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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>2014</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 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u> |                                                                                                                                                                                                                                                                                                                                                 |
| A This return/report is for:                                                                             | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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 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>SUNDSTRAND DE PUERTO RICO PENSION PLAN</u><br><br><br><b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><u>UNITED TECHNOLOGIES CORPORATION</u><br><br><br><u>4 FARM SPRINGS ROAD</u><br><u>FARMINGTON, CT 06032</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>038</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>05/09/1992</u></td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/><u>06-0570975</u></td> </tr> <tr> <td colspan="2"><b>2c</b> Plan Sponsor's telephone number<br/><u>860-728-7000</u></td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/><u>333200</u></td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | <u>038</u> | <b>1c</b> Effective date of plan<br><u>05/09/1992</u> |  | <b>2b</b> Employer Identification Number (EIN)<br><u>06-0570975</u> |  | <b>2c</b> Plan Sponsor's telephone number<br><u>860-728-7000</u> |  | <b>2d</b> Business code (see instructions)<br><u>333200</u> |  |  |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                            | <u>038</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |  |  |
| <b>1c</b> Effective date of plan<br><u>05/09/1992</u>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |  |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>06-0570975</u>                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |  |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>860-728-7000</u>                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |  |  |
| <b>2d</b> Business code (see instructions)<br><u>333200</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. | 10/15/2015 | FREDERIC DAUSSAN                                             |
| <b>SIGN HERE</b>                                                                                           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                           | 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 checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                  |
| <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> 1056                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits.....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b> 809<br><b>6a(2)</b> 876<br><b>6b</b> 88<br><b>6c</b> 166<br><b>6d</b> 1130<br><b>6e</b> 7<br><b>6f</b> 1137<br><b>6g</b><br><b>6h</b> 17                                                                                                                                                                                                                                                                                                                                             |
| <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>1A 3H 3J<br><br><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 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 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 type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input 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) |

**Part III****Form M-1 Compliance Information (to be completed by welfare benefit plans)**

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<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</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div> |
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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.

|                                                                                                                  |                                                                  |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>A Name of plan<br/>SUNDSTRAND DE PUERTO RICO PENSION PLAN</div>                                             | <div>B Three-digit plan number (PN) 038</div>                    |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br/>UNITED TECHNOLOGIES CORPORATION</div> | <div>D Employer Identification Number (EIN)<br/>06-0570975</div> |

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

Part I Basic Information

|                                                                                                                                                                                                    |                            |                           |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| 1 Enter the valuation date: Month 01 Day 01 Year 2014                                                                                                                                              |                            |                           |                          |
| 2 Assets:                                                                                                                                                                                          |                            |                           |                          |
| a Market value                                                                                                                                                                                     | 2a                         | 14163165                  |                          |
| b Actuarial value                                                                                                                                                                                  | 2b                         | 13525522                  |                          |
| 3 Funding target/participant count breakdown                                                                                                                                                       | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a For retired participants and beneficiaries receiving payment                                                                                                                                     | 80                         | 2112997                   | 2112997                  |
| b For terminated vested participants                                                                                                                                                               | 167                        | 1994654                   | 1994654                  |
| c For active participants                                                                                                                                                                          | 809                        | 7890621                   | 8537741                  |
| d Total                                                                                                                                                                                            | 1056                       | 11998272                  | 12645392                 |
| 4 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                                                                                                                                       | 4a                         |                           |                          |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b                         |                           |                          |
| 5 Effective interest rate                                                                                                                                                                          | 5                          | 6.68%                     |                          |
| 6 Target normal cost                                                                                                                                                                               | 6                          | 1024951                   |                          |

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.

|                      |                                                                                                                                                                                                                                                              |                                                                                                                                                                              |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN HERE</div> | <div>Signature of actuary</div> <div>JAY MITCHELL, F.S.A.</div> <div>Type or print name of actuary</div> <div>TOWERS WATSON DELAWARE INC</div> <div>Firm name</div> <div>335 MADISON AVENUE<br/>NEW YORK, NY 10017-4605</div> <div>Address of the firm</div> | <div>09/25/2015</div> <div>Date</div> <div>14-05718</div> <div>Most recent enrollment number</div> <div>212-309-3479</div> <div>Telephone number (including area code)</div> |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

| Part II Beginning of Year Carryover and Prefunding Balances                                                                                                          |                       |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 74763                  |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 26829                  |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 47934                  |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>10.81</u> % .....                                                                                | 0                     | 5182                   |
| <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) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.50</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       |                        |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <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                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 53116                  |

| Part III Funding Percentages                                                                                                                                               |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 106.54 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 106.96 % |
| <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> | 107.50 % |
| <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                                           |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> 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 |
| 12/31/2014                                                                               | 2000000                           |                                 |                          |                                   |                                 |
| 06/10/2015                                                                               | 162000                            |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 | <b>Totals ▶</b>          | <b>18(b)</b>                      | 2162000                         |
|                                                                                          |                                   |                                 |                          | <b>18(c)</b>                      | 0                               |

|                                                                                                                                                                            |            |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>19</b> 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> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                                                         | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....                                                    | <b>19c</b> | 2022710 |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                |            |         |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |            |         |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? <input type="checkbox"/> Yes <input type="checkbox"/> No |            |         |
| <b>c</b> 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 |
|                                                                                                                                                                            |            |         |
|                                                                                                                                                                            |            |         |
|                                                                                                                                                                            |            |         |

**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>4.99 % | 2nd segment:<br>6.32 % | 3rd segment:<br>6.99 % | <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> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <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>          | 1024951            |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 827014             |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 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>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            | <b>34</b>           | 197937             |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 53116              | 53116         |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           | 144821             |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           | 2022710            |               |
| <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>          | 1877889            |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 53116              |               |
| <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>                                                                                                               | 0 |  |

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <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> | OMB No. 1210-0110<br><br><hr/> <b>2014</b><br><br><hr/> <b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

|                                                                                                                |                                                                    |            |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>SUNDSTRAND DE PUERTO RICO PENSION PLAN</u>                                         | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <u>038</u> |
|                                                                                                                |                                                                    |            |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>UNITED TECHNOLOGIES CORPORATION</u> | <b>D</b> Employer Identification Number (EIN)<br><u>06-0570975</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: UTC MASTER RETIREMENT TRUST

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

|                                       |                               |                                                                                                                     |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>13-3064404-001</u> | <b>d</b> Entity code <u>M</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>17159732</u> |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|

**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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <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  
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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</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><br><br><small>Pension Benefit Guaranty Corporation</small> | <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> | <small>OMB No. 1210-0110</small><br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><u>SUNDSTRAND DE PUERTO RICO PENSION PLAN</u>                                                                                                                                                                                                   | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>038</u>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>UNITED TECHNOLOGIES CORPORATION</u>                                                                                                                                                                  | <b>D</b> Employer Identification Number (EIN)<br><u>06-0570975</u>                                                                                                                                                                                                           |                                                                                                          |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <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. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>                  |                       |                 |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>                  |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>                  |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b>               |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>                  |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 | 14163165              | 17159732        |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>                 |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 |                       |                 |

**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>    | 14163165              | 17159732        |

**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> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 14163165 | 17159732 |
|-----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 2000000    |           |
| <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>    |            | 2000000   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <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> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 0         |
| (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> |            |           |
| (D) 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> |            |           |
| <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> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                |        | (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)  |            | 1256454   |
| (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     |            | 3256454   |

**Expenses**

|                                                                                     |       |        |        |
|-------------------------------------------------------------------------------------|-------|--------|--------|
| e Benefit payment and payments to provide benefits:                                 |       |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 259887 |        |
| (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) |        | 259887 |
| 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) |        |        |
| (2) Contract administrator fees.....                                                | 2i(2) |        |        |
| (3) Investment advisory and management fees.....                                    | 2i(3) |        |        |
| (4) Other.....                                                                      | 2i(4) |        |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |        | 0      |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |        | 259887 |

**Net Income and Reconciliation**

|                                                         |       |  |         |
|---------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | 2996567 |
| l Transfers of assets:                                  |       |  |         |
| (1) To this plan.....                                   | 2l(1) |  |         |
| (2) From this plan.....                                 | 2l(2) |  |         |

**Part III Accountant's Opinion**

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

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

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

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: KPMG LLP

(2) EIN: 13-5565207

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

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

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 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>4c</b>                                                                                                                                                                                                                     |     |    |          |
| <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>4d</b>                                                                                                                                                                                                                     |     |    |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 90000000 |
| <b>4e</b>                                                                                                                                                                                                                     |     |    |          |
| <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>4f</b>                                                                                                                                                                                                                     |     |    |          |
| <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>4g</b>                                                                                                                                                                                                                     |     |    |          |
| <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>4h</b>                                                                                                                                                                                                                     |     |    |          |
| <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>4i</b>                                                                                                                                                                                                                     |     |    |          |
| <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>4j</b>                                                                                                                                                                                                                     |     |    |          |
| <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>4k</b>                                                                                                                                                                                                                     |     |    |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             |     | X  |          |
| <b>4l</b>                                                                                                                                                                                                                     |     |    |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     | X  |          |
| <b>4m</b>                                                                                                                                                                                                                     |     |    |          |
| <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. ....                                      |     |    |          |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |          |

