,740)     | \$ (4,334)      |
| Due from broker                               | \$ 4,071,365   | \$ 4,282,422    |
| Interest and dividends receivable             | \$ 4,478,738   | \$ 3,762,447    |
| Due to broker                                 | \$ (4,595,340) | \$ (11,420,213) |
| Interest and dividend income                  | \$ 17,234,858  | \$ 16,732,851   |
| Net appreciation in fair value of investments | \$ 27,644,402  | \$ 83,236,158   |

\* All information contained in Notes 3 and 5.

## 5. Fair Value Measurements

Fair value is defined as the exchange price that would be received to sell an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. Fair value measurements are based on a framework that utilizes the inputs market participants use to determine the fair value of an asset or liability and establishes a fair value hierarchy to prioritize those inputs. The fair value hierarchy is comprised of three levels that are described below:

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

Level 2 Inputs other than Level 1. Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in markets that are not active;
- Other inputs that are observable or can be corroborated by observable market data for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable inputs based on little or no market activity and that are significant to the fair value of the assets and liabilities.

The fair value hierarchy requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. Observable inputs are obtained from independent sources and can be validated by a third party, whereas unobservable inputs reflect assumptions regarding what a third party would use in pricing an asset or liability based on the best information

## **Trane Merged Hourly Pension Plan**

### **Notes to Financial Statements**

#### **December 31, 2013 and 2012**

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available under the circumstances. A financial instrument's categorization within the fair value hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

Following is a description of the valuation methodologies used for the underlying assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

*Commingled funds:* The investments are public investment vehicles valued using the net asset value ("NAV") provided by the fund manager. The NAV is based on the value of the underlying assets owned by the fund, minus the liabilities, and then divided by the number of shares outstanding. The NAV is a reasonable exit price, but it is quoted in a market that is not active. These investments are classified as Level 2.

*U.S. government and agency obligations:* Quoted market prices are not available for these securities. Fair values are estimated using pricing models and/or quoted prices of securities with similar characteristics or discounted cash flows. Such securities are classified as Level 2.

*Corporate bonds, corporate stock and other investments:* Quoted market prices are not available for the specific security. Fair values are estimated by using pricing models, quoted prices of securities with similar characteristics or discounted cash flows. Such securities are classified as Level 2.

*Mortgage-backed securities, collateralized mortgage obligations and other asset-backed securities:* Prices are based on a compilation of primarily observable market information or a broker quote in a non-active market. Such securities are classified as Level 2.

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

*Real estate:* Transaction price is used as the best estimate of fair value at inception. When evidence supports a change to the value from the transaction price, adjustments are made to reflect expected exit values. These investments are infrequently traded and may not have available comparables. These investments are classified as Level 3.

*Annuity contracts:* The investments are valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit worthiness of the issuer. Funds under the contracts that have been allocated and applied to purchase annuities are included in the Plan's assets. These investments are classified within Level 3.

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

# Trane Merged Hourly Pension Plan

## Notes to Financial Statements

### December 31, 2013 and 2012

The following table sets forth by level, with the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013 and 2012:

|                                             | Assets at fair value as of December 31, 2013 |                |               |                |
|---------------------------------------------|----------------------------------------------|----------------|---------------|----------------|
|                                             | Level 1                                      | Level 2        | Level 3       | Total          |
| Cash and cash equivalents                   | \$ -                                         | \$ 2,611,726   | \$ -          | \$ 2,611,726   |
| Commingled funds:                           |                                              |                |               |                |
| Equity specialty <sup>(a)</sup>             | -                                            | 368,836,729    | -             | 368,836,729    |
| Asset-backed and mortgage-backed securities | -                                            | 17,696,940     | -             | 17,696,940     |
| Corporate bonds                             | -                                            | 184,997,637    | -             | 184,997,637    |
| U.S. government and agency obligations      | -                                            | 230,697,693    | -             | 230,697,693    |
| Real estate                                 | -                                            | -              | 124,028       | 124,028        |
| Annuity contracts                           | -                                            | -              | 20,709,897    | 20,709,897     |
| Other investments                           | -                                            | (2,740)        | -             | (2,740)        |
| Total assets at fair value                  | \$ -                                         | \$ 804,837,985 | \$ 20,833,925 | \$ 825,671,910 |

- (a) This class includes commingled funds managed by investment managers that focus on equity investments. It includes both indexed and actively managed funds. There are no unfunded commitments or redemption frequency restrictions. Some funds do have monthly withdrawal schedules detailing when redemptions can occur; however, the valuation date fell within the allowed redemption schedule. As a result, the NAVs at the value date are valid.

|                                             | Assets at fair value as of December 31, 2012 |                |               |                |
|---------------------------------------------|----------------------------------------------|----------------|---------------|----------------|
|                                             | Level 1                                      | Level 2        | Level 3       | Total          |
| Cash and cash equivalents                   | \$ -                                         | \$ 4,903,991   | \$ -          | \$ 4,903,991   |
| Commingled funds:                           |                                              |                |               |                |
| Equity specialty <sup>(a)</sup>             | -                                            | 350,013,943    | -             | 350,013,943    |
| Asset-backed and mortgage-backed securities | -                                            | 20,524,847     | -             | 20,524,847     |
| Corporate bonds                             | -                                            | 216,740,797    | -             | 216,740,797    |
| U.S. government and agency obligations      | -                                            | 204,618,381    | -             | 204,618,381    |
| Real estate                                 | -                                            | -              | 3,288,989     | 3,288,989      |
| Annuity contracts                           | -                                            | -              | 20,123,211    | 20,123,211     |
| Other investments                           | -                                            | (4,334)        | -             | (4,334)        |
| Total assets at fair value                  | \$ -                                         | \$ 796,797,625 | \$ 23,412,200 | \$ 820,209,825 |

- (a) This class includes commingled funds managed by investment managers that focus on equity investments. It includes both indexed and actively managed funds. There are no unfunded commitments or redemption frequency restrictions. Some funds do have monthly withdrawal schedules detailing when redemptions can occur; however, the valuation date fell within the allowed redemption schedule. As a result, the NAVs at the value date are valid.

## **Trane Merged Hourly Pension Plan**

### **Notes to Financial Statements**

#### **December 31, 2013 and 2012**

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A summary of the changes in fair value of the level 3 assets was not presented as the level 3 investments were not deemed to be material to the assets held in the Plan.

#### **6. Plan Termination**

Subject to the applicable collective bargaining agreements, Ingersoll-Rand plc has the right under the Plan to discontinue its contributions and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan is terminated, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations.

Certain benefits under the Plan are insured by the PBGC if the Plan is terminated. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's benefits. However, the PBGC does not guarantee all types of benefits and the amount of benefit protection is subject to certain limitations.

Whether all participants receive their benefits should the Plan be terminated will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

#### **7. Contracts with Insurance Companies**

The Plan invests in Immediate Participation Guarantee contracts. Plan assets of \$20,709,897 and \$20,123,211 at December 31, 2013 and 2012, respectively, were held by MetLife Insurance Company of Connecticut, AXA Equitable Life Insurance Company and John Hancock Life Insurance Company. The average crediting interest rates at December 31, 2013 and 2012 for the contracts ranged from 1.23% to 5.01% and 1.43% to 5.48%, respectively.

#### **8. Tax Status**

The Internal Revenue Service has determined and informed the Company by a letter dated June 19, 2014, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code ("IRC") to be exempt from taxation. The Plan Administrator believes that the Plan is designed and is currently being operated in material compliance with the applicable requirements of the IRC.

GAAP requires 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 December 31, 2013 and 2012, there are no uncertain positions taken or expected to be taken that would require recognition of a liability 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 the Plan is no longer subject to income tax examinations for years prior to 2010.

#### **9. Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur

**Trane Merged Hourly Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2013 and 2012**

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in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

## Supplemental Schedules

**TRANE MERGED HOURLY PENSION PLAN**  
**SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (Held at End of Year)**  
**December 31, 2013**

EIN: #25-0900465

Plan: #023

| (a)                                                   | (b)                                                                                                    | (c)                  | (d)           | (e)         |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------|---------------|-------------|
| Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost                 | Current Value |             |
| CASH COLLATERAL HELD AT                               | GOLDMAN                                                                                                | 14,000.000 shares    | \$ 14,000     | \$ 14,000   |
| CASH HELD AT MERRILL LYNCH                            |                                                                                                        | 60,000.000 shares    | 60,000        | 60,000      |
| EB TEMP INV FD                                        | VAR RT 12/31/49 FEE CL 20                                                                              | 2,537,726.420 shares | 2,537,726     | 2,537,726   |
|                                                       | Total - Cash and cash equivalents                                                                      |                      | 2,611,726     | 2,611,726   |
| EMERGING MARKETS OPPORTUNITIES                        | FUND                                                                                                   | 839,229.760 shares   | 29,590,427    | 44,764,745  |
| NORTHERN TRUST RUSSELL 3000                           | INDEX FUND                                                                                             | 4,964,901.840 shares | 71,525,540    | 125,616,981 |
| BGI MSCI EAFE EQUITY INDEX                            | NON-LENDABLE FUND                                                                                      | 3,097,509.970 shares | 45,528,606    | 65,199,020  |
| VANGUARD FIDUCI/TOTAL STK MKT                         | IX TR                                                                                                  | 1,433,168.244 shares | 75,171,587    | 133,255,983 |
|                                                       | Total - Commingled funds - equity                                                                      |                      | 221,816,160   | 368,836,729 |
| ISRAEL ST AID                                         | 5.500% 09/18/2033 DD 09/18/03                                                                          | 500,000.000 shares   | 673,675       | 582,805     |
| ISRAEL ST AID                                         | 5.500% 12/04/2023 DD 12/04/03                                                                          | 7,000,000.000 shares | 9,258,480     | 8,065,750   |
| ISRAEL ST AID                                         | 5.500% 04/26/2024 DD 04/26/04                                                                          | 800,000.000 shares   | 1,058,776     | 924,296     |
| ISRAEL ST AID                                         | 0.000% 11/01/2020 DD 11/22/04                                                                          | 2,900,000.000 shares | 2,517,751     | 2,386,787   |
| CYPRESS-FAIRBANKS TX INDEP SCH                        | 6.629% 02/15/2038 DD 08/01/09                                                                          | 700,000.000 shares   | 811,370       | 779,632     |
| HAMILTON CNTY OH SWR SYS REVEN                        | 6.500% 12/01/2034 DD 08/25/09                                                                          | 900,000.000 shares   | 1,057,914     | 995,994     |
| LOS ANGELES CA DEPARTMENT OF W                        | 6.166% 07/01/2040 DD 06/02/10                                                                          | 1,800,000.000 shares | 2,106,378     | 1,900,098   |
| NEW YORK CITY NY TRANSITIONAL                         | 5.267% 05/01/2027 DD 06/04/10                                                                          | 700,000.000 shares   | 852,614       | 754,166     |
| BANK OF AMERICA CORP                                  | 7.625% 06/01/2019 DD 06/02/09                                                                          | 4,700,000.000 shares | 6,013,979     | 5,829,551   |
| CITIGROUP INC                                         | 8.125% 07/15/2039 DD 07/23/09                                                                          | 5,100,000.000 shares | 7,635,312     | 7,153,719   |
| HCP INC                                               | 6.750% 02/01/2041 DD 01/24/11                                                                          | 1,200,000.000 shares | 1,553,388     | 1,420,404   |
| HSBC FINANCE CAPITAL TRUST IX                         | VAR RT 11/30/2035 DD 11/29/05                                                                          | 1,000,000.000 shares | 997,500       | 1,030,000   |
| JPMORGAN CHASE & CO                                   | VAR RT 04/29/2049 DD 04/23/08                                                                          | 200,000.000 shares   | 226,602       | 220,500     |
| LEHMAN BRTH HLD ESC                                   | 0.000% 12/30/2016 DD 01/25/06                                                                          | 3,300,000.000 shares | 408,019       | 693,000     |
| SLM CORP                                              | 5.625% 08/01/2033 DD 07/21/03                                                                          | 2,000,000.000 shares | 1,885,000     | 1,657,500   |
| WEYERHAEUSER CO                                       | 7.375% 03/15/2032 DD 09/15/02                                                                          | 800,000.000 shares   | 1,008,064     | 978,920     |
| WEYERHAEUSER CO                                       | 6.875% 12/15/2033 DD 12/17/02                                                                          | 500,000.000 shares   | 597,195       | 589,725     |
| CME GROUP INC/IL                                      | 5.300% 09/15/2043 DD 09/09/13                                                                          | 1,000,000.000 shares | 1,042,310     | 1,046,540   |
| COOPERATIVE CENTRALE RAIFFEIS                         | 5.250% 05/24/2041 DD 05/24/11                                                                          | 2,000,000.000 shares | 2,348,500     | 2,063,460   |
| GENERAL ELECTRIC CAPITAL CORP                         | 6.750% 03/15/2032 DD 03/20/02                                                                          | 2,200,000.000 shares | 2,857,206     | 2,724,282   |
| GENERAL ELECTRIC CAPITAL CORP                         | 5.875% 01/14/2038 DD 01/14/08                                                                          | 1,500,000.000 shares | 1,809,375     | 1,708,665   |
| GENERAL ELECTRIC CAPITAL CORP                         | 6.875% 01/10/2039 DD 01/09/09                                                                          | 400,000.000 shares   | 543,720       | 514,240     |
| GOLDMAN SACHS GROUP INC/THE                           | 7.500% 02/15/2019 DD 02/05/09                                                                          | 4,600,000.000 shares | 5,787,996     | 5,602,662   |
| HSBC BANK USA NA                                      | 7.000% 01/15/2039 DD 06/18/08                                                                          | 800,000.000 shares   | 1,081,504     | 1,000,968   |
| HSBC HOLDINGS PLC                                     | 6.500% 09/15/2037 DD 09/12/07                                                                          | 400,000.000 shares   | 499,276       | 473,096     |
| HSBC HOLDINGS PLC                                     | 6.800% 06/01/2038 DD 05/27/08                                                                          | 600,000.000 shares   | 767,322       | 738,090     |

