

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2017 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ▶ ☐	
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>VERTIV CO. EMPLOYEE RETIREMENT SAVINGS PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>VERTIV CO.</u> <u>1050 DEARBORN DRIVE</u> <u>COLUMBUS, OH 43085</u>		1c Effective date of plan <u>07/01/2005</u>	
		2b Employer Identification Number (EIN) <u>81-3496944</u>	
		2c Plan Sponsor's telephone number <u>614-888-0246</u>	
		2d Business code (see instructions) <u>335900</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2018	SARA HARRIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name VERTIV CO. c Plan Name VERTIV CO. EMPLOYEE RETIREMENT SAVINGS PLAN	4b EIN 81-1738541 4d PN 001
5 Total number of participants at the beginning of the plan year	5 3191
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 2797
a(2) Total number of active participants at the end of the plan year	6a(2) 3588
b Retired or separated participants receiving benefits	6b 21
c Other retired or separated participants entitled to future benefits	6c 1542
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 5151
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 11
f Total. Add lines 6d and 6e	6f 5162
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 4930
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 745
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2T 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

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

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 1 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan VERTIV CO. EMPLOYEE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 VERTIV CO.	D Employer Identification Number (EIN) 81-3496944

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

(a) Name of insurance carrier NEW ENGLAND FINANCIAL

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	39169	IND CONTR	0	01/01/2017	12/31/2017

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 0**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶ **AS FILED W/ VARIOUS STATE AGENCIES****b** Premiums paid to carrier **6b** 21877**c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☒ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b****c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)**(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)****d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d****e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)****f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**). **7f**

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan VERTIV CO. EMPLOYEE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 VERTIV CO.	D Employer Identification Number (EIN) 81-3496944	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VANGUARD GROUP INC.
23-1945930

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

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

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

THE VANGUARD GROUP INC.

23-1945930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16 25 37 52	NONE	316419	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

HM CAPITAL MANAGEMENT LLC

20-3287389

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	85000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THE VANGUARD GROUP INC	99	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DODGE & COX 94-1441976	10 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2017</div> This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan VERTIV CO. EMPLOYEE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	001
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 VERTIV CO.	D Employer Identification Number (EIN) 81-3496944
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: EMERSON ELECTRIC CO. MASTER TRUST

b Name of sponsor of entity listed in (a): EMERSON ELECTRIC CO.

c EIN-PN 43-0259330-120	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL GROUP INTL EQUITY TRUST

b Name of sponsor of entity listed in (a): CAPITAL BANK AND TRUST COMPANY

c EIN-PN 95-6597294-154	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24895958
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a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL GROUP US EQUITY TRUST

b Name of sponsor of entity listed in (a): CAPITAL BANK AND TRUST COMPANY

c EIN-PN 95-6597294-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23254152
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD RET. SAVINGS TRUST LLL

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

c EIN-PN 38-7041744-024	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1091296
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>VERTIV CO. EMPLOYEE RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>VERTIV CO.</u>	D Employer Identification Number (EIN) <u>81-3496944</u>	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	<u>4302786</u>	<u>8163464</u>
(2) Participant contributions	1b(2)	<u>0</u>	<u>1022355</u>
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	<u>0</u>	<u>9509074</u>
(9) Value of interest in common/collective trusts.....	1c(9)	<u>0</u>	<u>49241405</u>
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	<u>184588473</u>	<u>0</u>
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	<u>0</u>	<u>794338245</u>
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	<u>1771239</u>	<u>0</u>
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	190662498	862274543

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	190662498	862274543
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	20583597	
(B) Participants	2a(1)(B)	30948296	
(C) Others (including rollovers)	2a(1)(C)	6980408	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		58512301
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	465815	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		465815
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	327838	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	25603272	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		25931110
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	18074572	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	16937771	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1136801
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		11406653
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		84110854
c Other income	2c		75205
d Total income. Add all income amounts in column (b) and enter total.....	2d		181638739

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	74853278	
(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)		74853278
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)	763667	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		763667
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		75616945

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		106021794
l Transfers of assets:			
(1) To this plan.....	2l(1)		590061269
(2) From this plan	2l(2)		24471018

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: ERNST & YOUNG, LLP

(2) EIN: 34-6565596

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
EMERSON ELECTRIC CO. EMPLOYEE SAVINGS INVESTMENT PLAN	43-0259330	016

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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan VERTIV CO. EMPLOYEE RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 VERTIV CO.		D Employer Identification Number (EIN) 81-3496944
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 23-2186884		
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
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. Increase Decrease Both No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No		
11 a Does the ESOP hold any preferred stock? Yes No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

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

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

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

- 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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____



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Report of Independent Auditors

Vertiv Group Corporation Employee Benefit Committee
Vertiv Co. Employee Retirement Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Vertiv Co. Employee Retirement Savings Plan (formerly Emerson Electric Co. Profit Sharing Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits for the year ended December 31, 2017 and three-month period ended December 31, 2016, 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 conformity 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 of material misstatement, whether due to fraud or error.