**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) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

**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)

**6a** Name of trust

**6b** Trust's EIN

|                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|-----|
| <div>SCHEDULE R<br/>(Form 5500)<br/><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>                                                                                                                              |  | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div> |     |
| For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| A Name of plan<br>SUNDSTRAND DE PUERTO RICO PENSION PLAN                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                 |  | B Three-digit plan number (PN) ▶                                                                | 038 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>UNITED TECHNOLOGIES CORPORATION                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                 |  | D Employer Identification Number (EIN)<br>06-0570975                                            |     |
| Part I Distributions                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                 |  | 1                                                                                               | 0   |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): _____<br><br>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                              |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                 |  | 3                                                                                               | 7   |
| Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A<br>If the plan is a defined benefit plan, go to line 8.                                                                                                |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                 |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                 |  | 6a                                                                                              |     |
| b Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                 |  | 6b                                                                                              |     |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                 |  | 6c                                                                                              |     |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| Part III Amendments                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> No         |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                 |  | Schedule R (Form 5500) 2014<br>v. 140124                                                        |     |

**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: 25% Investment-Grade Debt: 21% High-Yield Debt: 1% Real Estate: 6% Other: 47%

- 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):



**UNITED TECHNOLOGIES CORPORATION  
SUNDSTRAND DE PUERTO RICO PENSION PLAN**

Financial Statements

December 31, 2014 and 2013

(With Independent Auditors' Report Thereon)

**UNITED TECHNOLOGIES CORPORATION**  
**SUNDSTRAND DE PUERTO RICO PENSION PLAN**

Financial Statements  
December 31, 2014 and 2013

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| Note: All supplemental schedules specified by the Employment Retirement Income Security Act of 1974 are not applicable and have been omitted. |             |



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

## **Independent Auditors' Report**

The Participants and Administrator  
United Technologies Corporation Sundstrand De Puerto Rico Pension Plan:

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of United Technologies Corporation Sundstrand De Puerto Rico Pension Plan (the Plan), which comprise the statements of net assets available for plan benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for plan benefits for the years then ended and the statement of accumulated plan benefits as of December 31, 2013, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

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

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

### ***Auditors' Responsibility***

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

### ***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's 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 6, which was certified by The Bank of New York Mellon, N.A., the Trustee, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the Trustee as of December 31, 2014 and 2013, 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.

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

The form and content of the information included in the financial statements, other than that derived from the information certified by the 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

KPMG LLP

October 15, 2015

**UNITED TECHNOLOGIES CORPORATION**  
**SUNDSTRAND DE PUERTO RICO PENSION PLAN**

Statements of Net Assets Available for Plan Benefits

December 31, 2014 and 2013

|                                                                                   | <u>2014</u>                 | <u>2013</u>              |
|-----------------------------------------------------------------------------------|-----------------------------|--------------------------|
| Assets:                                                                           |                             |                          |
| Investments:                                                                      |                             |                          |
| Plan interest in Master Trust, at fair value, as certified<br>by Trustee (note 6) | \$ <u>17,159,732</u>        | <u>14,163,165</u>        |
| Net assets available for plan benefits                                            | \$ <u><u>17,159,732</u></u> | <u><u>14,163,165</u></u> |

See accompanying notes to financial statements.

**UNITED TECHNOLOGIES CORPORATION**  
**SUNDSTRAND DE PUERTO RICO PENSION PLAN**

Statements of Changes in Net Assets Available for Plan Benefits for the  
Years ended December 31, 2014 and 2013

|                                                                                                                                                                               | <u>2014</u>          | <u>2013</u>       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------|
| Additions:                                                                                                                                                                    |                      |                   |
| Investment income:                                                                                                                                                            |                      |                   |
| Investment income – plan interest in net appreciation,<br>investment advisors’ and trustee’s fees, and investment<br>income of Master Trust, as certified by Trustee (note 6) | \$ 1,448,844         | 1,387,759         |
| Employer contributions                                                                                                                                                        | <u>2,000,000</u>     | <u>91,142</u>     |
| Total additions                                                                                                                                                               | <u>3,448,844</u>     | <u>1,478,901</u>  |
| Deductions:                                                                                                                                                                   |                      |                   |
| Benefit payments                                                                                                                                                              | (259,887)            | (202,428)         |
| Administrative expenses                                                                                                                                                       | <u>(192,390)</u>     | <u>(139,685)</u>  |
| Total deductions                                                                                                                                                              | <u>(452,277)</u>     | <u>(342,113)</u>  |
| Net increase                                                                                                                                                                  | 2,996,567            | 1,136,788         |
| Net assets available for plan benefits:                                                                                                                                       |                      |                   |
| Beginning of year                                                                                                                                                             | <u>14,163,165</u>    | <u>13,026,377</u> |
| End of year                                                                                                                                                                   | <u>\$ 17,159,732</u> | <u>14,163,165</u> |

See accompanying notes to financial statements.

**UNITED TECHNOLOGIES CORPORATION**  
**SUNDSTRAND DE PUERTO RICO PENSION PLAN**

Statement of Accumulated Plan Benefits

December 31, 2013

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving payments

\$ 2,405,784

Other participants

14,001,430

16,407,214

Nonvested benefits

869,704

Total actuarial present value of accumulated plan benefits

\$ 17,276,918

See accompanying notes to financial statements.

**UNITED TECHNOLOGIES CORPORATION**  
**SUNDSTRAND DE PUERTO RICO PENSION PLAN**  
Statement of Changes in Accumulated Plan Benefits for the  
Year ended December 31, 2013

|                                                                           |                      |
|---------------------------------------------------------------------------|----------------------|
| Actuarial present value of accumulated plan benefits at beginning of year | \$ 18,374,015        |
| Increase (decrease) during the year attributable to:                      |                      |
| Benefits accumulated                                                      | 1,753,662            |
| Increase for interest due to the decrease in the discount period          | 712,677              |
| Benefits paid                                                             | (202,428)            |
| Assumption changes except mortality                                       | (3,183,809)          |
| Mortality change                                                          | (177,199)            |
| Net decrease                                                              | <u>(1,097,097)</u>   |
| Actuarial present value of accumulated plan benefits at end of year       | <u>\$ 17,276,918</u> |

See accompanying notes to financial statements.

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**(1) Description of the Plan**

**(a) General**

The United Technologies Corporation Sundstrand de Puerto Rico Pension Plan (the Plan) is a noncontributory defined benefit pension plan. The Plan covers all Sundstrand de Puerto Rico, Inc. nonexempt employees. Employees are eligible to participate on the first day of service. The Plan is administered by UTC (the Plan Administrator) and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The following brief description of the Plan is provided for general information purposes only. More complete information is provided by the Summary Plan Description and Plan Document, which are available from the Plan Administrator.

**(b) Vesting and Benefit Provisions**

Under terms of the Plan, participants are fully vested after five years of service and are eligible for pension benefits upon retirement. Generally, participants are eligible for retirement at age 65. Employees may elect to receive their pension benefits in the form of a joint and survivor annuity or other actuarially equivalent form of payment. Eligible employees are entitled to monthly pension benefits based on a percentage of compensation (as defined) for each plan year but not less than \$96 multiplied by the years of credited service.

At retirement, eligible participants may elect to receive early retirement benefits, reduced in a manner set forth in the plan document, based upon age and service at termination.

If, upon termination, the present value of the pension benefit as of the participant's normal retirement age is equal to or less than \$5,000, the vested portion of the benefit will be transferred to an IRA account if the participant does not elect otherwise. The Plan also provides for pre-retirement death benefits.

**(2) Summary of Accounting and Reporting Policies**

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

**(a) Basis of Presentation**

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles (U.S. GAAP).

**(b) Payment of Benefits**

Benefits are recorded when paid.

**(c) Use of Estimates**

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for plan benefits at the dates of the financial statements, the changes in net assets available for plan benefits during the

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reporting period, and other amounts reported in the financial statements and accompanying notes. The actuarial present value of accumulated plan benefits and contributions to the Plan are estimates which are based upon the actuarial methods and assumptions selected regarding the return on investments, salary rates, employee termination rates, mortality rates, and other factors. Actual results could differ from those estimates.

**(d) Contributions**

Contributions are determined on an actuarial basis and are recorded during the plan year to which they pertain.

**(e) Administrative Expenses/Related Party Transactions**

Expenses incurred in the administration of the Plan including fees paid to third party administrators and other expenses, primarily actuarial fees and Pension Benefit Guaranty Corporation (PBGC) premiums, are paid from the Plan's assets.

Certain plan investments are managed by The Bank of New York Mellon, N.A. (the Trustee). These transactions qualify as party-in-interest transactions. For the years ended December 31, 2014 and 2013, fees paid by the Plan to the Trustee for investment advisory services, trustee and administrative expenses amounted to \$42 thousand and \$37 thousand, respectively.

**(f) Master Trust**

The Plan's interest in the UTC Master Trust (Master Trust) is based upon the value of units of participation as certified by the Master Trust Trustee (see note 6). Master Trust investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded as earned. UTC performs ongoing due diligence reviews of the Master Trust's investments and has retained a consultant to provide quarterly reports, including a performance review.

**(g) Risks and Uncertainties**

The investment managers retained by the Plan Administrator have discretion to invest Master Trust assets in derivative financial instruments to manage risk as well as to enhance yields. These derivatives are primarily in the form of forward foreign exchange contracts, and various equity and interest rate futures. Such derivative instruments are reported at fair value within the Master Trust, and the changes in fair value are reported currently in the net appreciation (depreciation) of the Master Trust and not deferred. The future foreign exchange contracts represent an obligation to receive or disburse the

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change in the market value of the index. A portion of the Master Trust's assets are invested in international securities. As a result, the Master Trust assets are exposed to risk from fluctuations in foreign exchange rates.