**TRANE MERGED HOURLY PENSION PLAN**  
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EIN: #25-0900465

Plan: #023

| Identity of issue, borrower, lessor, or similar party |        | Description of investment including maturity date, rate of interest, collateral, par or maturity value |                      | Cost      | Current Value |
|-------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------|----------------------|-----------|---------------|
| (a)                                                   | (b)    | (c)                                                                                                    |                      | (d)       | (e)           |
| HSBC HOLDINGS PLC                                     | 6.100% | 01/14/2042 DD 11/17/11                                                                                 | 1,000,000.000 shares | 1,330,570 | 1,191,330     |
| INTERCONTINENTALEXCHANGE GROUP                        | 4.000% | 10/15/2023 DD 10/08/13                                                                                 | 900,000.000 shares   | 918,090   | 905,337       |
| JPMORGAN CHASE & CO                                   | 6.400% | 05/15/2038 DD 05/22/08                                                                                 | 2,500,000.000 shares | 3,351,200 | 2,983,750     |
| JPMORGAN CHASE & CO                                   | 5.500% | 10/15/2040 DD 10/21/10                                                                                 | 1,200,000.000 shares | 1,466,940 | 1,303,848     |
| JPMORGAN CHASE & CO                                   | 5.600% | 07/15/2041 DD 07/21/11                                                                                 | 400,000.000 shares   | 495,376   | 434,100       |
| JPMORGAN CHASE & CO                                   | 5.400% | 01/06/2042 DD 12/22/11                                                                                 | 1,200,000.000 shares | 1,446,120 | 1,291,872     |
| MORGAN STANLEY                                        | 5.500% | 01/26/2020 DD 01/26/10                                                                                 | 3,000,000.000 shares | 3,365,370 | 3,367,710     |
| WACHOVIA BANK NA                                      | 6.600% | 01/15/2038 DD 12/07/07                                                                                 | 1,650,000.000 shares | 2,264,823 | 2,053,079     |
| WELLS FARGO & CO                                      | 5.375% | 11/02/2043 DD 10/28/13                                                                                 | 3,200,000.000 shares | 3,209,328 | 3,276,832     |
| AMGEN INC                                             | 6.900% | 06/01/2038 DD 05/23/08                                                                                 | 1,500,000.000 shares | 2,012,670 | 1,815,915     |
| AMGEN INC                                             | 6.400% | 02/01/2039 DD 01/16/09                                                                                 | 1,575,000.000 shares | 2,039,090 | 1,802,997     |
| AMGEN INC                                             | 5.650% | 06/15/2042 DD 06/30/11                                                                                 | 1,200,000.000 shares | 1,440,852 | 1,270,848     |
| COVIDIEN INTERNATIONAL FINANCE                        | 6.550% | 10/15/2037 DD 04/15/08                                                                                 | 400,000.000 shares   | 559,096   | 491,100       |
| ACTAVIS INC                                           | 4.625% | 10/01/2042 DD 10/02/12                                                                                 | 900,000.000 shares   | 898,650   | 818,820       |
| GLAXOSMITHKLINE CAPITAL INC                           | 6.375% | 05/15/2038 DD 05/13/08                                                                                 | 800,000.000 shares   | 1,105,160 | 979,160       |
| MERCK SHARP & DOHME CORP                              | 5.850% | 06/30/2039 DD 06/25/09                                                                                 | 600,000.000 shares   | 808,698   | 697,458       |
| PFIZER INC                                            | 7.200% | 03/15/2039 DD 03/24/09                                                                                 | 900,000.000 shares   | 1,379,853 | 1,209,699     |
| VALE OVERSEAS LTD                                     | 6.250% | 01/23/2017 DD 11/21/06                                                                                 | 100,000.000 shares   | 115,059   | 110,914       |
| VALE OVERSEAS LTD                                     | 6.875% | 11/21/2036 DD 11/21/06                                                                                 | 100,000.000 shares   | 123,958   | 103,275       |
| AMERICAN INTERNATIONAL GROUP I                        | 6.400% | 12/15/2020 DD 12/03/10                                                                                 | 1,900,000.000 shares | 2,357,520 | 2,245,534     |
| ANADARKO PETROLEUM CORP                               | 6.450% | 09/15/2036 DD 09/19/06                                                                                 | 800,000.000 shares   | 1,002,216 | 898,352       |
| ANADARKO PETROLEUM CORP                               | 7.950% | 06/15/2039 DD 06/12/09                                                                                 | 1,800,000.000 shares | 2,600,568 | 2,371,572     |
| CAMERON INTERNATIONAL CORP                            | 5.950% | 06/01/2041 DD 06/02/11                                                                                 | 800,000.000 shares   | 999,336   | 869,192       |
| CANADIAN NATURAL RESOURCES LTD                        | 6.250% | 03/15/2038 DD 03/19/07                                                                                 | 1,500,000.000 shares | 1,932,450 | 1,680,795     |
| CENOVUS ENERGY INC                                    | 6.750% | 11/15/2039 DD 05/15/10                                                                                 | 1,000,000.000 shares | 1,353,690 | 1,172,120     |
| DEVON ENERGY CORP                                     | 7.950% | 04/15/2032 DD 03/25/02                                                                                 | 1,400,000.000 shares | 2,071,244 | 1,822,058     |
| ENCANA CORP                                           | 6.500% | 02/01/2038 DD 12/04/07                                                                                 | 1,400,000.000 shares | 1,751,050 | 1,536,878     |
| ENERGY TRANSFER PARTNERS LP                           | 7.500% | 07/01/2038 DD 03/28/08                                                                                 | 500,000.000 shares   | 646,625   | 586,640       |
| ENTERPRISE PRODUCTS OPERATING                         | 5.700% | 02/15/2042 DD 08/24/11                                                                                 | 1,100,000.000 shares | 1,241,251 | 1,159,730     |
| KINDER MORGAN ENERGY PARTNERS                         | 6.950% | 01/15/2038 DD 06/21/07                                                                                 | 1,165,000.000 shares | 1,532,989 | 1,338,352     |
| PRIDE INTERNATIONAL INC                               | 7.875% | 08/15/2040 DD 08/06/10                                                                                 | 100,000.000 shares   | 146,687   | 135,701       |
| SOUTHERN NATURAL GAS CO LLC                           | 7.350% | 02/15/2031 DD 02/13/01                                                                                 | 1,000,000.000 shares | 1,331,920 | 1,191,620     |
| SUNOCO LOGISTICS PARTNERS OPER                        | 4.950% | 01/15/2043 DD 01/10/13                                                                                 | 2,500,000.000 shares | 2,229,075 | 2,224,050     |
| TENNESSEE GAS PIPELINE CO LLC                         | 8.375% | 06/15/2032 DD 06/10/02                                                                                 | 1,100,000.000 shares | 1,580,392 | 1,419,000     |
| TRANSOCEAN INC                                        | 6.800% | 03/15/2038 DD 12/11/07                                                                                 | 200,000.000 shares   | 244,834   | 222,602       |
| WILLIAMS COS INC/THE                                  | 7.500% | 01/15/2031 DD 01/17/01                                                                                 | 310,000.000 shares   | 387,571   | 327,661       |
| PETROBRAS INTERNATIONAL FINANC                        | 6.750% | 01/27/2041 DD 01/27/11                                                                                 | 2,700,000.000 shares | 3,167,181 | 2,512,161     |
| DOW CHEMICAL CO/THE                                   | 9.400% | 05/15/2039 DD 05/13/09                                                                                 | 800,000.000 shares   | 1,317,144 | 1,195,128     |
| ALTRIA GROUP INC                                      | 9.950% | 11/10/2038 DD 11/10/08                                                                                 | 515,000.000 shares   | 848,432   | 785,581       |

**TRANE MERGED HOURLY PENSION PLAN**  
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|-------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------|-------------|----------------------|---------------|-----------|
| (a)                                                   | (b)    | (c)                                                                                                    |             | (d)                  | (e)           |           |
| ANHEUSER-BUSCH COS LLC                                | 6.450% | 09/01/2037                                                                                             | DD 08/24/07 | 500,000.000 shares   | 683,715       | 609,020   |
| FORD MOTOR CO                                         | 6.625% | 10/01/2028                                                                                             | DD 09/30/98 | 1,600,000.000 shares | 1,847,776     | 1,796,336 |
| FORD MOTOR CO                                         | 4.750% | 01/15/2043                                                                                             | DD 01/08/13 | 700,000.000 shares   | 657,048       | 631,309   |
| BURLINGTON NORTHERN SANTA FE L                        | 6.530% | 07/15/2037                                                                                             | DD 07/15/97 | 500,000.000 shares   | 640,685       | 572,940   |
| BURLINGTON NORTHERN SANTA FE L                        | 7.290% | 06/01/2036                                                                                             | DD 06/01/96 | 500,000.000 shares   | 677,900       | 626,895   |
| CORP NACIONAL DEL COBRE DE CHI                        | 5.625% | 09/21/2035                                                                                             |             | 300,000.000 shares   | 364,966       | 296,640   |
| APPALACHIAN POWER CO                                  | 6.700% | 08/15/2037                                                                                             | DD 08/17/07 | 1,200,000.000 shares | 1,574,472     | 1,389,924 |
| APPALACHIAN POWER CO                                  | 7.000% | 04/01/2038                                                                                             | DD 03/25/08 | 400,000.000 shares   | 544,380       | 483,140   |
| FIRSTENERGY SOLUTIONS CORP                            | 6.800% | 08/15/2039                                                                                             | DD 08/07/09 | 900,000.000 shares   | 1,011,411     | 911,430   |
| JERSEY CENTRAL POWER & LIGHT C                        | 6.150% | 06/01/2037                                                                                             | DD 12/01/07 | 900,000.000 shares   | 1,130,427     | 928,899   |
| MIDAMERICAN ENERGY HOLDINGS CO                        | 6.125% | 04/01/2036                                                                                             | DD 10/01/06 | 700,000.000 shares   | 883,638       | 795,242   |
| MIDAMERICAN ENERGY HOLDINGS CO                        | 6.500% | 09/15/2037                                                                                             | DD 08/28/07 | 1,500,000.000 shares | 1,992,330     | 1,742,310 |
| PSEG POWER LLC                                        | 8.625% | 04/15/2031                                                                                             | DD 10/15/01 | 300,000.000 shares   | 437,460       | 408,000   |
| CONSOLIDATED EDISON CO OF NEW                         | 5.850% | 03/15/2036                                                                                             | DD 03/09/06 | 100,000.000 shares   | 127,364       | 114,311   |
| CONSOLIDATED EDISON CO OF NEW                         | 6.750% | 04/01/2038                                                                                             | DD 04/04/08 | 700,000.000 shares   | 1,000,699     | 883,085   |
| PACIFIC GAS & ELECTRIC CO                             | 5.800% | 03/01/2037                                                                                             | DD 03/13/07 | 1,300,000.000 shares | 1,608,282     | 1,433,107 |
| PACIFIC GAS & ELECTRIC CO                             | 6.250% | 03/01/2039                                                                                             | DD 03/06/09 | 300,000.000 shares   | 396,237       | 344,139   |
| VIRGINIA ELECTRIC AND POWER CO                        | 6.000% | 01/15/2036                                                                                             | DD 01/13/06 | 900,000.000 shares   | 1,189,800     | 1,043,856 |
| DEUTSCHE TELEKOM INTERNATIONAL                        | VAR RT | 06/15/2030                                                                                             | DD 07/06/00 | 2,800,000.000 shares | 4,195,072     | 3,950,184 |
| TELECOM ITALIA CAPITAL SA                             | 7.721% | 06/04/2038                                                                                             | DD 06/04/08 | 800,000.000 shares   | 866,000       | 800,000   |
| VERIZON COMMUNICATIONS INC                            | 6.400% | 02/15/2038                                                                                             | DD 02/12/08 | 200,000.000 shares   | 270,774       | 224,594   |
| VERIZON COMMUNICATIONS INC                            | 6.900% | 04/15/2038                                                                                             | DD 04/04/08 | 2,600,000.000 shares | 3,700,294     | 3,094,182 |
| VERIZON COMMUNICATIONS INC                            | 6.550% | 09/15/2043                                                                                             | DD 09/18/13 | 4,000,000.000 shares | 4,136,868     | 4,679,840 |
| AT&T INC                                              | 6.550% | 02/15/2039                                                                                             | DD 02/03/09 | 600,000.000 shares   | 788,466       | 681,180   |
| AT&T INC                                              | 4.300% | 12/15/2042                                                                                             | DD 06/15/13 | 728,000.000 shares   | 696,295       | 617,519   |
| AT&T INC                                              | 4.350% | 06/15/2045                                                                                             | DD 06/15/13 | 3,678,000.000 shares | 3,694,551     | 3,113,758 |
| AT&T INC                                              | 5.350% | 09/01/2040                                                                                             | DD 03/01/11 | 1,100,000.000 shares | 1,281,005     | 1,088,373 |
| CISCO SYSTEMS INC                                     | 5.900% | 02/15/2039                                                                                             | DD 02/17/09 | 300,000.000 shares   | 390,435       | 333,534   |
| FRANCE TELECOM SA                                     | VAR RT | 03/01/2031                                                                                             | DD 09/01/01 | 700,000.000 shares   | 1,047,809     | 966,469   |
| VODAFONE GROUP PLC                                    | 6.150% | 02/27/2037                                                                                             | DD 02/27/07 | 1,400,000.000 shares | 1,851,752     | 1,517,278 |
| MAJAPAHIT HOLDING BV                                  | 7.750% | 01/20/2020                                                                                             |             | 600,000.000 shares   | 754,500       | 658,500   |
| TOPAZ SOLAR FARMS LLC 144A                            | 4.875% | 09/30/2039                                                                                             | DD 04/15/13 | 500,000.000 shares   | 500,000       | 471,935   |
| TIME WARNER INC                                       | 6.200% | 03/15/2040                                                                                             | DD 03/11/10 | 600,000.000 shares   | 734,766       | 660,996   |
| TIME WARNER INC                                       | 6.100% | 07/15/2040                                                                                             | DD 07/14/10 | 1,600,000.000 shares | 1,937,152     | 1,746,192 |
| TIME WARNER INC                                       | 6.250% | 03/29/2041                                                                                             | DD 04/01/11 | 300,000.000 shares   | 370,413       | 333,144   |
| TIME WARNER CABLE INC                                 | 6.550% | 05/01/2037                                                                                             | DD 04/09/07 | 700,000.000 shares   | 637,280       | 647,745   |
| TIME WARNER CABLE INC                                 | 6.750% | 06/15/2039                                                                                             | DD 06/29/09 | 1,700,000.000 shares | 1,952,085     | 1,600,890 |
| COMCAST CORP                                          | 6.550% | 07/01/2039                                                                                             | DD 06/18/09 | 2,200,000.000 shares | 2,888,182     | 2,604,646 |
| COMCAST CORP                                          | 6.400% | 03/01/2040                                                                                             | DD 03/01/10 | 2,000,000.000 shares | 2,590,640     | 2,307,740 |