Auditor's 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. 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 certified investment information described in Note 4, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the entity that certified the investment information meets the requirements of 29 CFR 2520.103-8. The plan administrator has obtained certifications as of December 31, 2017 and 2016, and for the year ended December 31, 2017 and the three-month period ended December 31, 2016, stating that the investment information provided to the plan administrator is complete and accurate.



Disclaimer of Opinion on Financial Statements

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.

Disclaimer of Opinion on Supplemental Schedules

The accompanying supplemental schedules of assets (held at end of year) as of December 31, 2017 and December 31, 2016 is presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Disclaimer of Opinion of Other Auditors on September 30, 2016 Financial Statements

Other auditors disclaimed an opinion on the September 30, 2016 financial statements of Emerson Electric Co. Profit Sharing Plan on July 5, 2017, 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. Their report indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the September 30, 2016 financial statements other than that derived from the certified investment information were 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.

Report on Compliance of Form and Content with Department of Labor's Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the certified investment information, have been audited by us in accordance with auditing standards generally accepted in the United States 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.

Ernst & Young LLP

October 12, 2018

**VERTIV CO. EMPLOYEE RETIREMENT SAVINGS PLAN (FORMERLY EMERSON
ELECTRIC CO. PROFIT SHARING PLAN)**

Financial Statements and Supplemental Schedules

For the Year ended December 31, 2017, Three Months ended December 31, 2016, and as of
September 30, 2016

With Report of Independent Auditors



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Report of Independent Auditors

Vertiv Group Corporation Employee Benefit Committee
Vertiv Co. Employee Retirement Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Vertiv Co. Employee Retirement Savings Plan (formerly Emerson Electric Co. Profit Sharing Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits for the year ended December 31, 2017 and three-month period ended December 31, 2016, 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 conformity 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 of material misstatement, whether due to fraud or error.

Auditor's 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. 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 certified investment information described in Note 4, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the entity that certified the investment information meets the requirements of 29 CFR 2520.103-8. The plan administrator has obtained certifications as of December 31, 2017 and 2016, and for the year ended December 31, 2017 and the three-month period ended December 31, 2016, stating that the investment information provided to the plan administrator is complete and accurate.



Disclaimer of Opinion on Financial Statements

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.

Disclaimer of Opinion on Supplemental Schedules

The accompanying supplemental schedules of assets (held at end of year) as of December 31, 2017 and December 31, 2016 is presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Disclaimer of Opinion of Other Auditors on September 30, 2016 Financial Statements

Other auditors disclaimed an opinion on the September 30, 2016 financial statements of Emerson Electric Co. Profit Sharing Plan on July 5, 2017, 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. Their report indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the September 30, 2016 financial statements other than that derived from the certified investment information were 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.

Report on Compliance of Form and Content with Department of Labor's Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the certified investment information, have been audited by us in accordance with auditing standards generally accepted in the United States 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.

Ernst & Young LLP

October 12, 2018

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
VERTIV CO. EMPLOYEE RETIREMENT SAVINGS PLAN (FORMERLY EMERSON
ELECTRIC CO. PROFIT SHARING PLAN)

(Dollars in millions)

	December 31, 2017	December 31, 2016	September 30, 2016
Investments at fair value	\$ 843.6	\$ 186.4	\$ 174.3
Cash surrender value of life insurance policies	—	—	1.8
Total investments	843.6	186.4	176.1
Employer contribution receivable	8.2	4.3	10.6
Participant contribution receivable	1.0	—	—
Participant notes receivable	9.5	—	—
Net assets available for benefits	\$ 862.3	\$ 190.7	\$ 186.7

See accompanying Notes to Financial Statements

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
VERTIV CO. EMPLOYEE RETIREMENT SAVINGS PLAN ((FORMERLY EMERSON
ELECTRIC CO. PROFIT SHARING PLAN)**

(Dollars in millions)