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change.

Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

**(h) Fair Value Measurement**

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

- Level 1 – The types of instruments classified as Level 1 are valued based on quoted market prices in active markets.
- Level 2 – The types of instruments classified as Level 2 are valued based on inputs other than quoted prices that are observable for the asset, such as quoted prices for similar instruments in active markets or similar instruments in markets that are not active and model-based valuations for which all significant assumptions are observable or can be corroborated by observable market data.
- Level 3 – Investments classified as Level 3 have inputs based on unobservable price data. They typically trade infrequently and therefore have little or no price transparency. Fair value pricing is developed based on the best information available which can include the reporting entity's own data.

An asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used maximize the use of observable inputs and minimize the use of unobservable inputs. The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan Administrator 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.

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Transfers between levels, if any, are recorded as of the date the transfer occurred.

**(3) Actuarial Present Value of Accumulated Plan Benefits**

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

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

The significant actuarial assumptions used in the valuation to determine benefit obligations as of December 31, 2013 were:

|                    |                               |
|--------------------|-------------------------------|
| a. Discount rate   | 4.80%                         |
| b. Mortality table | RP-2014                       |
| c. Retirement age  | Decrement averaging at age 63 |

The present value of accumulated plan benefits as of December 31, 2013 decreased by \$3,184 thousand due to changes in actuarial assumptions mainly as a result of the increase in the discount rate assumption from 3.90% at December 31, 2012 to 4.80% at December 31, 2013.

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

**(4) Funding Policy**

UTC's funding policy is to make periodic contributions to the Plan in amounts that will meet or exceed the annual ERISA minimum funding requirement. UTC's contributions for the years ended December 31, 2014 and 2013 have met the minimum funding requirements of ERISA.

**(5) Plan Termination**

Although UTC has not expressed any intent to terminate the Plan, it may do so at any time. In the event the Plan terminates, the net assets generally will not be available on a pro rata basis to provide for participant's benefits. The maximum amount of PBGC guaranteed benefits for terminations in 2014 at age 65 is \$4,790 per month. Whether all plan participants receive their full plan benefits, should the Plan terminate at some future time, would depend on the priority of these benefits and the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the financial condition of the Plan Sponsor and the

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level of benefits guaranteed by the PBGC. Some benefits may be fully or partially provided for by the existing plan assets and the PBGC guarantee while other benefits may not be provided for at all.

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

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

**(6) Investment in Master Trust (Unaudited)**

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

Participating plans receive units of participation in this pool of investments based on their contributions to the Master Trust. The plans redeem units of participation to meet plan requirements to pay pension benefits and administrative expenses.

UTC stock held in the Master Trust had a fair value of \$831,328 thousand and \$833,214 thousand at December 31, 2014 and 2013, respectively. UTC stock held in the Master Trust represents approximately 4.8% and 3.7% of the Master Trust's Net Assets at December 31, 2014 and 2013, respectively.

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

|                                                                                      | <b>December 31</b> |             |
|--------------------------------------------------------------------------------------|--------------------|-------------|
|                                                                                      | <b>2014</b>        | <b>2013</b> |
|                                                                                      | (In thousands)     |             |
| <b>Assets:</b>                                                                       |                    |             |
| Short-term instruments:                                                              |                    |             |
| Cash and equivalents                                                                 | \$ 1,787,216       | 1,933,622   |
| Equity securities, including \$831,328 at 2014<br>and \$833,214 at 2013 of UTC stock | 5,904,463          | 6,018,810   |
| Common collective trust                                                              | 2,581,221          | 2,578,948   |
| Debt securities:                                                                     |                    |             |
| Corporate debt                                                                       | 7,233,255          | 6,486,557   |
| U.S. government and related agency obligations                                       | 681,794            | 529,231     |
| Derivatives                                                                          | 113,784            | 162,469     |
| Real estate                                                                          | 1,618,218          | 1,380,242   |
| Limited partnerships                                                                 | 3,950,220          | 3,825,492   |
| Other                                                                                | 797,300            | 727,996     |
| Subtotal                                                                             | 24,667,471         | 23,643,367  |
| Interest and dividends receivable                                                    | 97,460             | 97,099      |
| Other receivables                                                                    | 220,150            | 210,506     |
| Total assets                                                                         | 24,985,081         | 23,950,972  |
| <b>Liabilities:</b>                                                                  |                    |             |
| Other payables                                                                       | 259,738            | 259,732     |
| Total liabilities                                                                    | 259,738            | 259,732     |
| Net assets                                                                           | \$ 24,725,343      | 23,691,240  |
| Net assets of the Master Trust allocable to the Plan                                 | \$ 17,159          | 14,163      |
| Percentage of Plan's interest in the Master Trust                                    | 0.07%              | 0.06%       |

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|                                                                 | <b>Year ended December 31</b> |             |
|-----------------------------------------------------------------|-------------------------------|-------------|
|                                                                 | <b>2014</b>                   | <b>2013</b> |
|                                                                 | (In thousands)                |             |
| Additions:                                                      |                               |             |
| Interest income                                                 | \$ 325,179                    | 299,041     |
| Dividend income                                                 | 159,512                       | 127,743     |
| Net appreciation in value of invested assets                    | 1,907,627                     | 1,932,533   |
| Other income                                                    | 78,340                        | 74,950      |
| Total net additions                                             | 2,470,658                     | 2,434,267   |
| Deductions:                                                     |                               |             |
| Investment advisors' and trustee's fees                         | (70,310)                      | (65,312)    |
| Total deductions                                                | (70,310)                      | (65,312)    |
| Net increase prior to transfers and mergers                     | 2,400,348                     | 2,368,955   |
| Contributions, distributions, and other activity                | (1,366,245)                   | (1,246,587) |
| Net increase in net assets                                      | 1,034,103                     | 1,122,368   |
| Net assets:                                                     |                               |             |
| Beginning of year                                               | 23,691,240                    | 22,568,872  |
| End of year                                                     | \$ 24,725,343                 | 23,691,240  |
| Net increase allocable to the Plan                              | \$ 1,449                      | 1,388       |
| Percentage of Plan's interest in net increase prior to transfer | 0.06%                         | 0.06%       |

During the years ended December 31, 2014 and 2013, the Master Trust's investments (including investments bought and sold, as well as investments held during the year) appreciated (depreciated) as follows:

|                         | <b>Net appreciation (depreciation)<br/>in fair value</b> |             |
|-------------------------|----------------------------------------------------------|-------------|
|                         | <b>2014</b>                                              | <b>2013</b> |
|                         | (In thousands)                                           |             |
| Equity securities       | \$ 238,770                                               | 1,382,591   |
| Common collective trust | 99,686                                                   | 105,423     |
| Debt securities         | 786,102                                                  | (727,347)   |
| Limited partnerships    | 370,457                                                  | 190,983     |
| Derivatives             | 316,599                                                  | 918,570     |
| Real estate             | 67,418                                                   | 62,657      |
| Other                   | 28,595                                                   | (344)       |
|                         | \$ 1,907,627                                             | 1,932,533   |

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The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013, and there were no transfers between levels for the year ended December 31, 2014.

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

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

The Plan's interest in certain common collective trusts and limited partnerships are reported at the net asset value (NAV) reported by the fund managers. NAV is used to estimate the fair value of the Plan's interest therein, unless it is probable that all or a portion of the investment will be sold for an amount different from NAV. As of December 31, 2014, the Plan had no specific plans or intentions to sell investments at amounts different than NAV.

For securities that have no quoted market price, including those valued using NAV, many factors are considered in arriving at that fair market value, which include the following:

Common collective trusts invest in other public or private individual assets as determined and managed by the fund. The Plan's interest in the common/collective trust funds are based on the fair values of the underlying investments. Investments in collective trust funds are valued at their NAV value per share/unit on the valuation date. There are no unfunded commitments and investments can be redeemed monthly with 30-120 days notice.

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

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

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

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Fair value information for investments that are measured at fair value on a recurring basis is as follows at December 31, 2014 and 2013 (in thousands):