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| (a)                                                   | (b)                             | (c)                                                                                                    | (d)                  | (e)       |               |
|                                                       | NBCUNIVERSAL MEDIA LLC          | 6.400% 04/30/2040 DD 04/30/11                                                                          | 600,000.000 shares   | 769,866   | 689,778       |
|                                                       | ANGLOGOLD ASHANTI HOLDINGS PLC  | 6.500% 04/15/2040 DD 04/28/10                                                                          | 200,000.000 shares   | 205,844   | 156,000       |
|                                                       | BARRICK NORTH AMERICA FINANCE   | 5.700% 05/30/2041 DD 06/01/11                                                                          | 700,000.000 shares   | 802,592   | 601,377       |
|                                                       | NEWMONT MINING CORP             | 6.250% 10/01/2039 DD 09/18/09                                                                          | 800,000.000 shares   | 963,472   | 707,616       |
|                                                       | CORP NACIONAL DEL COBRE D REGS  | 6.150% 10/24/2036 DD 10/24/06                                                                          | 200,000.000 shares   | 260,338   | 210,996       |
|                                                       | KRAFT FOODS GROUP INC           | 6.500% 02/09/2040 DD 08/09/12                                                                          | 1,400,000.000 shares | 1,840,104 | 1,632,680     |
|                                                       | KROGER CO/THE                   | 5.400% 07/15/2040 DD 07/13/10                                                                          | 800,000.000 shares   | 886,768   | 791,648       |
|                                                       | YUM! BRANDS INC                 | 6.875% 11/15/2037 DD 10/19/07                                                                          | 104,000.000 shares   | 142,007   | 118,416       |
|                                                       | TARGET CORP                     | 7.000% 01/15/2038 DD 01/17/08                                                                          | 536,000.000 shares   | 787,282   | 672,246       |
|                                                       | WAL-MART STORES INC             | 6.200% 04/15/2038 DD 04/15/08                                                                          | 1,300,000.000 shares | 1,766,505 | 1,562,405     |
|                                                       | WAL-MART STORES INC             | 5.000% 10/25/2040 DD 10/25/10                                                                          | 700,000.000 shares   | 846,972   | 732,333       |
|                                                       | WAL-MART STORES INC             | 5.625% 04/15/2041 DD 04/18/11                                                                          | 1,200,000.000 shares | 1,561,122 | 1,362,564     |
|                                                       | NEW YORK CITY NY MUNI WTR FIN   | 5.000% 06/15/2043 DD 03/31/11                                                                          | 2,100,000.000 shares | 2,376,402 | 2,145,822     |
|                                                       | COX COMMUNICATIONS INC          | 6.450% 12/01/2036 DD 12/01/06                                                                          | 800,000.000 shares   | 987,280   | 814,888       |
|                                                       | COX COMMUNICATIONS INC 144A     | 8.375% 03/01/2039 DD 02/20/09                                                                          | 900,000.000 shares   | 1,381,185 | 1,091,493     |
|                                                       | GERDAU HOLDINGS INC 144A        | 7.000% 01/20/2020 DD 11/24/09                                                                          | 400,000.000 shares   | 465,000   | 436,000       |
|                                                       | HJ HEINZ FINANCE CO 144A        | 7.125% 08/01/2039 DD 07/29/09                                                                          | 1,000,000.000 shares | 1,380,330 | 1,027,500     |
|                                                       | NGPL PIPECO LLC 144A            | 7.768% 12/15/2037 DD 12/21/07                                                                          | 1,675,000.000 shares | 1,758,750 | 1,432,125     |
|                                                       | ODEBRECHT DRILLING NORBE 144A   | 6.350% 06/30/2021 DD 11/18/10                                                                          | 450,000.000 shares   | 505,125   | 461,250       |
|                                                       | ROCKIES EXPRESS PIPELINE 144A   | 6.875% 04/15/2040 DD 03/22/10                                                                          | 1,200,000.000 shares | 1,080,000 | 993,000       |
|                                                       | AK TRANSNEFT OJSC VIA TRA 144A  | 8.700% 08/07/2018 DD 08/07/08                                                                          | 900,000.000 shares   | 1,165,725 | 1,099,629     |
|                                                       | BG ENERGY CAPITAL PLC 144A      | 5.125% 10/15/2041 DD 10/12/11                                                                          | 1,000,000.000 shares | 1,167,700 | 1,025,440     |
|                                                       | CREDIT AGRICOLE SA 144A         | VAR RT 10/29/2049 DD 10/13/09                                                                          | 1,000,000.000 shares | 1,060,000 | 1,135,000     |
|                                                       | CROWN CASTLE TOWERS LLC 144A    | 6.113% 01/15/2040 DD 01/15/10                                                                          | 1,400,000.000 shares | 1,686,272 | 1,569,862     |
|                                                       | ELECTRICITE DE FRANCE SA 144A   | 6.950% 01/26/2039 DD 01/26/09                                                                          | 1,000,000.000 shares | 1,337,150 | 1,221,790     |
|                                                       | FMR LLC 144A                    | 4.950% 02/01/2033 DD 02/01/13                                                                          | 1,000,000.000 shares | 1,034,680 | 981,220       |
|                                                       | ING BANK NV 144A                | VAR RT 06/09/2014 DD 06/09/11                                                                          | 2,100,000.000 shares | 2,119,698 | 2,111,382     |
|                                                       | NORTHWESTERN MUTUAL LIFE 144A   | 6.063% 03/30/2040 DD 03/26/10                                                                          | 700,000.000 shares   | 893,683   | 786,457       |
|                                                       | OMX TIMBER FINANCE INVESTMENTS  | 5.420% 01/29/2020 DD 12/21/04                                                                          | 500,000.000 shares   | 549,850   | 556,475       |
|                                                       | PACIFIC LIFE INSURANCE CO 144A  | 9.250% 06/15/2039 DD 06/19/09                                                                          | 800,000.000 shares   | 1,118,720 | 1,110,968     |
|                                                       | ROCHE HOLDINGS INC 144A         | 7.000% 03/01/2039 DD 02/25/09                                                                          | 500,000.000 shares   | 753,370   | 655,675       |
|                                                       | TEACHERS INSURANCE & ANNU 144A  | 6.850% 12/16/2039 DD 12/16/09                                                                          | 700,000.000 shares   | 949,396   | 864,073       |
|                                                       | PANAMA GOVERNMENT INTERNATIONAL | 9.375% 04/01/2029                                                                                      | 88,000.000 shares    | 150,480   | 122,100       |
|                                                       | PANAMA GOVERNMENT INTERNATIONAL | 6.700% 01/26/2036 DD 01/26/06                                                                          | 549,000.000 shares   | 779,580   | 613,508       |
|                                                       | TRANSCANADA PIPELINES LTD       | 7.625% 01/15/2039 DD 01/09/09                                                                          | 300,000.000 shares   | 451,308   | 400,425       |
|                                                       | SBERBANK OF RUSSIA VIA SB CAPI  | 5.717% 06/16/2021                                                                                      | 900,000.000 shares   | 1,008,000 | 940,950       |
|                                                       | LEHMAN BROTHERS HOLDGS ESCROW   |                                                                                                        | 5,900.000 shares     | -         | -             |
|                                                       | 90DAY EURODOLLAR FUTURE (CME)   | EXP MAR 16                                                                                             | 283.000 shares       | -         | (195,971)     |
|                                                       | EURO\$ 3YR MID-CRV FUT MAR 17   | PUT MAR 14 097.375 ED 03/14/14                                                                         | -15.000 shares       | (5,266)   | (7,500)       |

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|-------------------------------------------------------|-----|--------------------------------------------------------------------------------------------------------|-----------------------|---------------|
| (a)                                                   | (b) | (c)                                                                                                    | (d)                   | (e)           |
| ONEOK PARTNERS LP                                     |     | 6.200% 09/15/2043 DD 09/12/13                                                                          | 1,554,720             | 1,619,115     |
|                                                       |     | Total - Corporate bonds                                                                                | 203,067,242           | 184,997,637   |
| U S TREASURY BOND                                     |     | 6.250% 08/15/2023 DD 08/15/93                                                                          | 6,733,594             | 6,679,556     |
| U S TREASURY BOND                                     |     | 6.125% 11/15/2027 DD 11/15/97                                                                          | 23,216,344            | 21,210,375    |
| U S TREASURY BOND                                     |     | 5.500% 08/15/2028 DD 08/15/98                                                                          | 529,250               | 493,064       |
| U S TREASURY BOND                                     |     | 5.250% 02/15/2029 DD 02/15/99                                                                          | 20,626,460            | 19,982,250    |
| U S TREASURY BOND                                     |     | 5.000% 05/15/2037 DD 05/15/07                                                                          | 6,239,844             | 5,831,000     |
| U S TREASURY BOND                                     |     | 4.500% 05/15/2038 DD 05/15/08                                                                          | 11,800,000.000 shares | 15,453,629    |
| U S TREASURY BOND                                     |     | 4.500% 08/15/2039 DD 08/15/09                                                                          | 2,252,772             | 1,884,348     |
| U S TREASURY BOND                                     |     | 4.375% 11/15/2039 DD 11/15/09                                                                          | 5,249,719             | 4,890,240     |
| U S TREASURY BOND                                     |     | 4.250% 11/15/2040 DD 11/15/10                                                                          | 32,646,599            | 31,234,857    |
| U S TREASURY BOND                                     |     | 4.750% 02/15/2041 DD 02/15/11                                                                          | 5,052,500             | 4,947,709     |
| U S TREASURY BOND                                     |     | 4.375% 05/15/2041 DD 05/15/11                                                                          | 5,488,387             | 4,665,500     |
| U S TREASURY BOND                                     |     | 3.125% 11/15/2041 DD 11/15/11                                                                          | 23,238,701            | 19,175,250    |
| U S TREASURY BOND                                     |     | 3.125% 02/15/2042 DD 02/15/12                                                                          | 29,775,884            | 27,029,657    |
| U S TREASURY BOND                                     |     | 3.125% 02/15/2043 DD 02/15/13                                                                          | 3,861,055             | 3,767,500     |
| U S TREASURY NOTE                                     |     | 0.250% 11/30/2014 DD 11/30/12                                                                          | 100,090               | 100,090       |
| U S TREASURY NT CPN STRIP                             |     | 0.000% 05/15/2031 DD 08/15/07                                                                          | 1,613,358             | 1,357,290     |
| U S TREASURY NT CPN STRIP                             |     | 0.000% 05/15/2032 DD 08/15/07                                                                          | 2,362,256             | 1,970,378     |
| U S TREASURY NT CPN STRIP                             |     | 0.000% 05/15/2033 DD 08/15/07                                                                          | 1,998,252             | 1,655,028     |
| U S TREASURY NT CPN STRIP                             |     | 0.000% 11/15/2033 DD 08/15/07                                                                          | 598,730               | 494,604       |
| U S TREASURY NT CPN STRIP                             |     | 0.000% 05/15/2034 DD 08/15/07                                                                          | 2,675,950             | 2,200,350     |
| U S TREASURY NT PRIN STRIP                            |     | 0.000% 11/15/2039 DD 11/16/09                                                                          | 6,855,495             | 5,407,795     |
| U S TREASURY NT PRIN STRIP                            |     | 0.000% 02/15/2040 DD 02/16/10                                                                          | 211,955               | 172,660       |
| U S TREASURY NT PRIN STRIP                            |     | 0.000% 05/15/2040 DD 05/17/10                                                                          | 1,170,504             | 920,862       |
| U S TREASURY NT PRIN STRIP                            |     | 0.000% 08/15/2040 DD 08/16/10                                                                          | 4,117,152             | 3,233,088     |
| U S TREASURY NT PRIN STRIP                            |     | 0.000% 02/15/2042 DD 02/15/12                                                                          | 1,041,390             | 842,481       |
| FHA-INSURED PROJECT 1997-A                            |     | 6.896% 07/01/2020 DD 08/01/97                                                                          | 299,205               | 296,717       |
| FEDERAL HOME LN MTG CORP STRIP                        |     | 0.000% 03/15/2031 DD 10/25/00                                                                          | 1,658,779             | 1,372,990     |
| FEDERAL HOME LN MTG CORP                              |     | 8.250% 06/01/2016 DD 06/01/86                                                                          | 499,464               | 471,624       |
| FEDERAL NATL MTG ASSN STRIP                           |     | 0.000% 11/15/2030 DD 11/03/00                                                                          | 1,574,250             | 1,371,900     |
| FEDERAL NATL MTG ASSN                                 |     | 7.125% 01/15/2030 DD 01/15/00                                                                          | 942,678               | 813,384       |
| FEDERAL NATL MTG ASSN                                 |     | 7.250% 05/15/2030 DD 05/05/00                                                                          | 2,214,971             | 1,921,808     |
| FEDERAL NATL MTG ASSN                                 |     | 6.625% 11/15/2030 DD 11/03/00                                                                          | 4,112,100             | 3,512,106     |
| FEDERAL NATL MTG ASSN                                 |     | 6.000% 04/18/2036 DD 04/18/06                                                                          | 1,285,559             | 1,204,786     |
| FEDERAL NATL MTG ASSN                                 |     | 5.625% 07/15/2037 DD 07/18/07                                                                          | 1,007,405             | 831,712       |
| RESOLUTION FDG CORP STRIP                             |     | 0.000% 04/15/2030 DD 04/15/90                                                                          | 30,108,628            | 27,233,593    |
| TENNESSEE VALLEY AUTH STRIP                           |     | 0.000% 07/15/2030 DD 01/15/98                                                                          | 1,470,005             | 1,182,180     |

**TRANE MERGED HOURLY PENSION PLAN**  
**SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (Held at End of Year)**  
**December 31, 2013**

EIN: #25-0900465

Plan: #023

| Identity of issue, borrower, lessor, or similar party |                                                 | Description of investment including maturity date, rate of interest, collateral, par or maturity value |                      | Cost        | Current Value |
|-------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------|-------------|---------------|
| (a)                                                   | (b)                                             | (c)                                                                                                    | (d)                  | (e)         |               |
|                                                       | TENNESSEE VALLEY AUTH BD                        | 7.125% 05/01/2030 DD 05/01/00                                                                          | 300,000.000 shares   | 460,077     | 392,172       |
|                                                       | TENNESSEE VALLEY AUTH BD                        | 5.375% 04/01/2056 DD 04/01/06                                                                          | 2,100,000.000 shares | 2,859,234   | 2,154,642     |
|                                                       | TENNESSEE VALLEY AUTH BD                        | 4.875% 01/15/2048 DD 01/23/08                                                                          | 4,200,000.000 shares | 5,257,350   | 4,086,852     |
|                                                       | TENNESSEE VALLEY AUTH BD                        | 4.625% 09/15/2060 DD 09/15/10                                                                          | 700,000.000 shares   | 838,397     | 626,101       |
|                                                       | U S DEPT HSG & URBAN DEV GOVT                   | 4.930% 08/01/2014 DD 08/07/03                                                                          | 110,000.000 shares   | 115,700     | 110,037       |
|                                                       | US TREAS BD FUTURE (CBT)                        | EXP MAR 14                                                                                             | 32.000 shares        | -           | (88,500)      |
|                                                       | US 10YR NOTE FUTURE MAR 14                      | CALL MAR 14 126.50 ED 02/21/14                                                                         | -42.000 shares       | (23,554)    | (3,281)       |
|                                                       | US 10 YR TREAS NTS FUT MAR 14                   | PUT MAR 14 122.000 ED 02/21/14                                                                         | -42.000 shares       | (26,836)    | (22,313)      |
|                                                       | Total - U.S. government securities and agencies |                                                                                                        |                      | 257,763,281 | 230,697,693   |
|                                                       | GNMA POOL #0606312                              | 6.000% 05/15/2036 DD 05/01/06                                                                          | 394,309.229 shares   | 442,403     | 440,739       |
|                                                       | GNMA POOL #0434143                              | 6.000% 01/15/2029 DD 01/01/99                                                                          | 9,758.206 shares     | 10,964      | 10,900        |
|                                                       | GNMA POOL #0462106                              | 6.000% 03/15/2029 DD 03/01/99                                                                          | 6,216.304 shares     | 7,033       | 6,912         |
|                                                       | GNMA POOL #0464303                              | 6.000% 11/15/2028 DD 11/01/98                                                                          | 1,410.084 shares     | 1,586       | 1,586         |
|                                                       | GNMA POOL #0474826                              | 6.000% 01/15/2029 DD 01/01/99                                                                          | 4,856.001 shares     | 5,494       | 5,398         |
|                                                       | GNMA POOL #0476971                              | 6.000% 01/15/2029 DD 01/01/99                                                                          | 32,496.788 shares    | 36,488      | 36,355        |
|                                                       | GNMA POOL #0476988                              | 6.000% 04/15/2029 DD 04/01/99                                                                          | 36,158.027 shares    | 40,914      | 40,774        |
|                                                       | GNMA POOL #0476991                              | 6.000% 04/15/2029 DD 04/01/99                                                                          | 22,678.748 shares    | 25,700      | 25,217        |
|                                                       | GNMA POOL #0477219                              | 6.000% 01/15/2029 DD 01/01/99                                                                          | 26,193.739 shares    | 29,634      | 29,131        |
|                                                       | GNMA POOL #0485118                              | 6.000% 01/15/2029 DD 01/01/99                                                                          | 4,626.309 shares     | 5,234       | 5,140         |
|                                                       | GNMA POOL #0486692                              | 6.000% 11/15/2028 DD 11/01/98                                                                          | 3,129.456 shares     | 3,546       | 3,478         |
|                                                       | GNMA POOL #0486703                              | 6.000% 11/15/2028 DD 11/01/98                                                                          | 14,461.360 shares    | 16,388      | 16,120        |
|                                                       | GNMA POOL #0499447                              | 6.000% 04/15/2029 DD 04/01/99                                                                          | 17,080.231 shares    | 19,153      | 19,069        |
|                                                       | GNMA POOL #0501847                              | 6.000% 04/15/2029 DD 04/01/99                                                                          | 3,085.077 shares     | 3,490       | 3,430         |
|                                                       | GNMA POOL #0509275                              | 6.000% 05/15/2029 DD 05/01/99                                                                          | 943.697 shares       | 1,036       | 1,048         |
|                                                       | GNMA POOL #0517073                              | 8.500% 12/15/2029 DD 12/01/99                                                                          | 23,015.040 shares    | 23,932      | 23,900        |
|                                                       | GNMA POOL #0655411                              | 6.000% 06/15/2036 DD 06/01/06                                                                          | 27,009.632 shares    | 30,195      | 30,075        |
|                                                       | COMMIT TO PUR GNMA SF MTG                       | 6.000% 01/15/2044 DD 01/01/14                                                                          | -500,000.000 shares  | (552,891)   | (555,625)     |
|                                                       | GNMA II POOL #0080070                           | VAR RT 05/20/2027 DD 05/01/97                                                                          | 12,340.292 shares    | 12,919      | 12,779        |
|                                                       | GNMA II POOL #0080444                           | VAR RT 08/20/2030 DD 08/01/00                                                                          | 22,593.355 shares    | 23,509      | 23,488        |
|                                                       | FHLMC MULTICLASS MTG 2559 PB                    | 5.500% 08/15/2030 DD 01/01/03                                                                          | 119.994 shares       | 136         | 133           |
|                                                       | FHLMC MULTICLASS MTG 2551 FD                    | VAR RT 01/15/2033 DD 01/15/03                                                                          | 35,000.480 shares    | 35,207      | 35,037        |
|                                                       | FHLMC MULTICLASS MTG 2651 VZ                    | 4.500% 07/15/2018 DD 07/01/03                                                                          | 14,695.913 shares    | 15,541      | 15,550        |
|                                                       | FHLMC MULTICLASS MTG 3013 HZ                    | 5.000% 08/15/2035 DD 08/01/05                                                                          | 3,031,168.520 shares | 3,535,718   | 3,351,624     |
|                                                       | FHLMC POOL #78-5504                             | VAR RT 03/01/2025 DD 12/01/95                                                                          | 11,992.274 shares    | 12,813      | 12,825        |
|                                                       | FNMA POOL #0238575                              | VAR RT 03/01/2033 DD 09/01/93                                                                          | 90,179.019 shares    | 93,046      | 93,704        |
|                                                       | FNMA POOL #0563479                              | VAR RT 11/01/2030 DD 11/01/00                                                                          | 12,030.230 shares    | 12,421      | 12,509        |
|                                                       | FNMA GTD REMIC P/T 02-21 FD                     | VAR RT 04/25/2032 DD 03/25/02                                                                          | 7,862.750 shares     | 8,005       | 7,975         |
|                                                       | FNMA GTD REMIC P/T 02-T7 A1                     | VAR RT 07/25/2032 DD 06/04/02                                                                          | 15,321.470 shares    | 15,004      | 15,041        |

**TRANE MERGED HOURLY PENSION PLAN**  
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| (a)                                                   | (b)                            | (c)                                                                                                    | (d)                  | (e)       |               |
|                                                       | FNMA GTD REMIC P/T 01-28 PZ    | 6.500% 07/25/2031 DD 06/01/01                                                                          | 550,813.530 shares   | 624,529   | 619,417       |
|                                                       | FNMA GTD REMIC P/T 04-11 A     | VAR RT 03/25/2034 DD 02/25/04                                                                          | 32,039.965 shares    | 31,840    | 31,776        |
|                                                       | FNMA GTD REMIC P/T 07-114 A6   | VAR RT 10/27/2037 DD 11/30/07                                                                          | 1,100,000.000 shares | 1,094,203 | 1,091,552     |
|                                                       | FINANCING CORP STRIP PO        | 0.000% 08/03/2018 DD 10/27/88                                                                          | 200,000.000 shares   | 185,848   | 182,928       |
|                                                       | GNMA GTD REMIC P/T 03-65 ZA    | 6.000% 08/20/2033 DD 08/01/03                                                                          | 928,029.250 shares   | 1,080,554 | 1,038,465     |
|                                                       | BEAR STEARNS ASSET BA SD3 21A1 | VAR RT 07/25/2036 DD 08/01/06                                                                          | 635,811.699 shares   | 465,878   | 604,841       |
|                                                       | BEAR STEARNS ASSET BAC SD4 1A1 | VAR RT 10/25/2036 DD 10/01/06                                                                          | 253,357.580 shares   | 189,643   | 247,551       |
|                                                       | SECURITIZED ASSET BACK BR5 A2A | VAR RT 05/25/2037 DD 07/10/07                                                                          | 121,780.050 shares   | 64,390    | 74,181        |
|                                                       | RENAISSANCE HOME EQUITY LO 3 A | VAR RT 12/25/2033 DD 09/29/03                                                                          | 48,871.725 shares    | 46,483    | 47,489        |
|                                                       | STRUCTURED ASSET SECURIT HF1 A | VAR RT 01/25/2033 DD 05/25/02                                                                          | 21,994.980 shares    | 20,152    | 20,004        |
|                                                       | MID-STATE TRUST 6 A1           | 7.340% 07/01/2035 DD 04/01/97                                                                          | 168,632.020 shares   | 174,925   | 182,254       |
|                                                       | SBA GTD PARTN CTFS 2008-P10A 1 | 5.902% 02/10/2018 DD 02/27/08                                                                          | 99,127.557 shares    | 113,030   | 108,010       |
|                                                       | SLM STUDENT LOAN TRUST 200 9 A | VAR RT 04/25/2023 DD 08/28/08                                                                          | 1,082,902.747 shares | 1,128,482 | 1,115,747     |
|                                                       | BEAR STEARNS ARM TRUST 2 2 21A | VAR RT 05/25/2034 DD 03/01/04                                                                          | 13,688.600 shares    | 13,408    | 12,972        |
|                                                       | ALTERNATIVE LOAN TRUST 2 81 A1 | VAR RT 02/25/2037 DD 12/29/05                                                                          | 150,910.701 shares   | 97,051    | 113,559       |
|                                                       | CHL MORTGAGE PASS-THRO 16 1A4A | VAR RT 09/25/2034 DD 07/28/04                                                                          | 79,507.692 shares    | 71,691    | 74,765        |
|                                                       | CHL MORTGAGE PASS-THROUG 2 1A1 | VAR RT 03/25/2035 DD 01/28/05                                                                          | 104,674.988 shares   | 68,960    | 76,695        |
|                                                       | CHL MORTGAGE PASS-THROUG 1 1A1 | VAR RT 03/25/2035 DD 01/31/05                                                                          | 343,055.880 shares   | 214,005   | 253,251       |
|                                                       | ALTERNATIVE LOAN TRUST OA2 A1  | VAR RT 05/20/2046 DD 03/30/06                                                                          | 265,091.308 shares   | 169,767   | 182,438       |
|                                                       | CREDIT SUISSE FIRST B AR18 2A3 | VAR RT 07/25/2033 DD 06/01/03                                                                          | 23,096.800 shares    | 22,983    | 23,061        |
|                                                       | FIRST REPUBLIC MORTGAG FRB2 A1 | FLTG RT 11/15/2030 DD 11/08/00                                                                         | 73,421.500 shares    | 70,471    | 73,761        |
|                                                       | FIRST REPUBLIC MORTGAGE FRB1 A | VAR RT 11/15/2031 DD 12/04/01                                                                          | 106,300.030 shares   | 105,071   | 104,693       |
|                                                       | GSR MORTGAGE LOAN TRUST 12 3A6 | VAR RT 12/25/2034 DD 10/01/04                                                                          | 339,800.270 shares   | 342,084   | 330,918       |
|                                                       | IMPAC CMB TRUST SERIES 2 4 2A2 | VAR RT 09/25/2034 DD 04/01/04                                                                          | 189,004.710 shares   | 187,780   | 185,650       |
|                                                       | INDYMAC ARM TRUST 2001-H H2 A1 | VAR RT 01/25/2032 DD 11/01/01                                                                          | 3,006.920 shares     | 2,784     | 2,861         |
|                                                       | RALI SERIES 2006-QS7 TR QS7 A1 | 6.000% 06/25/2036 DD 06/01/06                                                                          | 220,388.710 shares   | 169,512   | 172,370       |
|                                                       | RALI SERIES 2006-QO3 TR QO3 A1 | VAR RT 04/25/2046 DD 03/30/06                                                                          | 751,950.900 shares   | 353,635   | 371,945       |
|                                                       | SEQUOIA MORTGAGE TRUST 2 4 2A1 | VAR RT 07/20/2033 DD 07/29/03                                                                          | 110,631.020 shares   | 108,624   | 109,101       |
|                                                       | STRUCTURED ADJUSTABLE R 18 4A1 | VAR RT 12/25/2034 DD 11/01/04                                                                          | 204,387.028 shares   | 191,560   | 198,809       |
|                                                       | STRUCTURED ASSET MORTGA AR3 A1 | VAR RT 09/19/2032 DD 08/30/02                                                                          | 16,804.748 shares    | 16,220    | 16,050        |
|                                                       | STRUCTURED ASSET MORTGA AR1 A3 | VAR RT 10/19/2033 DD 05/30/03                                                                          | 47,371.046 shares    | 44,607    | 42,475        |
|                                                       | STRUCTURED ASSET SEC M 21A 1A1 | VAR RT 01/25/2032 DD 12/01/01                                                                          | 7,842.876 shares     | 6,718     | 6,914         |
|                                                       | STRUCTURED ASSET MORTG AR5 1A1 | VAR RT 10/19/2034 DD 08/31/04                                                                          | 85,501.622 shares    | 83,142    | 81,327        |
|                                                       | STRUCTURED ASSET MORT AR3 11A1 | VAR RT 04/25/2036 DD 04/28/06                                                                          | 336,823.533 shares   | 222,745   | 240,516       |
|                                                       | STRUCTURED ASSET MORT AR3 12A1 | VAR RT 05/25/2036 DD 04/28/06                                                                          | 944,458.580 shares   | 622,578   | 687,878       |
|                                                       | STRUCTURED ADJUSTABLE RA 4 1A2 | VAR RT 05/25/2037 DD 04/25/07                                                                          | 297,632.511 shares   | 201,572   | 210,840       |
|                                                       | WAMU MORTGAGE PASS THROU AR6 A | VAR RT 06/25/2042 DD 05/01/02                                                                          | 14,338.340 shares    | 13,765    | 13,119        |
|                                                       | WAMU MORTGAGE PASS THRO AR9 2A | VAR RT 08/25/2046 DD 07/01/06                                                                          | 892,943.840 shares   | 803,399   | 800,113       |
|                                                       | WASHINGTON MUTUAL MSC AR2 1A2  | VAR RT 05/25/2033 DD 04/01/03                                                                          | 6,197.990 shares     | 6,080     | 6,084         |