| Fair value measurements as of December 31, 2014 |            |           |         |           |
|-------------------------------------------------|------------|-----------|---------|-----------|
|                                                 | Level 1    | Level 2   | Level 3 | Total     |
| Cash and equivalents                            | \$ 546,937 | 1,240,279 | —       | 1,787,216 |
| Equity:                                         |            |           |         |           |
| Aerospace/Defense                               | 874,061    | —         | —       | 874,061   |
| Automotive                                      | 149,187    | —         | —       | 149,187   |
| Banks                                           | 421,564    | —         | —       | 421,564   |
| Food and beverage                               | 216,846    | —         | —       | 216,846   |
| Chemicals                                       | 130,013    | —         | —       | 130,013   |
| Computers                                       | 204,990    | —         | —       | 204,990   |
| Financial services                              | 171,809    | —         | —       | 171,809   |
| Electrical components                           | 236,369    | —         | —       | 236,369   |
| Oil and gas                                     | 275,801    | —         | —       | 275,801   |
| Healthcare                                      | 151,847    | —         | —       | 151,847   |
| Insurance                                       | 263,456    | —         | —       | 263,456   |
| Telecommunications                              | 147,602    | —         | —       | 147,602   |
| Pharmaceuticals                                 | 413,422    | —         | —       | 413,422   |
| Retail                                          | 284,110    | —         | —       | 284,110   |
| Software                                        | 168,353    | —         | —       | 168,353   |
| Other                                           | 1,776,591  | 18,442    | —       | 1,795,033 |
| Total equity                                    | 5,886,021  | 18,442    | —       | 5,904,463 |
| Common collective trusts:                       |            |           |         |           |
| Equities                                        | —          | 1,507,271 | —       | 1,507,271 |
| Cash equivalents                                | —          | 476,565   | —       | 476,565   |
| Other                                           | —          | 597,385   | —       | 597,385   |
| Common collective trusts                        | —          | 2,581,221 | —       | 2,581,221 |
| Debt securities:                                |            |           |         |           |
| Banking and finance                             | —          | 1,144,495 | —       | 1,144,495 |
| Food, Beverage, and Tobacco                     | —          | 222,890   | —       | 222,890   |
| Healthcare                                      | —          | 286,514   | —       | 286,514   |
| Insurance                                       | —          | 652,468   | —       | 652,468   |
| Retail                                          | —          | 405,880   | —       | 405,880   |
| Oil and Gas                                     | —          | 450,792   | —       | 450,792   |
| Technology                                      | —          | 288,312   | —       | 288,312   |
| Utilities                                       | —          | 1,358,756 | —       | 1,358,756 |
| Other                                           | —          | 2,423,148 | —       | 2,423,148 |
| U.S. government and related agency obligations  | 598,942    | 82,852    | —       | 681,794   |
| Total debt                                      | 598,942    | 7,316,107 | —       | 7,915,049 |

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| <b>Fair value measurements as of December 31, 2014 (cont.)</b> |                     |                   |                  |                   |
|----------------------------------------------------------------|---------------------|-------------------|------------------|-------------------|
|                                                                | <b>Level 1</b>      | <b>Level 2</b>    | <b>Level 3</b>   | <b>Total</b>      |
| Limited partnerships:                                          |                     |                   |                  |                   |
| Private equities                                               | \$ —                | 1,935,789 (a)     | 2,014,446 (b)    | 3,950,235         |
| Other                                                          | —                   | —                 | 267,756 (c)      | 267,756           |
| Limited partnerships                                           | —                   | 1,935,789         | 2,282,202        | 4,217,991         |
| Derivatives                                                    | 93,589              | 20,195            | —                | 113,784           |
| Real estate                                                    | —                   | —                 | 1,378,809        | 1,378,809         |
| Other                                                          | 5,200               | 763,753           | —                | 768,953           |
| Total assets at fair value                                     | \$ <u>7,130,689</u> | <u>13,875,786</u> | <u>3,661,011</u> | <u>24,667,486</u> |

- (a) Includes investment in domestic private equity funds with monthly redemption frequency and 30 days notice.
- (b) Includes investment in private equity both domestically and internationally. These investments can never be redeemed during the life of the funds. Approximately 47% of the funds have a life up to 5 years and approximately 53% of the funds have a life that ranges from 5 years to 10 years. Unfunded commitments total approximately \$611 million.
- (c) Primarily includes real estate funds with quarterly redemption frequency and 60 days notice.

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| Fair value measurements as of December 31, 2013 |            |           |         |           |
|-------------------------------------------------|------------|-----------|---------|-----------|
|                                                 | Level 1    | Level 2   | Level 3 | Total     |
| Cash and equivalents                            | \$ 577,507 | 1,356,115 | —       | 1,933,622 |
| Equity:                                         |            |           |         |           |
| Aerospace/Defense                               | 874,087    | —         | —       | 874,087   |
| Automotive                                      | 178,239    | —         | —       | 178,239   |
| Banks                                           | 417,439    | —         | —       | 417,439   |
| Food and beverage                               | 184,501    | —         | —       | 184,501   |
| Chemicals                                       | 128,825    | —         | —       | 128,825   |
| Computers                                       | 160,220    | —         | —       | 160,220   |
| Financial services                              | 151,615    | —         | —       | 151,615   |
| Electrical components                           | 180,033    | —         | —       | 180,033   |
| Oil and gas                                     | 398,866    | —         | —       | 398,866   |
| Healthcare                                      | 119,574    | —         | —       | 119,574   |
| Insurance                                       | 251,170    | —         | —       | 251,170   |
| Telecommunications                              | 227,502    | —         | —       | 227,502   |
| Pharmaceuticals                                 | 406,971    | —         | —       | 406,971   |
| Retail                                          | 272,081    | —         | —       | 272,081   |
| Software                                        | 171,629    | —         | —       | 171,629   |
| Other                                           | 1,896,058  | —         | —       | 1,896,058 |
| Total equity                                    | 6,018,810  | —         | —       | 6,018,810 |
| Common collective trusts:                       |            |           |         |           |
| Equities                                        | —          | 1,538,818 | —       | 1,538,818 |
| Cash equivalents                                | —          | 478,828   | —       | 478,828   |
| Other                                           | —          | 561,302   | —       | 561,302   |
| Common collective trusts                        | —          | 2,578,948 | —       | 2,578,948 |
| Debt securities:                                |            |           |         |           |
| Banking and finance                             | —          | 999,625   | —       | 999,625   |
| Food, Beverage, and Tobacco                     | —          | 234,087   | —       | 234,087   |
| Healthcare                                      | —          | 590,169   | —       | 590,169   |
| Insurance                                       | —          | 233,401   | —       | 233,401   |
| Retail                                          | —          | 359,193   | —       | 359,193   |
| Oil and Gas                                     | —          | 487,954   | —       | 487,954   |
| Technology                                      | —          | 242,189   | —       | 242,189   |
| Utilities                                       | —          | 1,267,225 | —       | 1,267,225 |
| Other                                           | —          | 2,072,714 | —       | 2,072,714 |
| U.S. government and related agency obligations  | 435,136    | 94,095    | —       | 529,231   |
| Total debt                                      | 435,136    | 6,580,652 | —       | 7,015,788 |

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| <b>Fair value measurements as of December 31, 2013 (cont.)</b> |                     |                   |                  |                   |
|----------------------------------------------------------------|---------------------|-------------------|------------------|-------------------|
|                                                                | <b>Level 1</b>      | <b>Level 2</b>    | <b>Level 3</b>   | <b>Total</b>      |
| Limited partnerships:                                          |                     |                   |                  |                   |
| Private equities                                               | \$ —                | 1,814,222 (a)     | 1,962,630 (b)    | 3,776,852         |
| Other                                                          | —                   | —                 | 48,640 (c)       | 48,640            |
| Limited partnerships                                           | —                   | 1,814,222         | 2,011,270        | 3,825,492         |
| Derivatives                                                    | 146,797             | 15,672            | —                | 162,469           |
| Real estate                                                    | —                   | —                 | 1,380,242        | 1,380,242         |
| Other                                                          | 4,557               | 723,439           | —                | 727,996           |
| Total assets at fair value                                     | \$ <u>7,182,807</u> | <u>13,069,048</u> | <u>3,391,512</u> | <u>23,643,367</u> |

- (a) Includes investment in domestic private equity funds with monthly redemption frequency and 30 days notice.
- (b) Includes investment in private equity both domestically and internationally. These investments can never be redeemed during the life of the funds. Approximately 61% of the funds have a life up to 5 years and approximately 39% of the funds have a life that ranges from 5 years to 10 years. Unfunded commitments total approximately \$676 million.
- (c) Primarily includes real estate funds with quarterly redemption frequency and 60 days notice.

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

**UNITED TECHNOLOGIES CORPORATION**  
**SUNDSTRAND DE PUERTO RICO PENSION PLAN**

Notes to Financial Statements

December 31, 2014 and 2013

***Level 3 Gains and Losses***

The following tables set forth a summary of changes in the fair value of the Master Trust's Level 3 assets for the years ended December 31, 2014 and 2013 (in thousands):

|                                                                                          | <b>Level 3 Assets 2014</b>      |                        |                  |
|------------------------------------------------------------------------------------------|---------------------------------|------------------------|------------------|
|                                                                                          | <b>Limited<br/>partnerships</b> | <b>Real<br/>estate</b> | <b>Total</b>     |
| Balance at December 31, 2013                                                             | \$ 2,011,270                    | 1,380,242              | 3,391,512        |
| Realized gains (losses)                                                                  | 267,220                         | 435                    | 267,655          |
| Unrealized gains (losses)<br>relating to instruments still held at<br>the reporting date | (14,637)                        | 86,773                 | 72,136           |
| Purchases                                                                                | 515,600                         | 196,722                | 712,322          |
| Sales                                                                                    | (497,251)                       | (285,363)              | (782,614)        |
| Transfer between classifications                                                         | —                               | —                      | —                |
| Balance at December 31, 2014                                                             | <u>\$ 2,282,202</u>             | <u>1,378,809</u>       | <u>3,661,011</u> |

|                                                                                          | <b>Level 3 Assets 2013</b>      |                        |                  |
|------------------------------------------------------------------------------------------|---------------------------------|------------------------|------------------|
|                                                                                          | <b>Limited<br/>partnerships</b> | <b>Real<br/>estate</b> | <b>Total</b>     |
| Balance at December 31, 2012                                                             | \$ 2,028,714                    | 1,190,975              | 3,219,689        |
| Realized gains (losses)                                                                  | 221,015                         | (14,783)               | 206,232          |
| Unrealized gains (losses)<br>relating to instruments still held at<br>the reporting date | 12,179                          | 109,824                | 122,003          |
| Purchases                                                                                | 247,917                         | 134,226                | 382,143          |
| Sales                                                                                    | (498,555)                       | (40,000)               | (538,555)        |
| Transfer between classifications                                                         | —                               | —                      | —                |
| Balance at December 31, 2013                                                             | <u>\$ 2,011,270</u>             | <u>1,380,242</u>       | <u>3,391,512</u> |