**TRANE MERGED HOURLY PENSION PLAN**  
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Plan: #023

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| (a)                                                   | (b)                                                                                                    | (d)                   | (e)            |                |
| MASTR ASSET SECURITIZATI 7 1A2                        | 5.500% 09/25/2033 DD 07/01/03                                                                          | 60,506.410 shares     | 63,807         | 61,933         |
| MERRILL LYNCH MORTGAGE I A4 3A                        | VAR RT 05/25/2033 DD 07/01/03                                                                          | 13,722.888 shares     | 13,975         | 13,796         |
| MERRILL LYNCH MORTGAGE A1 2A2                         | VAR RT 02/25/2034 DD 02/01/04                                                                          | 28,297.997 shares     | 28,405         | 28,205         |
| NCUA GUARANTEED NOTES TR R2 1A                        | VAR RT 11/06/2017 DD 11/17/10                                                                          | 705,223.800 shares    | 706,716        | 706,105        |
| RAMP SERIES 2004-SL2 TR SL2 A4                        | 8.500% 10/25/2031 DD 06/01/04                                                                          | 139,395.650 shares    | 149,576        | 154,098        |
| RFMSI SERIES 2003-S9 TRU S9 A1                        | 6.500% 03/25/2032 DD 04/01/03                                                                          | 12,065.806 shares     | 12,669         | 12,652         |
| LA ARENA FUNDING LLC 1 A 144A                         | 7.656% 12/15/2026 DD 04/27/99                                                                          | 50,282.543 shares     | 55,248         | 56,725         |
| REPERFORMING LO R2 1AF1 144A                          | VAR RT 06/25/2035 DD 06/25/05                                                                          | 792,241.640 shares    | 677,050        | 686,065        |
| RBSCF TRUST 2010 RR3 WBTA 144A                        | VAR RT 02/16/2051 DD 05/01/10                                                                          | 300,000.000 shares    | 353,169        | 327,750        |
| OBP DEPOSITOR LLC T OBP A 144A                        | 4.646% 07/15/2045 DD 07/01/10                                                                          | 2,000,000.000 shares  | 2,347,040      | 2,168,920      |
| Total Asset-backed and mortgage-backed securities     |                                                                                                        |                       | 17,752,439     | 17,696,940     |
| CENTERSQUARE INVESTMENT                               |                                                                                                        |                       |                |                |
|                                                       | MANAGEMENT                                                                                             | 124,028.190 shares    | 116,947        | 124,028        |
|                                                       | Total Real estate                                                                                      |                       | 116,947        | 124,028        |
| INF FLR CPURNSA 216.687 @0                            |                                                                                                        |                       |                |                |
|                                                       | CALL APR20 002.16687 ED 040720                                                                         | -2,600,000.000 shares | -4,334         | -2,740         |
|                                                       | Total Other investments                                                                                |                       | -4,334         | -2,740         |
| MET LIFE GROUP ANNUITY                                |                                                                                                        |                       |                |                |
|                                                       | Insurance contract                                                                                     |                       | 19,527,745     | 20,137,386     |
| MET LIFE GROUP ANNUITY                                |                                                                                                        |                       |                |                |
|                                                       | Insurance contract                                                                                     |                       | 249,970        | 243,960        |
| AXA EQUITABLE LIFE INSURANCE                          |                                                                                                        |                       |                |                |
|                                                       | Insurance contract                                                                                     |                       | 18,220         | 17,148         |
| AXA EQUITABLE LIFE INSURANCE                          |                                                                                                        |                       |                |                |
|                                                       | Insurance contract                                                                                     |                       | 119,329        | 103,090        |
| JOHN HANCOCK LIFE INS                                 |                                                                                                        |                       |                |                |
|                                                       | Insurance contract                                                                                     |                       | 211,135        | 208,313        |
|                                                       | Total insurance contracts                                                                              |                       | 20,126,399     | 20,709,897     |
| Total invesments held at year end                     |                                                                                                        |                       | \$ 723,249,860 | \$ 825,671,910 |

**TRANE MERGED HOURLY PENSION PLAN**  
**SCHEDULE H, LINE 4(j) - REPORTABLE TRANSACTIONS**  
**Year Ended December 31, 2013**

EIN: #25-0900465

Plan: #023

| (a)                                                                          | (b)                                                                         | (c)            | (d)           | (g)           | (h)                                        | (i)                                    |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------|---------------|---------------|--------------------------------------------|----------------------------------------|
| Identity of party involved                                                   | Description of asset (include interest rate and maturity in case of a loan) | Purchase price | Selling price | Cost of asset | Current value of asset on transaction date | Net gain or (loss) on each transaction |
| <b>Category (ii) - Series of transactions in excess of 5% of plan assets</b> |                                                                             |                |               |               |                                            |                                        |
| US TREASURY BOND                                                             | 4.250% 11/15/2040 DD 11/15/2010                                             | \$ 148,830,708 | \$ -          | \$ -          | \$ -                                       | \$ -                                   |
| US TREASURY BOND                                                             | 4.250% 11/15/2040 DD 11/15/2010                                             | -              | 140,170,419   | 145,303,522   | 145,303,522                                | (5,133,103)                            |
| US TREASURY BOND                                                             | 3.125% 02/15/2042 DD 02/15/2012                                             | 67,563,024     | -             | -             | -                                          | -                                      |
| US TREASURY BOND                                                             | 3.125% 02/15/2042 DD 02/15/2012                                             | -              | 37,222,445    | 38,821,310    | 38,821,310                                 | (1,598,865)                            |
| EB TEMP INV FD                                                               | VAR RT 12/31/2049 FEE CL 20                                                 | 109,560,220    | -             | -             | -                                          | -                                      |
| EB TEMP INV FD                                                               | VAR RT 12/31/2049 FEE CL 20                                                 | -              | 111,919,485   | 111,919,485   | 111,919,485                                | -                                      |

**TRANE MERGED HOURLY PENSION PLAN**  
**SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (Held at End of Year)**  
**December 31, 2013**

EIN: #25-0900465  
Plan: #023

| (a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (e)                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Identity of issue, borrower, lessor, or similar party                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Description of investment including maturity date, rate of interest, collateral, par or maturity value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Cost                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Current Value                                                                                                                                                                                                                                                                                                          |
| CASH COLLATERAL HELD AT<br>CASH HELD AT MERRILL LYNCH<br>EB TEMP INV FD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | GOLDMAN<br>VAR RT 12/31/149 FEE CL 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 14,000,000 shares<br>60,000,000 shares<br>2,537,726.420 shares<br>Total - Cash and cash equivalents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$ 14,000 \$ 14,000<br>60,000 60,000<br>2,537,726 2,537,726<br>2,611,726 2,611,726                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 14,000<br>60,000<br>2,537,726<br>2,611,726                                                                                                                                                                                                                                                                             |
| EMERGING MARKETS OPPORTUNITIES<br>NORTHERN TRUST RUSSELL 3000<br>BGI MSCI EAFE EQUITY INDEX<br>VANGUARD FIDUCI/TOTAL STK MKT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | FUND<br>INDEX FUND<br>NON-LENDABLE FUND<br>IX TR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 839,229,760 shares<br>4,964,901,840 shares<br>3,097,509,970 shares<br>1,433,168,244 shares<br>Total - Commingled funds - equity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 29,590,427 44,764,745<br>71,525,540 125,616,981<br>45,528,606 65,199,020<br>75,171,587 133,255,983<br>221,816,160 368,836,729                                                                                                                                                                                                                                                                                                                                                                                                                                          | 44,764,745<br>125,616,981<br>65,199,020<br>133,255,983<br>368,836,729                                                                                                                                                                                                                                                  |
| ISRAEL ST AID<br>ISRAEL ST AID<br>ISRAEL ST AID<br>ISRAEL ST AID<br>CYPRESS-FAIRBANKS TX INDEP SCH<br>HAMILTON CNTY OH SWR SYS REVEN<br>LOS ANGELES CA DEPARTMENT OF W<br>NEW YORK CITY NY TRANSITIONAL<br>BANK OF AMERICA CORP<br>CITIGROUP INC<br>HCP INC<br>HSBC FINANCE CAPITAL TRUST IX<br>JPMORGAN CHASE & CO<br>LEHMAN BRTH HLD ESC<br>SLM CORP<br>WEYERHAEUSER CO<br>WEYERHAEUSER CO<br>CME GROUP INC/IL<br>COOPERATIVE CENTRALE RAIFFEIS<br>GENERAL ELECTRIC CAPITAL CORP<br>GENERAL ELECTRIC CAPITAL CORP<br>GENERAL ELECTRIC CAPITAL CORP<br>GOLDMAN SACHS GROUP INC/THE<br>HSBC BANK USA NA<br>HSBC HOLDINGS PLC<br>HSBC HOLDINGS PLC | 5.500% 09/18/2033 DD 09/18/03<br>5.500% 12/04/2023 DD 12/04/03<br>5.500% 04/26/2024 DD 04/26/04<br>0.000% 11/01/2020 DD 11/22/04<br>6.629% 02/15/2038 DD 08/01/09<br>6.500% 12/01/2034 DD 08/25/09<br>6.166% 07/01/2040 DD 06/02/10<br>5.267% 05/01/2027 DD 06/04/10<br>7.625% 06/01/2019 DD 06/02/09<br>8.125% 07/15/2039 DD 07/23/09<br>6.750% 02/01/2041 DD 01/24/11<br>VAR RT 11/30/2035 DD 11/29/05<br>VAR RT 04/29/2049 DD 04/23/08<br>0.000% 12/30/2016 DD 01/25/06<br>5.625% 08/01/2033 DD 07/21/03<br>7.375% 03/15/2032 DD 09/15/02<br>6.875% 12/15/2033 DD 12/17/02<br>5.300% 09/15/2043 DD 09/09/13<br>5.250% 05/24/2041 DD 05/24/11<br>6.750% 03/15/2032 DD 03/20/02<br>5.875% 01/14/2038 DD 01/14/08<br>6.875% 01/10/2039 DD 01/09/09<br>7.500% 02/15/2019 DD 02/05/09<br>7.000% 01/15/2039 DD 06/18/08<br>6.500% 09/15/2037 DD 09/12/07<br>6.800% 06/01/2038 DD 05/27/08 | 500,000,000 shares<br>7,000,000,000 shares<br>800,000,000 shares<br>2,900,000,000 shares<br>700,000,000 shares<br>900,000,000 shares<br>1,800,000,000 shares<br>700,000,000 shares<br>4,700,000,000 shares<br>5,100,000,000 shares<br>1,200,000,000 shares<br>1,000,000,000 shares<br>200,000,000 shares<br>3,300,000,000 shares<br>2,000,000,000 shares<br>800,000,000 shares<br>500,000,000 shares<br>1,000,000,000 shares<br>2,000,000,000 shares<br>2,200,000,000 shares<br>1,500,000,000 shares<br>400,000,000 shares<br>4,600,000,000 shares<br>800,000,000 shares<br>400,000,000 shares<br>600,000,000 shares | 673,675 582,805<br>9,258,480 8,065,750<br>1,058,776 924,296<br>2,517,751 2,386,787<br>811,370 779,632<br>1,057,914 995,994<br>2,106,378 1,900,098<br>852,614 754,166<br>6,013,979 5,829,551<br>7,635,312 7,153,719<br>1,553,388 1,420,404<br>997,500 1,030,000<br>226,602 220,500<br>408,019 693,000<br>1,885,000 1,657,500<br>1,008,064 978,920<br>597,195 589,725<br>1,042,310 1,046,540<br>2,348,500 2,063,460<br>2,857,206 2,724,282<br>1,809,375 1,708,665<br>543,720 514,240<br>5,787,996 5,602,662<br>1,081,504 1,000,968<br>499,276 473,096<br>767,322 738,090 | 582,805<br>8,065,750<br>924,296<br>2,386,787<br>779,632<br>995,994<br>1,900,098<br>754,166<br>5,829,551<br>7,153,719<br>1,420,404<br>1,030,000<br>220,500<br>693,000<br>1,657,500<br>978,920<br>589,725<br>1,046,540<br>2,063,460<br>2,724,282<br>1,708,665<br>514,240<br>5,602,662<br>1,000,968<br>473,096<br>738,090 |

**TRANE MERGED HOURLY PENSION PLAN**  
**SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (Held at End of Year)**  
**December 31, 2013**

EIN: #25-0900455  
Plan: #023

| (a)                                                   | (b)                                                                                                    | (c)       | (d)           | (e) |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------|---------------|-----|
| Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost      | Current Value |     |
| HSBC HOLDINGS PLC                                     | 6.100% 01/14/2042 DD 11/17/11                                                                          | 1,330,570 | 1,191,330     |     |
| INTERCONTINENTAL EXCHANGE GROUP                       | 4.000% 10/15/2023 DD 10/08/13                                                                          | 918,090   | 905,337       |     |
| JPMORGAN CHASE & CO                                   | 6.400% 05/15/2038 DD 05/22/08                                                                          | 3,351,200 | 2,983,750     |     |
| JPMORGAN CHASE & CO                                   | 5.500% 10/15/2040 DD 10/21/10                                                                          | 1,466,940 | 1,303,848     |     |
| JPMORGAN CHASE & CO                                   | 5.600% 07/15/2041 DD 07/21/11                                                                          | 495,376   | 434,100       |     |
| JPMORGAN CHASE & CO                                   | 5.400% 01/06/2042 DD 12/22/11                                                                          | 1,446,120 | 1,291,872     |     |
| MORGAN STANLEY                                        | 5.500% 01/26/2020 DD 01/26/10                                                                          | 3,365,370 | 3,367,710     |     |
| WACHOVIA BANK NA                                      | 6.600% 01/15/2038 DD 12/07/07                                                                          | 2,264,823 | 2,053,079     |     |
| WELLS FARGO & CO                                      | 5.375% 11/02/2043 DD 10/28/13                                                                          | 3,209,328 | 3,276,832     |     |
| AMGEN INC                                             | 6.900% 06/01/2038 DD 05/23/08                                                                          | 2,012,670 | 1,815,915     |     |
| AMGEN INC                                             | 6.400% 02/01/2039 DD 01/16/09                                                                          | 2,039,090 | 1,802,997     |     |
| AMGEN INC                                             | 5.650% 06/15/2042 DD 06/30/11                                                                          | 1,440,852 | 1,270,848     |     |
| COVIDIEN INTERNATIONAL FINANCE                        | 6.550% 10/15/2037 DD 04/15/08                                                                          | 559,096   | 491,100       |     |
| ACTAVIS INC                                           | 4.625% 10/01/2042 DD 10/02/12                                                                          | 898,650   | 818,820       |     |
| GLAXOSMITHKLINE CAPITAL INC                           | 6.375% 05/15/2038 DD 05/13/08                                                                          | 1,105,160 | 979,160       |     |
| MERCK SHARP & DOHME CORP                              | 5.850% 06/30/2039 DD 06/25/09                                                                          | 808,698   | 697,458       |     |
| PFIZER INC                                            | 7.200% 03/15/2039 DD 03/24/09                                                                          | 1,379,853 | 1,209,699     |     |
| VALE OVERSEAS LTD                                     | 6.250% 01/23/2017 DD 11/21/06                                                                          | 115,059   | 110,914       |     |
| VALE OVERSEAS LTD                                     | 6.875% 11/21/2036 DD 11/21/06                                                                          | 123,958   | 103,275       |     |
| AMERICAN INTERNATIONAL GROUP I                        | 6.400% 12/15/2020 DD 12/03/10                                                                          | 2,357,520 | 2,245,534     |     |
| ANADARKO PETROLEUM CORP                               | 6.450% 09/15/2036 DD 09/19/06                                                                          | 1,002,216 | 898,352       |     |
| ANADARKO PETROLEUM CORP                               | 7.950% 06/15/2039 DD 06/12/09                                                                          | 2,600,568 | 2,371,572     |     |
| CAMERON INTERNATIONAL CORP                            | 5.950% 06/01/2041 DD 06/02/11                                                                          | 999,336   | 869,192       |     |
| CANADIAN NATURAL RESOURCES LTD                        | 6.250% 03/15/2038 DD 03/19/07                                                                          | 1,932,450 | 1,680,795     |     |
| CENOVUS ENERGY INC                                    | 6.750% 11/15/2039 DD 05/15/10                                                                          | 1,353,690 | 1,172,120     |     |
| DEVON ENERGY CORP                                     | 7.950% 04/15/2032 DD 03/25/02                                                                          | 2,071,244 | 1,822,058     |     |
| ENCANA CORP                                           | 6.500% 02/01/2038 DD 12/04/07                                                                          | 1,751,050 | 1,536,878     |     |
| ENERGY TRANSFER PARTNERS LP                           | 7.500% 07/01/2038 DD 03/28/08                                                                          | 646,625   | 586,640       |     |
| ENTERPRISE PRODUCTS OPERATING                         | 5.700% 02/15/2042 DD 08/24/11                                                                          | 1,241,251 | 1,159,730     |     |
| KINDER MORGAN ENERGY PARTNERS                         | 6.950% 01/15/2038 DD 06/21/07                                                                          | 1,532,989 | 1,338,352     |     |
| PRIDE INTERNATIONAL INC                               | 7.875% 08/15/2040 DD 08/06/10                                                                          | 146,687   | 135,701       |     |
| SOUTHCOR NATURAL GAS CO LLC                           | 7.350% 02/15/2031 DD 02/13/01                                                                          | 1,331,920 | 1,191,620     |     |
| SUNOCO LOGISTICS PARTNERS OPER                        | 4.950% 01/15/2043 DD 01/10/13                                                                          | 2,229,075 | 2,224,050     |     |
| TENNESSEE GAS PIPELINE CO LLC                         | 8.375% 06/15/2032 DD 06/10/02                                                                          | 1,580,392 | 1,419,000     |     |
| TRANSOCEAN INC                                        | 6.800% 03/15/2038 DD 12/11/07                                                                          | 244,834   | 222,602       |     |
| WILLIAMS COS INC/THE                                  | 7.500% 01/15/2031 DD 01/17/01                                                                          | 387,571   | 327,661       |     |
| PETROBRAS INTERNATIONAL FINANC                        | 6.750% 01/27/2024 DD 01/27/11                                                                          | 3,167,181 | 2,512,161     |     |
| DOW CHEMICAL CO/THE                                   | 9.400% 05/15/2039 DD 05/13/09                                                                          | 1,317,144 | 1,195,128     |     |
| ALTRIA GROUP INC                                      | 9.950% 11/10/2038 DD 11/10/08                                                                          | 848,432   | 785,581       |     |

**TRANE MERGED HOURLY PENSION PLAN**  
**SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (Held at End of Year)**  
**December 31, 2013**

EIN: #25-0900465  
Plan: #023

| (a)                                                   | (b)                                                                                                    | (c)       | (d)           | (e) |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------|---------------|-----|
| Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost      | Current Value |     |
| ANHEUSER-BUSCH COS LLC                                | 6.450% 09/01/2037 DD 08/24/07                                                                          | 683,715   | 609,020       |     |
| FORD MOTOR CO                                         | 6.625% 10/01/2028 DD 09/30/98                                                                          | 1,847,776 | 1,796,336     |     |
| FORD MOTOR CO                                         | 4.750% 01/15/2043 DD 01/08/13                                                                          | 657,048   | 631,309       |     |
| BURLINGTON NORTHERN SANTA FE L                        | 6.530% 07/15/2037 DD 07/15/97                                                                          | 640,685   | 572,940       |     |
| BURLINGTON NORTHERN SANTA FE L                        | 7.290% 06/01/2036 DD 06/01/96                                                                          | 677,900   | 626,895       |     |
| CORP NACIONAL DEL COBRE DE CHI                        | 5.625% 09/21/2035                                                                                      | 364,966   | 296,640       |     |
| APPALACHIAN POWER CO                                  | 6.700% 08/15/2037 DD 08/17/07                                                                          | 1,574,472 | 1,389,924     |     |
| APPALACHIAN POWER CO                                  | 7.000% 04/01/2038 DD 03/25/08                                                                          | 544,380   | 483,140       |     |
| FIRSTENERGY SOLUTIONS CORP                            | 6.800% 08/15/2039 DD 08/07/09                                                                          | 1,011,411 | 911,430       |     |
| JERSEY CENTRAL POWER & LIGHT C                        | 6.150% 06/01/2037 DD 12/01/07                                                                          | 1,130,427 | 928,899       |     |
| MIDAMERICAN ENERGY HOLDINGS CO                        | 6.125% 04/01/2036 DD 10/01/06                                                                          | 883,638   | 795,242       |     |
| MIDAMERICAN ENERGY HOLDINGS CO                        | 6.500% 09/15/2037 DD 08/28/07                                                                          | 1,992,330 | 1,742,310     |     |
| PSEG POWER LLC                                        | 8.625% 04/15/2031 DD 10/15/01                                                                          | 437,460   | 408,000       |     |
| CONSOLIDATED EDISON CO OF NEW                         | 5.850% 03/15/2036 DD 03/09/06                                                                          | 127,364   | 114,311       |     |
| CONSOLIDATED EDISON CO OF NEW                         | 6.750% 04/01/2038 DD 04/04/08                                                                          | 1,000,699 | 883,085       |     |
| PACIFIC GAS & ELECTRIC CO                             | 5.800% 03/01/2037 DD 03/13/07                                                                          | 1,608,282 | 1,433,107     |     |
| PACIFIC GAS & ELECTRIC CO                             | 6.250% 03/01/2039 DD 03/06/09                                                                          | 396,237   | 344,139       |     |
| VIRGINIA ELECTRIC AND POWER CO                        | 6.000% 01/15/2036 DD 01/13/06                                                                          | 1,189,800 | 1,043,856     |     |
| DEUTSCHE TELEKOM INTERNATIONAL                        | VAR RT 06/15/2030 DD 07/06/00                                                                          | 4,195,072 | 3,950,184     |     |
| TELECOM ITALIA CAPITAL SA                             | 7.721% 06/04/2038 DD 06/04/08                                                                          | 866,000   | 800,000       |     |
| VERIZON COMMUNICATIONS INC                            | 6.400% 02/15/2038 DD 02/12/08                                                                          | 270,774   | 224,594       |     |
| VERIZON COMMUNICATIONS INC                            | 6.900% 04/15/2038 DD 04/04/08                                                                          | 3,700,294 | 3,094,182     |     |
| VERIZON COMMUNICATIONS INC                            | 6.550% 09/15/2043 DD 09/18/13                                                                          | 4,136,868 | 4,679,840     |     |
| AT&T INC                                              | 6.550% 02/15/2039 DD 02/03/09                                                                          | 788,466   | 681,180       |     |
| AT&T INC                                              | 4.300% 12/15/2042 DD 06/15/13                                                                          | 696,295   | 617,519       |     |
| AT&T INC                                              | 4.350% 06/15/2045 DD 06/15/13                                                                          | 3,694,551 | 3,113,758     |     |
| AT&T INC                                              | 5.350% 09/01/2040 DD 03/01/11                                                                          | 1,281,005 | 1,088,373     |     |
| CISCO SYSTEMS INC                                     | 5.900% 02/15/2039 DD 02/17/09                                                                          | 390,435   | 333,534       |     |
| FRANCE TELECOM SA                                     | VAR RT 03/01/2031 DD 09/01/01                                                                          | 1,047,809 | 966,469       |     |
| VODAFONE GROUP PLC                                    | 6.150% 02/27/2037 DD 02/27/07                                                                          | 1,851,752 | 1,517,278     |     |
| MAJAPAHIT HOLDING BV                                  | 7.750% 01/20/2020                                                                                      | 754,500   | 658,500       |     |
| TOPAZ SOLAR FARMS LLC 144A                            | 4.875% 09/30/2039 DD 04/15/13                                                                          | 500,000   | 471,935       |     |
| TIME WARNER INC                                       | 6.200% 03/15/2040 DD 03/11/10                                                                          | 734,766   | 660,996       |     |
| TIME WARNER INC                                       | 6.100% 07/15/2040 DD 07/14/10                                                                          | 1,937,152 | 1,746,192     |     |
| TIME WARNER INC                                       | 6.250% 03/29/2041 DD 04/01/11                                                                          | 370,413   | 333,144       |     |
| TIME WARNER CABLE INC                                 | 6.550% 05/01/2037 DD 04/09/07                                                                          | 637,280   | 647,745       |     |
| TIME WARNER CABLE INC                                 | 6.750% 06/15/2039 DD 06/29/09                                                                          | 1,952,085 | 1,600,890     |     |
| COMCAST CORP                                          | 6.550% 07/01/2039 DD 06/18/09                                                                          | 2,888,182 | 2,604,646     |     |
| COMCAST CORP                                          | 6.400% 03/01/2040 DD 03/01/10                                                                          | 2,590,640 | 2,307,740     |     |

**TRANE MERGED HOURLY PENSION PLAN  
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (Held at End of Year)  
December 31, 2013**