**UNITED TECHNOLOGIES CORPORATION**  
**SUNDSTRAND DE PUERTO RICO PENSION PLAN**

Notes to Financial Statements

December 31, 2014 and 2013

*Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements*

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments as of December 31, 2014, and the significant unobservable inputs and the ranges of values for those inputs (in thousands):

| Level 3 investment   | Fair value   | Principal valuation technique | Significant unobservable inputs | Range of significant input values |
|----------------------|--------------|-------------------------------|---------------------------------|-----------------------------------|
| Real estate          | \$ 1,378,809 | Discounted Cash Flow Analysis | Revenue Growth Rate             | 0% – 11%                          |
|                      |              |                               | Discount Rate                   | 6.5% – 9.5%                       |
|                      |              |                               | Exit Cap Rate                   | 5.75% – 9%                        |
| Limited partnerships | \$ 2,282,202 | Market Value Comparable       | EBITDA Multiples                | 2.8X – 20X                        |
|                      |              | Company Analysis              | WACC                            | 6% – 25%                          |
|                      |              | Discounted Cash Flow Analysis | Illiquidity Discount            | 0% – 37%                          |
|                      |              | Expected Returns              | Control Premium                 | 0% – 30%                          |
|                      |              | Benchmark Pricing             | Lack of Control Discount        | 5% – 17%                          |
|                      |              | Comparable Yields             | Tangible book value             | 0X – 0.8X                         |
|                      |              | Recent Financing              | Revenue Multiple                | 1X – 5X                           |
|                      |              |                               | Terminal Capitalization         | 0% – 7.5%                         |
|                      |              |                               | Rate                            |                                   |
|                      |              |                               | Yield                           | 0% – 22.5%                        |

In estimating fair value of the investments in level 3, the Plan Administrator may use third-party pricing sources. In substantiating the reasonableness of the pricing data provided by third parties, the Plan Administrator evaluates a variety of factors including review of methods and assumptions used by external sources, recently executed transactions, existing contracts, economic conditions, industry and market developments, and overall credit ratings.

*Derivative Financial Instruments*

Derivatives in the plan are primarily used to manage risk and gain asset class exposure while still maintaining liquidity. Derivative instruments mainly consist of equity futures, interest rate futures, interest rate swaps and currency forward contracts.

At December 31, 2014 and 2013, the Master Trust had open foreign currency contracts to purchase approximately \$182 million and \$174 million, respectively, and sell approximately \$182 million and \$174 million, respectively, of various foreign currencies.

**UNITED TECHNOLOGIES CORPORATION**  
**SUNDSTRAND DE PUERTO RICO PENSION PLAN**

Notes to Financial Statements

December 31, 2014 and 2013

**(7) Tax Status of the Plan**

The Puerto Rico Department of Treasury ruled on May 25, 1994 that the Plan, as then in effect, qualified under Section 165(a) of the Puerto Rico Tax Act of 1954, as amended (the Act), and that the trust established thereunder was not subject to tax under Puerto Rico income tax law. The Plan has since been amended, however, the Plan Administrator and Plan's legal counsel believe that the Plan is currently designed and operated in compliance with the requirements of Section 1165(a) of the Puerto Rico Internal Revenue Code of 1994, as amended. The assets of the Plan have since been transferred to the Master Trust. Section 1022(i)(1) of ERISA provides that a pension trust is exempt from income tax under Section 501(a) of the Internal Revenue Code if all of the plan's participants are residents of Puerto Rico. Management believes that the Plan and Master Trust are designed and are currently being operated in compliance with applicable tax regulations. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

The Plan is subject to routine audits by the taxing authorities; however, there are currently no audits in progress for any tax period.

**(8) Subsequent Events**

The Plan Administrator evaluated subsequent events through October 15, 2015, the date of issuance of its financial statements and determined that there are no items to be disclosed.

**United Technologies Corporation**  
**Sundstrand de Puerto Rico Pension Plan**  
**EIN: 06-0570975 PN: 038**  
**Schedule SB, Line 22 - Description of Weighted Average Retirement Age**

| (1) | (2)              | (3)   | (4)                                              | (5)                                       |
|-----|------------------|-------|--------------------------------------------------|-------------------------------------------|
| Age | Retirement<br>Qx | tPx   | Number of<br>Expected<br>Retirements<br>=(2)x(3) | Weighted<br>Retirement<br>Age<br>=(1)x(4) |
| 60  | 0.150            | 1.000 | 0.150                                            | 9.000                                     |
| 61  | 0.150            | 0.850 | 0.128                                            | 7.778                                     |
| 62  | 0.250            | 0.723 | 0.181                                            | 11.199                                    |
| 63  | 0.250            | 0.542 | 0.135                                            | 8.535                                     |
| 64  | 0.500            | 0.406 | 0.203                                            | 13.005                                    |
| 65  | 1.000            | 0.203 | 0.203                                            | 13.208                                    |

**WEIGHTED AVERAGE RETIREMENT AGE**

**62.725**

## Actuarial Assumptions and Methods — Contributions

### Economic Assumptions

#### Puerto Rico

Interest rate basis:

- ▶ Applicable month
- ▶ Yield curve basis

September 2013

Segment rates

Interest rates:

|                         | Reflecting<br>Corridor | Not<br>Reflecting<br>Corridor |
|-------------------------|------------------------|-------------------------------|
| First segment rate      | 4.99%                  | 1.37%                         |
| Second segment rate     | 6.32%                  | 4.05%                         |
| Third segment rate      | 6.99%                  | 5.06%                         |
| Effective interest rate | 6.68%                  | 4.68%                         |

Annual rates of increase

- ▶ Compensation
- ▶ Future Social Security wage bases
- ▶ Statutory limits on compensation

4.50%

N/A

N/A

## Demographic Assumptions

|                                                              |                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Inclusion date                                               | The valuation date coincident with or next following the date on which the employee becomes a participant.                                                                                                                                                                         |
| New or rehired employees                                     | It was assumed there will be no new or rehired employees.                                                                                                                                                                                                                          |
| Mortality                                                    |                                                                                                                                                                                                                                                                                    |
| ► Healthy                                                    | Separate rates for non-annuitants (based on RP-2000 “Employees” table without collar or amount adjustments, projected to 2029 using Scale AA) and annuitants (based on RP-2000 “Healthy Annuitants” table without collar or amount adjustments, projected to 2021 using Scale AA). |
| ► Disabled                                                   | Separate rates for non-annuitants (based on RP-2000 “Employees” table without collar or amount adjustments, projected to 2029 using Scale AA) and annuitants (based on RP-2000 “Healthy Annuitants” table without collar or amount adjustments, projected to 2021 using Scale AA). |
| Termination                                                  | Rates varying by age and service<br>See Exhibit A                                                                                                                                                                                                                                  |
| Disability                                                   | Rates varying by age<br>See Exhibit B                                                                                                                                                                                                                                              |
| Retirement                                                   | Rates varying by age<br>See Exhibit C                                                                                                                                                                                                                                              |
| Benefit commencement date for terminated vested participants | Commencement assumed at age 65.                                                                                                                                                                                                                                                    |
| Form of payment                                              | For Puerto Rico: five year certain and life annuity.                                                                                                                                                                                                                               |
| Percent married                                              | 80% for all in Puerto Rico                                                                                                                                                                                                                                                         |
| Spouse age                                                   | Females three years younger than males.                                                                                                                                                                                                                                            |
| Covered pay                                                  | For current year hires, pay rate. For participants on leave of absence, pay rate. For all other participants, prior year’s pensionable earnings increased with the applicable salary scale.                                                                                        |
| Administrative expenses                                      | For Puerto Rico: \$150,000.                                                                                                                                                                                                                                                        |
| At-risk assumptions                                          | N/A                                                                                                                                                                                                                                                                                |
| Timing of benefit payments                                   | Annuity payments are payable monthly at the beginning of the month.                                                                                                                                                                                                                |

## Methods

|                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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                                                                                                                                                                                                                                                                                                                                                                                        |
| Actuarial value of assets                               | Average of the fair market value of assets on the valuation date and the dates 12 and 24 months before the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2013 plan year.)                                                             |
| Benefits not valued                                     | <p>All benefits described in the Plan Provisions attachment were valued. Towers Watson has reviewed the plan provisions with United Technologies Corporation and, based on that review, is not aware of any significant benefits required to be valued that were not.</p> <p>The plan pays small benefits (with a present value up to \$5,000) in a single lump sum payment. Such lump sums are not explicitly valued as such; rather such participants benefits are valued using the benefit choice assumptions described above.</p> |
| Change in assumptions and methods since prior valuation | <p>The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2012 to September 2013. The segment rates used to determine minimum funding requirements and benefit restrictions were revised by applying the corridors of HATFA.</p> <p>The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.</p>                                   |