EIN: #25-0900465

Plan: #023

| (a)                                                   | (b)                                                                                                    | (c)       | (d)           | (e) |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------|---------------|-----|
| Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost      | Current Value |     |
| NBCUNIVERSAL MEDIA LLC                                | 6.400% 04/30/2040 DD 04/30/11                                                                          | 769,866   | 689,778       |     |
| ANGLOGOLD ASHANTI HOLDINGS PLC                        | 6.500% 04/15/2040 DD 04/28/10                                                                          | 205,844   | 156,000       |     |
| BARRICK NORTH AMERICA FINANCE                         | 5.700% 05/30/2041 DD 06/01/11                                                                          | 802,592   | 601,377       |     |
| NEWMONT MINING CORP                                   | 6.250% 10/01/2039 DD 09/18/09                                                                          | 963,472   | 707,616       |     |
| CORP NACIONAL DEL COBRE D REGS                        | 6.150% 10/24/2036 DD 10/24/06                                                                          | 260,338   | 210,996       |     |
| KRAFT FOODS GROUP INC                                 | 6.500% 02/09/2040 DD 08/09/12                                                                          | 1,840,104 | 1,632,680     |     |
| KROGER CO/THE                                         | 5.400% 07/15/2040 DD 07/13/10                                                                          | 886,768   | 791,648       |     |
| YUM! BRANDS INC                                       | 6.875% 11/15/2037 DD 10/19/07                                                                          | 142,007   | 118,416       |     |
| TARGET CORP                                           | 7.000% 01/15/2038 DD 01/17/08                                                                          | 787,282   | 672,246       |     |
| WAL-MART STORES INC                                   | 6.200% 04/15/2038 DD 04/15/08                                                                          | 1,766,505 | 1,562,405     |     |
| WAL-MART STORES INC                                   | 5.000% 10/25/2040 DD 10/25/10                                                                          | 846,972   | 732,333       |     |
| WAL-MART STORES INC                                   | 5.625% 04/15/2041 DD 04/18/11                                                                          | 1,561,122 | 1,362,564     |     |
| NEW YORK CITY NY MUNI WTR FIN                         | 5.000% 06/15/2043 DD 03/31/11                                                                          | 2,376,402 | 2,145,822     |     |
| COX COMMUNICATIONS INC                                | 6.450% 12/01/2036 DD 12/01/06                                                                          | 987,280   | 814,888       |     |
| COX COMMUNICATIONS INC 144A                           | 8.375% 03/01/2039 DD 02/20/09                                                                          | 1,381,185 | 1,091,493     |     |
| GERDAU HOLDINGS INC 144A                              | 7.000% 01/20/2020 DD 11/24/09                                                                          | 465,000   | 436,000       |     |
| HJ HEINZ FINANCE CO 144A                              | 7.125% 08/01/2039 DD 07/29/09                                                                          | 1,380,330 | 1,027,500     |     |
| NGPL PIPECO LLC 144A                                  | 7.768% 12/15/2037 DD 12/21/07                                                                          | 1,758,750 | 1,432,125     |     |
| ODEBRECHT DRILLING NORBE 144A                         | 6.350% 06/30/2021 DD 11/18/10                                                                          | 505,125   | 461,250       |     |
| ROCKIES EXPRESS PIPELINE 144A                         | 6.875% 04/15/2040 DD 03/22/10                                                                          | 1,080,000 | 993,000       |     |
| AK TRANSNEFT OJSC VIA TRA 144A                        | 8.700% 08/07/2018 DD 08/07/08                                                                          | 1,165,725 | 1,099,629     |     |
| BG ENERGY CAPITAL PLC 144A                            | 5.125% 10/15/2041 DD 10/12/11                                                                          | 1,167,700 | 1,025,440     |     |
| CREDIT AGRICOLE SA 144A                               | VAR RT 10/29/2049 DD 10/13/09                                                                          | 1,060,000 | 1,135,000     |     |
| CROWN CASTLE TOWERS LLC 144A                          | 6.113% 01/15/2040 DD 01/15/10                                                                          | 1,686,272 | 1,569,862     |     |
| ELECTRICITE DE FRANCE SA 144A                         | 6.950% 01/26/2039 DD 01/26/09                                                                          | 1,337,150 | 1,221,790     |     |
| FMR LLC 144A                                          | 4.950% 02/01/2033 DD 02/01/13                                                                          | 1,034,680 | 981,220       |     |
| ING BANK NV 144A                                      | VAR RT 06/09/2014 DD 06/09/11                                                                          | 2,119,698 | 2,111,382     |     |
| NORTHWESTERN MUTUAL LIFE 144A                         | 6.063% 03/30/2040 DD 03/26/10                                                                          | 893,683   | 786,457       |     |
| OMX TIMBER FINANCE INVESTMENTS                        | 5.420% 01/29/2020 DD 12/21/04                                                                          | 549,850   | 556,475       |     |
| PACIFIC LIFE INSURANCE CO 144A                        | 9.250% 06/15/2039 DD 06/19/09                                                                          | 1,118,720 | 1,110,968     |     |
| ROCHE HOLDINGS INC 144A                               | 7.000% 03/01/2039 DD 02/25/09                                                                          | 753,370   | 655,675       |     |
| TEACHERS INSURANCE & ANNU 144A                        | 6.850% 12/16/2039 DD 12/16/09                                                                          | 949,396   | 864,073       |     |
| PANAMA GOVERNMENT INTERNATIO                          | 9.375% 04/01/2029                                                                                      | 150,480   | 122,100       |     |
| PANAMA GOVERNMENT INTERNATIO                          | 6.700% 01/26/2036 DD 01/26/06                                                                          | 779,580   | 613,508       |     |
| TRANSCANADA PIPELINES LTD                             | 7.625% 01/15/2039 DD 01/09/09                                                                          | 451,308   | 400,425       |     |
| SBERBANK OF RUSSIA VIA SB CAPI                        | 5.717% 06/16/2021                                                                                      | 1,008,000 | 940,950       |     |
| LEHMAN BROTHERS HOLDGS ESCROW                         |                                                                                                        | -         | -             |     |
| 90DAY EURODOLLAR FUTURE (CME)                         |                                                                                                        | -         | (195,971)     |     |
| EUROS 3YR MID-CRV FUT MAR 17                          |                                                                                                        | (5,266)   | (7,500)       |     |

**TRANE MERGED HOURLY PENSION PLAN  
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (Held at End of Year)  
December 31, 2013**

EIN: #23-0900455  
Plan: #023

| (a)                                                   | (b)                                                                                                    | (c)         | (d)           | (e) |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------|---------------|-----|
| Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost        | Current Value |     |
| ONEOK PARTNERS LP                                     | 6.200% 09/15/2043 DD 09/12/13                                                                          | 1,554,720   | 1,619,115     |     |
|                                                       | Total - Corporate bonds                                                                                | 203,067,242 | 184,997,637   |     |
| U S TREASURY BOND                                     | 6.250% 08/15/2023 DD 08/15/93                                                                          | 6,733,594   | 6,679,556     |     |
| U S TREASURY BOND                                     | 6.125% 11/15/2027 DD 11/15/97                                                                          | 23,216,344  | 21,210,375    |     |
| U S TREASURY BOND                                     | 5.500% 08/15/2028 DD 08/15/98                                                                          | 529,250     | 493,064       |     |
| U S TREASURY BOND                                     | 5.250% 02/15/2029 DD 02/15/99                                                                          | 20,626,460  | 19,982,250    |     |
| U S TREASURY BOND                                     | 5.000% 05/15/2037 DD 05/15/07                                                                          | 6,239,844   | 5,831,000     |     |
| U S TREASURY BOND                                     | 4.500% 05/15/2038 DD 05/15/08                                                                          | 15,453,629  | 13,083,250    |     |
| U S TREASURY BOND                                     | 4.500% 08/15/2039 DD 08/15/09                                                                          | 2,252,772   | 1,884,348     |     |
| U S TREASURY BOND                                     | 4.375% 11/15/2039 DD 11/15/09                                                                          | 5,249,719   | 4,890,240     |     |
| U S TREASURY BOND                                     | 4.250% 11/15/2040 DD 11/15/10                                                                          | 32,646,599  | 31,234,857    |     |
| U S TREASURY BOND                                     | 4.750% 02/15/2041 DD 02/15/11                                                                          | 5,052,500   | 4,947,709     |     |
| U S TREASURY BOND                                     | 4.375% 05/15/2041 DD 05/15/11                                                                          | 5,488,387   | 4,665,500     |     |
| U S TREASURY BOND                                     | 3.125% 11/15/2041 DD 11/15/11                                                                          | 23,238,701  | 19,175,250    |     |
| U S TREASURY BOND                                     | 3.125% 02/15/2042 DD 02/15/12                                                                          | 29,775,884  | 27,029,657    |     |
| U S TREASURY BOND                                     | 3.125% 02/15/2043 DD 02/15/13                                                                          | 3,861,055   | 3,767,500     |     |
| U S TREASURY NOTE                                     | 0.250% 11/30/2014 DD 11/30/12                                                                          | 100,090     | 100,090       |     |
| U S TREASURY NT CPN STRIP                             | 0.000% 05/15/2031 DD 08/15/07                                                                          | 1,613,358   | 1,357,290     |     |
| U S TREASURY NT CPN STRIP                             | 0.000% 05/15/2032 DD 08/15/07                                                                          | 2,362,256   | 1,970,378     |     |
| U S TREASURY NT CPN STRIP                             | 0.000% 05/15/2033 DD 08/15/07                                                                          | 1,998,252   | 1,655,028     |     |
| U S TREASURY NT CPN STRIP                             | 0.000% 11/15/2033 DD 08/15/07                                                                          | 598,730     | 494,604       |     |
| U S TREASURY NT CPN STRIP                             | 0.000% 05/15/2034 DD 08/15/07                                                                          | 2,675,950   | 2,200,350     |     |
| U S TREASURY NT PRIN STRIP                            | 0.000% 11/15/2039 DD 11/16/09                                                                          | 6,855,495   | 5,407,795     |     |
| U S TREASURY NT PRIN STRIP                            | 0.000% 02/15/2040 DD 02/16/10                                                                          | 211,955     | 172,660       |     |
| U S TREASURY NT PRIN STRIP                            | 0.000% 05/15/2040 DD 05/17/10                                                                          | 1,170,504   | 920,862       |     |
| U S TREASURY NT PRIN STRIP                            | 0.000% 08/15/2040 DD 08/16/10                                                                          | 4,117,152   | 3,233,088     |     |
| U S TREASURY NT PRIN STRIP                            | 0.000% 02/15/2042 DD 02/15/12                                                                          | 1,041,390   | 842,481       |     |
| FHA-INSURED PROJECT 1997-A                            | 6.896% 07/01/2020 DD 08/01/97                                                                          | 299,205     | 296,717       |     |
| FEDERAL HOME LN MTG CORP STRIP                        | 0.000% 03/15/2031 DD 10/25/00                                                                          | 1,658,779   | 1,372,990     |     |
| FEDERAL HOME LN MTG CORP                              | 8.250% 06/01/2016 DD 06/01/86                                                                          | 499,464     | 471,624       |     |
| FEDERAL NATL MTG ASSN STRIP                           | 0.000% 11/15/2030 DD 11/03/00                                                                          | 1,574,250   | 1,371,900     |     |
| FEDERAL NATL MTG ASSN                                 | 7.125% 01/15/2030 DD 01/15/00                                                                          | 942,678     | 813,384       |     |
| FEDERAL NATL MTG ASSN                                 | 7.250% 05/15/2030 DD 05/05/00                                                                          | 2,214,971   | 1,921,808     |     |
| FEDERAL NATL MTG ASSN                                 | 6.625% 11/15/2030 DD 11/03/00                                                                          | 4,112,100   | 3,512,106     |     |
| FEDERAL NATL MTG ASSN                                 | 6.000% 04/18/2036 DD 04/18/06                                                                          | 1,285,559   | 1,204,786     |     |
| FEDERAL NATL MTG ASSN                                 | 5.625% 07/15/2037 DD 07/18/07                                                                          | 1,007,405   | 831,712       |     |
| RESOLUTION FDG CORP STRIP                             | 0.000% 04/15/2030 DD 04/15/90                                                                          | 30,108,628  | 27,233,593    |     |
| TENNESSEE VALLEY AUTH STRIP                           | 0.000% 07/15/2030 DD 01/15/98                                                                          | 1,470,005   | 1,182,180     |     |

**TRANE MERGED HOURLY PENSION PLAN**  
**SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (Held at End of Year)**  
**December 31, 2013**

EIN: #25-0900465  
Plan: #023

| (a)                                                   | (b)                                                                                                    | (c)         | (d)           | (e) |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------|---------------|-----|
| Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost        | Current Value |     |
| TENNESSEE VALLEY AUTH BD                              | 7.125% 05/01/2030 DD 05/01/00                                                                          | 460,077     | 392,172       |     |
| TENNESSEE VALLEY AUTH BD                              | 5.375% 04/01/2056 DD 04/01/06                                                                          | 2,859,234   | 2,154,642     |     |
| TENNESSEE VALLEY AUTH BD                              | 4.875% 01/15/2048 DD 01/23/08                                                                          | 5,257,350   | 4,086,852     |     |
| TENNESSEE VALLEY AUTH BD                              | 4.625% 09/15/2060 DD 09/15/10                                                                          | 838,397     | 626,101       |     |
| U S DEPT HSG & URBAN DEV GOVT                         | 4.930% 08/01/2014 DD 08/07/03                                                                          | 115,700     | 110,037       |     |
| US TREAS BD FUTURE (CBT)                              | EXP MAR 14                                                                                             | -           | (88,500)      |     |
| US 10YR NOTE FUTURE MAR 14                            | CALL MAR 14 126.50 ED 02/21/14                                                                         | (23,554)    | (3,281)       |     |
| US 10 YR TREAS NTS FUT MAR 14                         | PUT MAR 14 122.00 ED 02/21/14                                                                          | (26,836)    | (22,313)      |     |
|                                                       | Total - U.S. government securities and agencies                                                        | 257,763,281 | 230,697,693   |     |
| GNMA POOL #0606312                                    | 6.000% 05/15/2036 DD 05/01/06                                                                          | 442,403     | 440,739       |     |
| GNMA POOL #0434143                                    | 6.000% 01/15/2029 DD 01/01/99                                                                          | 10,964      | 10,900        |     |
| GNMA POOL #0482106                                    | 6.000% 03/15/2029 DD 03/01/99                                                                          | 7,033       | 6,912         |     |
| GNMA POOL #0464303                                    | 6.000% 11/15/2028 DD 11/01/98                                                                          | 1,586       | 1,586         |     |
| GNMA POOL #0474826                                    | 6.000% 01/15/2029 DD 01/01/99                                                                          | 5,494       | 5,398         |     |
| GNMA POOL #0476971                                    | 6.000% 01/15/2029 DD 01/01/99                                                                          | 32,496,788  | 36,488        |     |
| GNMA POOL #0476988                                    | 6.000% 04/15/2029 DD 04/01/99                                                                          | 36,158,027  | 36,355        |     |
| GNMA POOL #0476991                                    | 6.000% 04/15/2029 DD 04/01/99                                                                          | 22,678,748  | 40,914        |     |
| GNMA POOL #0477219                                    | 6.000% 01/15/2029 DD 01/01/99                                                                          | 25,700      | 25,217        |     |
| GNMA POOL #0485118                                    | 6.000% 01/15/2029 DD 01/01/99                                                                          | 29,634      | 29,131        |     |
| GNMA POOL #0486692                                    | 6.000% 11/15/2028 DD 11/01/98                                                                          | 5,234       | 5,140         |     |
| GNMA POOL #0486703                                    | 6.000% 11/15/2028 DD 11/01/98                                                                          | 3,129,456   | 3,478         |     |
| GNMA POOL #0499447                                    | 6.000% 04/15/2029 DD 04/01/99                                                                          | 16,388      | 16,120        |     |
| GNMA POOL #0501847                                    | 6.000% 04/15/2029 DD 04/01/99                                                                          | 19,153      | 19,069        |     |
| GNMA POOL #0509275                                    | 6.000% 05/15/2029 DD 05/01/99                                                                          | 3,490       | 3,430         |     |
| GNMA POOL #0517073                                    | 8.500% 12/15/2029 DD 12/01/99                                                                          | 1,036       | 1,048         |     |
| GNMA POOL #0655411                                    | 6.000% 06/15/2036 DD 06/01/06                                                                          | 23,932      | 23,900        |     |
| COMMIT TO PUR GNMA SF MTG                             | VAR RT 05/20/2027 DD 05/01/97                                                                          | 30,195      | 30,075        |     |
| GNMA II POOL #0080070                                 | VAR RT 08/20/2030 DD 08/01/00                                                                          | (552,891)   | (555,625)     |     |
| GNMA II POOL #0080444                                 | 5.500% 08/15/2030 DD 01/01/03                                                                          | 12,919      | 12,779        |     |
| FHLMC MULTICLASS MTG 2559 PB                          | VAR RT 01/15/2033 DD 01/15/03                                                                          | 23,509      | 23,488        |     |
| FHLMC MULTICLASS MTG 2551 FD                          | 4.500% 07/15/2018 DD 07/01/03                                                                          | 136         | 133           |     |
| FHLMC MULTICLASS MTG 2651 VZ                          | 5.000% 08/15/2035 DD 08/01/05                                                                          | 35,207      | 35,037        |     |
| FHLMC MULTICLASS MTG 3013 HZ                          | VAR RT 03/01/2025 DD 12/01/95                                                                          | 15,541      | 15,550        |     |
| FHLMC POOL #78-5504                                   | VAR RT 03/01/2033 DD 09/01/93                                                                          | 3,535,718   | 3,351,624     |     |
| FNMA POOL #0238575                                    | VAR RT 11/01/2030 DD 11/01/00                                                                          | 12,813      | 12,825        |     |
| FNMA POOL #0563479                                    | VAR RT 04/25/2032 DD 03/25/02                                                                          | 93,046      | 93,704        |     |
| FNMA GTD REMIC P/T 02-21 FD                           | VAR RT 07/25/2032 DD 06/04/02                                                                          | 12,421      | 12,509        |     |
| FNMA GTD REMIC P/T 02-T7 A1                           |                                                                                                        | 8,005       | 7,975         |     |
|                                                       |                                                                                                        | 15,004      | 15,041        |     |