Exhibit A

Termination Assumptions

Annual Rates per 1,000 Participants

Plan : Puerto Rico

| Age | Years of Service |            |            |            |                 |
|-----|------------------|------------|------------|------------|-----------------|
|     | <u>0-1</u>       | <u>1-2</u> | <u>2-3</u> | <u>3-4</u> | <u>4 and up</u> |
| 25  | 142              | 85         | 67         | 49         | 37              |
| 30  | 139              | 79         | 61         | 43         | 27              |
| 35  | 136              | 76         | 58         | 40         | 21              |
| 40  | 135              | 73         | 55         | 37         | 17              |
| 45  | 133              | 72         | 54         | 36         | 14              |
| 50  | 130              | 70         | 52         | 34         | 12              |
| 55  | 130              | 67         | 49         | 31         | 12              |
| 60  | 130              | 67         | 49         | 31         | 12              |
| 65  | 0                | 0          | 0          | 0          | 0               |

Exhibit B

Disability Assumptions

Annual Rates per 1,000 Participants

Plan: Puerto Rico

| Age |       |
|-----|-------|
| 25  | 1.00  |
| 30  | 1.10  |
| 35  | 1.20  |
| 40  | 1.50  |
| 45  | 2.15  |
| 50  | 3.30  |
| 55  | 5.80  |
| 60  | 11.80 |
| 65  | 23.80 |

Exhibit C

Retirement Assumptions

| Age | Puerto Rico |
|-----|-------------|
| 55  | N/A         |
| 56  | N/A         |
| 57  | N/A         |
| 58  | N/A         |
| 59  | N/A         |
| 60  | 0.150       |
| 61  | 0.150       |
| 62  | 0.250       |
| 63  | 0.250       |
| 64  | 0.500       |
| 65  | 1.000       |
| 66  | 1.000       |
| 67  | 1.000       |
| 68  | 1.000       |
| 69  | 1.000       |
| 70  | 1.000       |
| 71  | 1.000       |

United Technologies Corporation  
Sundstrand de Puerto Rico Pension Plan  
EIN: 06-0570975 PN: 038  
Schedule SB, Part V—Summary of Plan Provisions

| Plan        | Changes                                                                              | Effective Date |
|-------------|--------------------------------------------------------------------------------------|----------------|
| Puerto Rico | IRC Section 401(a)(17) compensation limit was increased from \$255,000 to \$260,000. | 01/01/2014     |
|             | IRC Section 415 benefit limit was increased from \$205,000 to \$210,000.             | 01/01/2014     |

**United Technologies Corporation  
Sundstrand de Puerto Rico Pension Plan**

---

1. Eligibility

- a. Eligible Employees: All Sundstrand de Puerto Rico, Inc. non-exempt employees.
- b. Participation Requirements: Eligible Employees become participants on the later of:
  - date of employment
  - May 9, 1992

2. Accrued Benefit

- a. Formula: The sum of (i) and (ii), but not less than (iii):
  - (i) 1.2% of Annual Earnings for each plan year after December 31, 1991
  - (ii) The benefit accrued as of May 8, 1992, if any, under the prior Westinghouse Pension Plan for Operations in Puerto Rico
  - (iii)  $\$96 \times \text{Credited Service}$
- b. Definitions
  - (i) Annual Earnings: Total compensation including pre-tax contributions to the savings plan and pre-tax contributions to a cafeteria plan, but excluding awards and reimbursements. Base pay rate in the first and last partial year of participation is annualized.
  - (ii) Credited Service: Elapsed time, with fractional years prorated based on 365 days.
  - (iii) Continuous Service (service): Assumed to be the same as Credited Service.

3. Normal Retirement

- a. Date: First of the month following the date on which a participant attains age 65 and completes 5 years of service.
- b. Benefit: The accrued benefit at retirement payable monthly.

4. Early Retirement

- a. Date: First of the month following retirement after the attainment of age 60 and the completion of 10 years of service, but before the Normal Retirement Date.
- b. Benefit: The accrued benefit at retirement payable monthly reduced 4.0% per year for each year the benefit commencement date precedes age 65.
- c. Supplemental Allowance: Available to anyone early retirement eligible and payable to age 62. The amount is the greater of (i) or (ii):
  - (i)  $\$48 \times \text{Credited Service}$
  - (ii)  $\$600 \text{ plus } \$12 \text{ multiplied by Credited Service in excess of 10 years.}$

5. Postponed Retirement

- a. Date: First of the month following retirement after the Normal Retirement Date.
- b. Benefit: The accrued benefit at retirement payable monthly.

6. Vested Termination

- a. Eligibility: Termination of employment after completing five years of service, but before becoming eligible for early, normal or postponed retirement.
- b. Benefit: The accrued benefit at termination payable monthly commencing on the Normal Retirement Date. A participant can commence payment of the benefit on the first day of any month following the attainment of age 60 and the completion of 10 years of service, with the benefit reduced 6% per year for each year the benefit commencement date precedes the Normal Retirement Date.

7. Pre-retirement Death Benefits

- a. Eligibility: If a vested participant (or former participant) dies before receiving a retirement benefit, the following survivor benefits are payable:
- b. Benefit:
  - (i) If the participant dies after completing 10 years of service, a 55% contingent annuity benefit is payable and payment commences immediately, reduced as described in 4.b. above, or if the contingent annuitant is the spouse, as late as when the participant would have attained age 65.
  - (ii) If the participant dies after becoming vested and is married, but does not meet the requirements of (i) above, a 55% spouse's benefit is payable, and payment commences when the participant would have attained age 60, reduced as described in 6.b. above, or age 65.

8. Form of Payment

- a. Normal Form:
  - (i) Life annuity with 60 monthly payments guaranteed for unmarried participants
  - (ii) An actuarially reduced 55% joint and survivor annuity for married participants

b. Optional Forms:

- (i) 5 year certain and continuous annuity
- (ii) 100% contingent annuity with 60 monthly payments guaranteed
- (iii) 75% contingent annuity with 60 monthly payments guaranteed
- (iv) 55% contingent annuity with 60 monthly payments guaranteed
- (v) 50% contingent annuity with 60 monthly payments guaranteed

The normal form of payment is converted to an optional form using 6% interest rate and GAR-94 Mortality (unisex).

- c. Automatic Lump Sum Payment: for participants whose benefit has a lump sum value of \$5,000 or less under 417(e) government mandated basis.

Note: For Pre-retirement Death Benefits, "spouse" also includes a domestic partner.

United Technologies Corporation  
Sunstrand de Puerto Rico Pension Plan  
EIN: 06-0570975 PN: 038  
Schedule SB, Line 26 - Schedule of Active Participant Data

Sundstrand de Puerto Rico Pension Plan

| Attained<br>Age |       | Total Years of Credited Service |        |                  |          |          |          |          |          |          |         |
|-----------------|-------|---------------------------------|--------|------------------|----------|----------|----------|----------|----------|----------|---------|
|                 |       | 0                               | 1 to 4 | 5 to 9           | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 to 39 | over 39 |
| 0 to 24         | Count | 20                              | 15     | 0                | 0        | 0        | 0        | 0        | 0        | 0        | 0       |
| 25 to 29        | Count | 30                              | 38     | 27               | 0        | 0        | 0        | 0        | 0        | 0        | 0       |
| 30 to 34        | Count | 7                               | 38     | 53               | 5        | 0        | 0        | 0        | 0        | 0        | 0       |
| 35 to 39        | Count | 10                              | 19     | 58               | 10       | 2        | 0        | 0        | 0        | 0        | 0       |
| 40 to 44        | Count | 9                               | 13     | 48               | 17       | 22       | 8        | 0        | 0        | 0        | 0       |
| 45 to 49        | Count | 5                               | 12     | 38               | 20       | 26       | 9        | 3        | 0        | 0        | 0       |
| 50 to 54        | Count | 3                               | 12     | 38               | 8        | 26       | 5        | 11       | 1        | 0        | 0       |
| 55 to 59        | Count | 4                               | 5      | 18               | 9        | 18       | 2        | 3        | 3        | 0        | 0       |
| 60 to 64        | Count | 0                               | 2      | 15               | 7        | 9        | 1        | 3        | 1        | 0        | 0       |
| 65 to 69        | Count | 0                               | 0      | 1                | 2        | 3        | 0        | 1        | 0        | 0        | 0       |
| over 69         | Count | 0                               | 0      | 0                | 0        | 2        | 0        | 0        | 0        | 0        | 0       |
| Average Age:    |       | 42.3                            |        | Average Service: |          | 8.5      |          |          |          |          |         |

\* Excludes 34 suspended participants (not currently accruing credited service under the plan as of January 1, 2014).