**TRANE MERGED HOURLY PENSION PLAN**

**SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (Held at End of Year)**

**December 31, 2013**

EIN: #25-0900465  
Plan: #023

| (a)                                                   | (b)                                                                                                    | (c)                  | (d)           | (e) |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------|---------------|-----|
| Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost                 | Current Value |     |
| FNMA GTD REMIC PIT 01-28 PZ                           | 6.500% 07/25/2031 DD 06/01/01                                                                          | 550,813.530 shares   | 619,417       |     |
| FNMA GTD REMIC PIT 04-11 A                            | VAR RT 03/25/2034 DD 02/25/04                                                                          | 32,039.965 shares    | 31,776        |     |
| FNMA GTD REMIC PIT 07-114 A6                          | VAR RT 10/27/2037 DD 11/30/07                                                                          | 1,100,000.000 shares | 1,091,552     |     |
| FINANCING CORP STRIP PO                               | 0.000% 08/03/2018 DD 10/27/88                                                                          | 200,000.000 shares   | 185,848       |     |
| GNMA GTD REMIC PIT 03-65 ZA                           | 6.000% 08/20/2033 DD 08/01/03                                                                          | 928,029.250 shares   | 1,080,554     |     |
| BEAR STEARNS ASSET BA SD3 21A1                        | VAR RT 07/25/2036 DD 08/01/06                                                                          | 635,811.699 shares   | 465,878       |     |
| BEAR STEARNS ASSET BAC SD4 1A1                        | VAR RT 10/25/2036 DD 10/01/06                                                                          | 253,357.580 shares   | 189,643       |     |
| SECURITIZED ASSET BACK BR5 A2A                        | VAR RT 05/25/2037 DD 07/10/07                                                                          | 121,780.050 shares   | 64,390        |     |
| RENAISSANCE HOME EQUITY LO 3 A                        | VAR RT 12/25/2033 DD 09/29/03                                                                          | 48,871.725 shares    | 46,483        |     |
| STRUCTURED ASSET SECURIT HF1 A                        | VAR RT 01/25/2033 DD 05/25/02                                                                          | 21,994.980 shares    | 20,152        |     |
| MID-STATE TRUST 6 A1                                  | 7.340% 07/01/2035 DD 04/01/97                                                                          | 168,632.020 shares   | 174,925       |     |
| SBA GTD PARTN CTFS 2008-P10A 1                        | 5.902% 02/10/2018 DD 02/27/08                                                                          | 99,127.557 shares    | 113,030       |     |
| SLM STUDENT LOAN TRUST 200 9 A                        | VAR RT 04/25/2023 DD 08/28/08                                                                          | 1,082,902.747 shares | 1,128,482     |     |
| BEAR STEARNS ARM TRUST 2 2 21A                        | VAR RT 05/25/2034 DD 03/01/04                                                                          | 13,688.600 shares    | 13,408        |     |
| ALTERNATIVE LOAN TRUST 2 81 A1                        | VAR RT 02/25/2037 DD 12/29/05                                                                          | 150,910.701 shares   | 97,051        |     |
| CHL MORTGAGE PASS-THRO 16 1A4A                        | VAR RT 09/25/2034 DD 07/28/04                                                                          | 79,507.692 shares    | 71,691        |     |
| CHL MORTGAGE PASS-THROUG 2 1A1                        | VAR RT 03/25/2035 DD 01/28/05                                                                          | 104,674.988 shares   | 68,960        |     |
| CHL MORTGAGE PASS-THROUG 1 1A1                        | VAR RT 03/25/2035 DD 01/31/05                                                                          | 343,055.880 shares   | 214,005       |     |
| ALTERNATIVE LOAN TRUST OA2 A1                         | VAR RT 05/20/2046 DD 03/30/06                                                                          | 265,091.308 shares   | 169,767       |     |
| CREDIT SUISSE FIRST B AR18 2A3                        | VAR RT 07/25/2033 DD 06/01/03                                                                          | 23,096.800 shares    | 22,983        |     |
| FIRST REPUBLIC MORTGAG FRB2 A1                        | FLTG RT 11/15/2030 DD 11/08/00                                                                         | 73,421.500 shares    | 70,471        |     |
| FIRST REPUBLIC MORTGAG FRB1 A                         | VAR RT 11/15/2031 DD 12/04/01                                                                          | 106,300.030 shares   | 105,071       |     |
| GSR MORTGAGE LOAN TRUST 12 3A6                        | VAR RT 12/25/2034 DD 10/01/04                                                                          | 339,800.270 shares   | 342,084       |     |
| IMPAC CMB TRUST SERIES 2 4 2A2                        | VAR RT 09/25/2034 DD 04/01/04                                                                          | 189,004.710 shares   | 187,780       |     |
| INDYMAC ARM TRUST 2001-H H2 A1                        | VAR RT 01/25/2032 DD 11/01/01                                                                          | 3,006.920 shares     | 2,784         |     |
| RALI SERIES 2006-QS7 TR QS7 A1                        | 6.000% 06/25/2036 DD 06/01/06                                                                          | 220,388.710 shares   | 169,512       |     |
| RALI SERIES 2006-QO3 TR QO3 A1                        | VAR RT 04/25/2046 DD 03/30/06                                                                          | 751,950.900 shares   | 353,635       |     |
| SEQUOIA MORTGAGE TRUST 2 4 2A1                        | VAR RT 07/20/2033 DD 07/29/03                                                                          | 110,631.020 shares   | 108,624       |     |
| STRUCTURED ADJUSTABLE R 18 4A1                        | VAR RT 12/25/2034 DD 11/01/04                                                                          | 204,387.028 shares   | 191,560       |     |
| STRUCTURED ASSET MORTGA AR3 A1                        | VAR RT 09/19/2032 DD 08/30/02                                                                          | 16,804.748 shares    | 16,220        |     |
| STRUCTURED ASSET MORTGA AR1 A3                        | VAR RT 10/19/2033 DD 05/30/03                                                                          | 47,371.046 shares    | 44,607        |     |
| STRUCTURED ASSET SEC M 21A 1A1                        | VAR RT 01/25/2032 DD 12/01/01                                                                          | 7,842.876 shares     | 6,718         |     |
| STRUCTURED ASSET MORTG AR5 1A1                        | VAR RT 10/19/2034 DD 08/31/04                                                                          | 85,501.622 shares    | 83,142        |     |
| STRUCTURED ASSET MORT AR3 11A1                        | VAR RT 04/25/2036 DD 04/28/06                                                                          | 336,823.533 shares   | 222,745       |     |
| STRUCTURED ASSET MORT AR3 12A1                        | VAR RT 05/25/2036 DD 04/28/06                                                                          | 944,458.580 shares   | 622,578       |     |
| STRUCTURED ADJUSTABLE RA 4 1A2                        | VAR RT 05/25/2037 DD 04/25/07                                                                          | 297,632.511 shares   | 201,572       |     |
| WAMU MORTGAGE PASS THROU AR6 A                        | VAR RT 06/25/2042 DD 05/01/02                                                                          | 14,338.340 shares    | 13,765        |     |
| WAMU MORTGAGE PASS THRO AR9 2A                        | VAR RT 08/25/2046 DD 07/01/06                                                                          | 892,943.840 shares   | 803,399       |     |
| WASHINGTON MUTUAL MSC AR2 1A2                         | VAR RT 05/25/2033 DD 04/01/03                                                                          | 6,197.990 shares     | 6,080         |     |

**TRANE MERGED HOURLY PENSION PLAN**  
**SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (Held at End of Year)**  
**December 31, 2013**

EN: #25-0900465  
Plan: #023

| (a)                                                   | (b)                                                                                                    | (c)            | (d)            | (e) |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------|----------------|-----|
| Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost           | Current Value  |     |
| MASTR ASSET SECURITIZATI 7 1A2                        | 5.500% 09/25/2033 DD 07/01/03                                                                          | 63,807         | 61,933         |     |
| MERRILL LYNCH MORTGAGE I A4 3A                        | VAR RT 05/25/2033 DD 07/01/03                                                                          | 13,975         | 13,796         |     |
| MERRILL LYNCH MORTGAGE A1 2A2                         | VAR RT 02/25/2034 DD 02/01/04                                                                          | 28,405         | 28,205         |     |
| NCUA GUARANTEED NOTES TR R2 1A                        | VAR RT 11/06/2017 DD 11/17/10                                                                          | 706,716        | 706,105        |     |
| RAMP SERIES 2004-SL2 TR SL2 A4                        | 8.500% 10/25/2031 DD 06/01/04                                                                          | 149,576        | 154,098        |     |
| RFMSI SERIES 2003-S9 TRU S9 A1                        | 6.500% 03/25/2032 DD 04/01/03                                                                          | 12,669         | 12,652         |     |
| LA ARENA FUNDING LLC 1 A 144A                         | 7.656% 12/15/2026 DD 04/27/99                                                                          | 55,248         | 56,725         |     |
| REPERFORMING LO R2 1AF1 144A                          | VAR RT 06/25/2035 DD 06/25/05                                                                          | 677,050        | 686,065        |     |
| RBSCF TRUST 2010 RR3 WBTA 144A                        | VAR RT 02/16/2051 DD 05/01/10                                                                          | 353,169        | 327,750        |     |
| OBP DEPOSITOR LLC T OBP A 144A                        | 4.646% 07/15/2045 DD 07/01/10                                                                          | 2,347,040      | 2,168,920      |     |
|                                                       | Total Asset-backed and mortgage-backed securities                                                      | 17,752,439     | 17,696,940     |     |
| CENTERSQUARE INVESTMENT                               | MANAGEMENT                                                                                             | 116,947        | 124,028        |     |
|                                                       | 124,028.190 shares                                                                                     | 116,947        | 124,028        |     |
|                                                       | Total Real estate                                                                                      |                |                |     |
| INF FLR CPURNSA 216.687 @0                            | CALL APR20 002.16687 ED 040720                                                                         | -4,334         | -2,740         |     |
|                                                       | -2,600,000.000 shares                                                                                  | -4,334         | -2,740         |     |
|                                                       | Total Other investments                                                                                |                |                |     |
| MET LIFE GROUP ANNUITY                                | Insurance contract                                                                                     | 19,527,745     | 20,137,386     |     |
| MET LIFE GROUP ANNUITY                                | Insurance contract                                                                                     | 249,970        | 243,960        |     |
| AXA EQUITABLE LIFE INSURANCE                          | Insurance contract                                                                                     | 18,220         | 17,148         |     |
| AXA EQUITABLE LIFE INSURANCE                          | Insurance contract                                                                                     | 119,329        | 103,090        |     |
| JOHN HANCOCK LIFE INS                                 | Insurance contract                                                                                     | 211,135        | 208,313        |     |
|                                                       | Total insurance contracts                                                                              | 20,126,399     | 20,709,897     |     |
|                                                       | Total investments held at year end                                                                     | \$ 723,249,860 | \$ 825,671,910 |     |

**TRANE MERGED HOURLY PENSION PLAN**  
**SCHEDULE H, LINE 4(j) - REPORTABLE TRANSACTIONS**  
**Year Ended December 31, 2013**

EIN: #25-0900465

Plan: #023

| (a)                                                                          | (b)                                                                         | (c)            | (d)           | (g)           | (h)                                        | (i)                                    |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------|---------------|---------------|--------------------------------------------|----------------------------------------|
| Identity of party involved                                                   | Description of asset (include interest rate and maturity in case of a loan) | Purchase price | Selling price | Cost of asset | Current value of asset on transaction date | Net gain or (loss) on each transaction |
| <b>Category (ii) - Series of transactions in excess of 5% of plan assets</b> |                                                                             |                |               |               |                                            |                                        |
| US TREASURY BOND                                                             | 4.250% 11/15/2040 DD 11/15/2010                                             | \$ 148,830,708 | \$ -          | \$ -          | \$ -                                       | -                                      |
| US TREASURY BOND                                                             | 4.250% 11/15/2040 DD 11/15/2010                                             | -              | 140,170,419   | 145,303,522   | 145,303,522                                | (5,133,103)                            |
| US TREASURY BOND                                                             | 3.125% 02/15/2042 DD 02/15/2012                                             | 67,563,024     | -             | -             | -                                          | -                                      |
| US TREASURY BOND                                                             | 3.125% 02/15/2042 DD 02/15/2012                                             | -              | 37,222,445    | 38,821,310    | 38,821,310                                 | (1,598,865)                            |
| EB TEMP INV FD                                                               | VAR RT 12/31/2049 FEE CL 20                                                 | 109,560,220    | -             | -             | -                                          | -                                      |
| EB TEMP INV FD                                                               | VAR RT 12/31/2049 FEE CL 20                                                 | -              | 111,919,485   | 111,919,485   | 111,919,485                                | -                                      |