## **Schedule SB - Statement by Enrolled Actuary**

|                          |                                        |
|--------------------------|----------------------------------------|
| <b>Plan Sponsor</b>      | United Technologies Corporation        |
| <b>EIN/PN</b>            | 06-0570975 / 038                       |
| <b>Plan Name</b>         | Sundstrand de Puerto Rico Pension Plan |
| <b>Valuation Date</b>    | January 1, 2014                        |
| <b>Enrolled Actuary</b>  | Jay Mitchell, F.S.A                    |
| <b>Enrollment Number</b> | 14-05718                               |

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 the Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

**Schedule SB, line 19 - Discounted Employer Contributions**

**Plan Sponsor's Name** United Technologies Corporation **PN:** 038

[illegible]

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <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</small><br><br><small>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>2014</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

► **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><u>Sundstrand De Puerto Rico Pension Plan</u><br><br><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br><u>United Technologies Corporation</u> | <b>B</b> Three-digit plan number (PN) <u>038</u><br><br><b>D</b> Employer Identification Number (EIN)<br><br><u>06-0570975</u><br><br><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 Basic Information</b>                                                                                                                                                                          |                            |                           |                          |
| <b>1</b> Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2014</u>                                                                                                                          |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                         |                            |                           |                          |
| a Market value .....                                                                                                                                                                                     | <b>2a</b>                  | 14,163,165                |                          |
| b Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 13,525,522                |                          |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                      | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a For retired participants and beneficiaries receiving payment.....                                                                                                                                      | 80                         | 2,112,997                 | 2,112,997                |
| b For terminated vested participants.....                                                                                                                                                                | 167                        | 1,994,654                 | 1,994,654                |
| c For active participants.....                                                                                                                                                                           | 809                        | 7,890,621                 | 8,537,741                |
| d Total.....                                                                                                                                                                                             | 1,056                      | 11,998,272                | 12,645,392               |
| <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>                   | 6.68 %                    |                          |
| <b>6</b> Target normal cost .....                                                                                                                                                                        | <b>6</b>                   | 1,024,951                 |                          |

**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> | Jay Mitchell<br>_____<br>Signature of actuary                  | 9/25/2015<br>_____<br>Date                                        |
|                  | Jay Mitchell, F.S.A.<br>_____<br>Type or print name of actuary | 14-05718<br>_____<br>Most recent enrollment number                |
|                  | Towers Watson Delaware Inc<br>_____<br>Firm name               | (212) 309-3479<br>_____<br>Telephone number (including area code) |
|                  | 335 Madison Avenue<br>_____<br>Address of the firm             |                                                                   |
|                  | New York _____ NY 10017-4605<br>_____<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 ☐

| <b>Part II</b> |                                                                                                                                                                      | <b>Beginning of Year Carryover and Prefunding Balances</b> |                        |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------|
|                |                                                                                                                                                                      | (a) Carryover balance                                      | (b) Prefunding balance |
| <b>7</b>       | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                                      | 0                                                          | 74,763                 |
| <b>8</b>       | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                                   | 0                                                          | 26,829                 |
| <b>9</b>       | Amount remaining (line 7 minus line 8) .....                                                                                                                         | 0                                                          | 47,934                 |
| <b>10</b>      | Interest on line 9 using prior year's actual return of <u>10.81</u> % .....                                                                                          | 0                                                          | 5182                   |
| <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) .....                                                                                      |                                                            | 0                      |
|                | <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.50</u> % ..... |                                                            | 0                      |
|                | <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                                                            | 0                      |
|                | <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                                                            | 0                      |
|                | <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                                                          | 0                      |
| <b>13</b>      | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                                   | 0                                                          | 53116                  |

| <b>Part III</b> |                                                                                                                                                                  | <b>Funding Percentages</b> |          |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------|
| <b>14</b>       | Funding target attainment percentage .....                                                                                                                       | <b>14</b>                  | 106.54 % |
| <b>15</b>       | Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b>                  | 106.96 % |
| <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>                  | 107.50 % |
| <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>                  | %        |

| <b>Part IV</b>                                                                           |                                   | <b>Contributions and Liquidity Shortfalls</b> |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> 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 |
| 12/31/2014                                                                               | 2,000,000                         |                                               |                          |                                   |                                 |
| 06/10/2015                                                                               | 162,000                           |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                          |                                   |                                               | <b>18(b)</b>             | 2,162,000                         | <b>18(c)</b>                    |
|                                                                                          |                                   |                                               |                          |                                   | 0                               |

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

|                                                                                                                  |            |           |
|------------------------------------------------------------------------------------------------------------------|------------|-----------|
| a Contributions allocated toward unpaid minimum required contributions from prior years. ....                    | <b>19a</b> | 0         |
| b Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0         |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 2,022,710 |

**20** Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

|                                                                                                                                                                                              |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.99 % | 2nd segment:<br>6.32 % | 3rd segment:<br>6.99 %                              |
|                                                                                                                                                                                              |                        |                        | <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> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <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>         | 1,024,951     |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           |                     | <b>31b</b>         | 827,014       |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment.....                                                                                                                                        | 0                   | 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>          |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            |                     | <b>34</b>          | 197,937       |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 53,116             | 53,116        |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  |                     | <b>36</b>          | 144,821       |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   |                     | <b>37</b>          | 2,022,710     |
| <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>         | 1,877,889     |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                |                     | <b>38b</b>         | 53,116        |
| <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> 0                                                                                                             |  |

**Schedule SB, line 19 - Discounted Employer Contributions**

**Plan Sponsor's Name** United Technologies Corporation **PN:** 038

[illegible]

**United Technologies Corporation****Sundstrand de Puerto Rico Pension Plan****EIN: 06-0570975 PN: 038****Schedule SB, Line 22 - Description of Weighted Average Retirement Age**

| (1) | (2)              | (3)   | (4)                                              | (5)                                       |
|-----|------------------|-------|--------------------------------------------------|-------------------------------------------|
| Age | Retirement<br>Qx | tPx   | Number of<br>Expected<br>Retirements<br>=(2)x(3) | Weighted<br>Retirement<br>Age<br>=(1)x(4) |
| 60  | 0.150            | 1.000 | 0.150                                            | 9.000                                     |
| 61  | 0.150            | 0.850 | 0.128                                            | 7.778                                     |
| 62  | 0.250            | 0.723 | 0.181                                            | 11.199                                    |
| 63  | 0.250            | 0.542 | 0.135                                            | 8.535                                     |
| 64  | 0.500            | 0.406 | 0.203                                            | 13.005                                    |
| 65  | 1.000            | 0.203 | 0.203                                            | 13.208                                    |

**WEIGHTED AVERAGE RETIREMENT AGE****62.725**

**Actuarial Assumptions and Methods — Contributions**

**Economic Assumptions**

|                                     | Puerto Rico         |                     |     |
|-------------------------------------|---------------------|---------------------|-----|
| Interest rate basis:                | September 2013      |                     |     |
| ▶ Applicable month                  | Segment rates       |                     |     |
| ▶ Yield curve basis                 | Not                 |                     |     |
| Interest rates:                     | Reflecting Corridor | Reflecting Corridor | Not |
| First segment rate                  | 4.99%               | 1.37%               |     |
| Second segment rate                 | 6.32%               | 4.05%               |     |
| Third segment rate                  | 6.99%               | 5.06%               |     |
| Effective interest rate             | 6.68%               | 4.68%               |     |
| Annual rates of increase            |                     |                     |     |
| ▶ Compensation                      | 4.50%               |                     |     |
| ▶ Future Social Security wage bases | N/A                 |                     |     |
| ▶ Statutory limits on compensation  | N/A                 |                     |     |

## Demographic Assumptions

|                                                              |                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Inclusion date                                               | The valuation date coincident with or next following the date on which the employee becomes a participant.                                                                                                                                                                         |
| New or rehired employees                                     | It was assumed there will be no new or rehired employees.                                                                                                                                                                                                                          |
| Mortality                                                    |                                                                                                                                                                                                                                                                                    |
| ► Healthy                                                    | Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2029 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2021 using Scale AA). |
| ► Disabled                                                   | Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2029 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2021 using Scale AA). |
| Termination                                                  | Rates varying by age and service<br>See Exhibit A                                                                                                                                                                                                                                  |
| Disability                                                   | Rates varying by age<br>See Exhibit B                                                                                                                                                                                                                                              |
| Retirement                                                   | Rates varying by age<br>See Exhibit C                                                                                                                                                                                                                                              |
| Benefit commencement date for terminated vested participants | Commencement assumed at age 65.                                                                                                                                                                                                                                                    |
| Form of payment                                              | For Puerto Rico: five year certain and life annuity.                                                                                                                                                                                                                               |
| Percent married                                              | 80% for all in Puerto Rico                                                                                                                                                                                                                                                         |
| Spouse age                                                   | Females three years younger than males.                                                                                                                                                                                                                                            |
| Covered pay                                                  | For current year hires, pay rate. For participants on leave of absence, pay rate. For all other participants, prior year's pensionable earnings increased with the applicable salary scale.                                                                                        |
| Administrative expenses                                      | For Puerto Rico: \$150,000.                                                                                                                                                                                                                                                        |
| At-risk assumptions                                          | N/A                                                                                                                                                                                                                                                                                |
| Timing of benefit payments                                   | Annuity payments are payable monthly at the beginning of the month.                                                                                                                                                                                                                |

## Methods

|                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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                                                                                                                                                                                                                                                                                                                                                                                        |
| Actuarial value of assets                               | Average of the fair market value of assets on the valuation date and the dates 12 and 24 months before the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2013 plan year.)                                                             |
| Benefits not valued                                     | <p>All benefits described in the Plan Provisions attachment were valued. Towers Watson has reviewed the plan provisions with United Technologies Corporation and, based on that review, is not aware of any significant benefits required to be valued that were not.</p> <p>The plan pays small benefits (with a present value up to \$5,000) in a single lump sum payment. Such lump sums are not explicitly valued as such; rather such participants benefits are valued using the benefit choice assumptions described above.</p> |
| Change in assumptions and methods since prior valuation | <p>The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2012 to September 2013. The segment rates used to determine minimum funding requirements and benefit restrictions were revised by applying the corridors of HATFA.</p> <p>The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.</p>                                   |

**Exhibit A**

**Termination Assumptions**

**Annual Rates per 1,000 Participants**

**Plan : Puerto Rico**

| <b>Age</b> | <b>Years of Service</b> |                   |                   |                        |
|------------|-------------------------|-------------------|-------------------|------------------------|
|            | <b><u>0-1</u></b>       | <b><u>1-2</u></b> | <b><u>2-3</u></b> | <b><u>3-4</u></b>      |
| 25         | 142                     | 85                | 67                | 49                     |
| 30         | 139                     | 79                | 61                | 43                     |
| 35         | 136                     | 76                | 58                | 40                     |
| 40         | 135                     | 73                | 55                | 37                     |
| 45         | 133                     | 72                | 54                | 36                     |
| 50         | 130                     | 70                | 52                | 34                     |
| 55         | 130                     | 67                | 49                | 31                     |
| 60         | 130                     | 67                | 49                | 31                     |
| 65         | 0                       | 0                 | 0                 | 0                      |
|            |                         |                   |                   | <b><u>4 and up</u></b> |
|            |                         |                   |                   | 37                     |
|            |                         |                   |                   | 27                     |
|            |                         |                   |                   | 21                     |
|            |                         |                   |                   | 17                     |
|            |                         |                   |                   | 14                     |
|            |                         |                   |                   | 12                     |
|            |                         |                   |                   | 12                     |
|            |                         |                   |                   | 12                     |
|            |                         |                   |                   | 0                      |

Exhibit B

Disability Assumptions  
Annual Rates per 1,000 Participants

| Plan: Puerto Rico |       |
|-------------------|-------|
| Age               |       |
| 25                | 1.00  |
| 30                | 1.10  |
| 35                | 1.20  |
| 40                | 1.50  |
| 45                | 2.15  |
| 50                | 3.30  |
| 55                | 5.80  |
| 60                | 11.80 |
| 65                | 23.80 |

**Exhibit C**

**Retirement Assumptions**

| <b>Age</b> | <b>Puerto Rico</b> |
|------------|--------------------|
| 55         | N/A                |
| 56         | N/A                |
| 57         | N/A                |
| 58         | N/A                |
| 59         | N/A                |
| 60         | 0.150              |
| 61         | 0.150              |
| 62         | 0.250              |
| 63         | 0.250              |
| 64         | 0.500              |
| 65         | 1.000              |
| 66         | 1.000              |
| 67         | 1.000              |
| 68         | 1.000              |
| 69         | 1.000              |
| 70         | 1.000              |
| 71         | 1.000              |

| Plan               | Changes                                                                              | Effective Date |
|--------------------|--------------------------------------------------------------------------------------|----------------|
| <b>Puerto Rico</b> | IRC Section 401(a)(17) compensation limit was increased from \$255,000 to \$260,000. | 01/01/2014     |
|                    | IRC Section 415 benefit limit was increased from \$205,000 to \$210,000.             | 01/01/2014     |

**United Technologies Corporation**  
**Sundstrand de Puerto Rico Pension Plan**

---

1. Eligibility

- a. Eligible Employees: All Sundstrand de Puerto Rico, Inc. non-exempt employees.
- b. Participation Requirements: Eligible Employees become participants on the later of:
  - date of employment
  - May 9, 1992

2. Accrued Benefit

- a. Formula: The sum of (i) and (ii), but not less than (iii):
  - (i) 1.2% of Annual Earnings for each plan year after December 31, 1991
  - (ii) The benefit accrued as of May 8, 1992, if any, under the prior Westinghouse Pension Plan for Operations in Puerto Rico
  - (iii) \$96 x Credited Service
- b. Definitions
  - (i) Annual Earnings: Total compensation including pre-tax contributions to the savings plan and pre-tax contributions to a cafeteria plan, but excluding awards and reimbursements. Base pay rate in the first and last partial year of participation is annualized.
  - (ii) Credited Service: Elapsed time, with fractional years prorated based on 365 days.
  - (iii) Continuous Service (service): Assumed to be the same as Credited Service.

3. Normal Retirement

- a. Date: First of the month following the date on which a participant attains age 65 and completes 5 years of service.
- b. Benefit: The accrued benefit at retirement payable monthly.

4. Early Retirement

- a. Date: First of the month following retirement after the attainment of age 60 and the completion of 10 years of service, but before the Normal Retirement Date.
- b. Benefit: The accrued benefit at retirement payable monthly reduced 4.0% per year for each year the benefit commencement date precedes age 65.
- c. Supplemental Allowance: Available to anyone early retirement eligible and payable to age 62. The amount is the greater of (i) or (ii):
  - (i) \$48 x Credited Service
  - (ii) \$600 plus \$12 multiplied by Credited Service in excess of 10 years.

United Technologies Corporation  
Sundstrand de Puerto Rico Pension Plan  
EIN: 06-0570975 PN: 038  
Schedule SB, Part V – Summary of Plan Provisions

5. Postponed Retirement

- a. Date: First of the month following retirement after the Normal Retirement Date.
- b. Benefit: The accrued benefit at retirement payable monthly.

6. Vested Termination

- a. Eligibility: Termination of employment after completing five years of service, but before becoming eligible for early, normal or postponed retirement.
- b. Benefit: The accrued benefit at termination payable monthly commencing on the Normal Retirement Date. A participant can commence payment of the benefit on the first day of any month following the attainment of age 60 and the completion of 10 years of service, with the benefit reduced 6% per year for each year the benefit commencement date precedes the Normal Retirement Date.

7. Pre-retirement Death Benefits

- a. Eligibility: If a vested participant (or former participant) dies before receiving a retirement benefit, the following survivor benefits are payable:
- b. Benefit:
  - (i) If the participant dies after completing 10 years of service, a 55% contingent annuity benefit is payable and payment commences immediately, reduced as described in 4.b. above, or if the contingent annuitant is the spouse, as late as when the participant would have attained age 65.
  - (ii) If the participant dies after becoming vested and is married, but does not meet the requirements of (i) above, a 55% spouse's benefit is payable, and payment commences when the participant would have attained age 60, reduced as described in 6.b. above, or age 65.

8. Form of Payment

- a. Normal Form:
  - (i) Life annuity with 60 monthly payments guaranteed for unmarried participants
  - (ii) An actuarially reduced 55% joint and survivor annuity for married participants

- b. Optional Forms:
  - (i) 5 year certain and continuous annuity
  - (ii) 100% contingent annuity with 60 monthly payments guaranteed
  - (iii) 75% contingent annuity with 60 monthly payments guaranteed
  - (iv) 55% contingent annuity with 60 monthly payments guaranteed
  - (v) 50% contingent annuity with 60 monthly payments guaranteed

The normal form of payment is converted to an optional form using 6% interest rate and GAR-94 Mortality (unisex).

- c. Automatic Lump Sum Payment: for participants whose benefit has a lump sum value of \$5,000 or less under 417(e) government mandated basis.

Note: For Pre-retirement Death Benefits, "spouse" also includes a domestic partner.

United Technologies Corporation  
Sunstrand de Puerto Rico Pension Plan  
EIN: 06-0570975 PN: 038  
Schedule SB, Line 26 - Schedule of Active Participant Data

Sundstrand de Puerto Rico Pension Plan

| Attained Age | 0     | 1 to 4              | 5 to 9 | 10 to 14 | Total Years of Credited Service |          |          |          |          |         |  |
|--------------|-------|---------------------|--------|----------|---------------------------------|----------|----------|----------|----------|---------|--|
|              |       |                     |        |          | 15 to 19                        | 20 to 24 | 25 to 29 | 30 to 34 | 35 to 39 | over 39 |  |
| 0 to 24      | Count | 20                  | 15     | 0        | 0                               | 0        | 0        | 0        | 0        | 0       |  |
| 25 to 29     | Count | 30                  | 38     | 27       | 0                               | 0        | 0        | 0        | 0        | 0       |  |
| 30 to 34     | Count | 7                   | 38     | 53       | 0                               | 0        | 0        | 0        | 0        | 0       |  |
| 35 to 39     | Count | 10                  | 19     | 58       | 2                               | 0        | 0        | 0        | 0        | 0       |  |
| 40 to 44     | Count | 9                   | 13     | 48       | 22                              | 8        | 0        | 0        | 0        | 0       |  |
| 45 to 49     | Count | 5                   | 12     | 38       | 26                              | 9        | 3        | 0        | 0        | 0       |  |
| 50 to 54     | Count | 3                   | 12     | 38       | 26                              | 5        | 11       | 1        | 0        | 0       |  |
| 55 to 59     | Count | 4                   | 5      | 18       | 18                              | 2        | 3        | 3        | 0        | 0       |  |
| 60 to 64     | Count | 0                   | 2      | 15       | 9                               | 1        | 3        | 1        | 0        | 0       |  |
| 65 to 69     | Count | 0                   | 0      | 1        | 3                               | 0        | 1        | 0        | 0        | 0       |  |
| over 69      | Count | 0                   | 0      | 0        | 2                               | 0        | 0        | 0        | 0        | 0       |  |
|              |       | <b>Average Age:</b> |        | 42.3     | <b>Average Service:</b>         |          | 8.5      |          |          |         |  |

\* Excludes 34 suspended participants (not currently accruing credited service under the plan as of January 1, 2014).

## **Schedule SB - Statement by Enrolled Actuary**

|                          |                                        |
|--------------------------|----------------------------------------|
| <b>Plan Sponsor</b>      | United Technologies Corporation        |
| <b>EIN/PN</b>            | 06-0570975 / 038                       |
| <b>Plan Name</b>         | Sundstrand de Puerto Rico Pension Plan |
| <b>Valuation Date</b>    | January 1, 2014                        |
| <b>Enrolled Actuary</b>  | Jay Mitchell, F.S.A                    |
| <b>Enrollment Number</b> | 14-05718                               |

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 the Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.