	Year ended December 31, 2017	Three months ended December 31, 2016
Interest and dividend income, investments	\$ 25.9	\$ 2.5
Interest income, participant loans	0.5	—
Net appreciation in fair value of investments	96.7	0.4
Investment Income	123.1	2.9
Asset transfers in	590.1	—
Asset transfers out	(24.5)	—
Employer contributions	20.6	4.3
Participant contributions	37.9	—
Benefits paid to participants	(74.9)	(3.2)
Administrative expenses	(0.7)	—
Increase in assets available for benefits	671.6	4.0
Net assets available for benefits, beginning of period	190.7	186.7
Net assets available for benefits, end of period	\$ 862.3	\$ 190.7

See accompanying Notes to Financial Statements

(1) DESCRIPTION OF PLAN

The following description of the Vertiv Co. Employee Retirement Savings Plan (the Plan) (formerly Emerson Electric Co. Profit Sharing Plan) provides general information about the Plan's provisions. Vertiv Group Corporation (the Company) is the Plan Sponsor. Participants should refer to the plan document and summary plan description for a more complete description of the Plan's provisions, copies of which may be obtained from the plan sponsor.

General

The Plan is a defined contribution plan sponsored by the Company. The Plan covers substantially all employees of Liebert Corporation, Liebert North America, Inc., Liebert Field Services, Inc, and Liebert Services, Inc. (collectively defined as Liebert), and the employees of Avocent Corporation. The Plan is a continuation of the Emerson Electric Co. Profit Sharing plan. Effective January 1, 2017, the Plan was restated, moved to a calendar year, a 401(k) feature was added, and it was renamed the Vertiv Co. Employee Retirement Savings Plan. In addition, on January 1, 2017, employees were merged from the Emerson Electric Co. Employee Retirement Savings Investment Plan, Emerson Electric Co. Retirement Savings Plan, Emerson Profit Sharing Retirement Plan, Emerson Electric Co. Profit Sharing Plan, Emerson Network Power, Energy Systems North America Inc. Retirement Plan, and Emerson Therm-O-Disc Profit Sharing and Retirement Plan for a total transfer-in of assets of \$590.1.

The Plan is subject to the provisions of the Employee Retirement Income Security Act (ERISA) of 1974, as amended. The Benefit Plan Committee is responsible for the general administration of the Plan.

Contributions

The Company has voluntarily agreed to make discretionary contributions to the Plan, which are determined annually in accordance with the Plan document, by a resolution of the Company's board of directors, with limitations as described in the Plan. All employer contributions are made conditional upon their deductibility for income tax purposes. Each year, participants may contribute up to 40% of pretax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified plans (rollover contributions). If automatically enrolled, a participant's deferral is set at 6% of eligible compensation until changed by the participant. Participants are eligible to make catch-up contributions. The Company contributes 50% of the first 6% of compensation that a participant contributes to the Plan. Additional discretionary matching contributions may be contributed at the discretion of the Company's board of directors. All contributions are subject to certain limitations of the Internal Revenue Code (the Code).

Participants' Accounts

Each participant's account is credited with an allocation of the Company's contributions, Plan earnings, and forfeitures of terminated participants' nonvested accounts. Allocations of the Company's contributions are based on the ratio of a participant's eligible compensation to total eligible compensation of all Plan participants. Earnings and dividends attributable to investments held in participants' accounts are credited to the participant's accounts.

Participants' Loans

As of January 1, 2017, participants may borrow from their accounts in increments of \$500 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance, not less than \$500. Loan terms range from 1-5 years or up to 10 years for the purchase of a principal residence. A participant may not have more than one loan outstanding at any point in time. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates at the date of issuance as determined quarterly by the plan administrator. Principal and interest is paid ratably through monthly payroll deductions over not more than five years, except for loans to purchase a principal residence. If a participant terminates employment with the Company, continued payments post termination are not permitted. If the loan is not repaid, it will automatically be treated as a distribution to the participant.

Vesting

Employer contributions vest at a predetermined percentage for each full year of service in the Plan, with 100% vested at the end of five years of service (whether or not consecutive). All amounts fully vest upon retirement, or due to death, total and permanent disability, or termination of the Plan.

Notes to Financial Statements

(Dollars in millions except where noted)

Investment Options

Participants designate the percentage of their total contribution to be invested in the various Plan investment choices in 1% increments. Participants may change their investment elections at any time, and transfer any part of an existing account balance to any other Plan investment, as permitted by Plan and fund policies. Transfers are also made in 1% increments. A maximum of six transfers may be made per quarter. No advance notice is required for transfers.

Payment of Benefits

Under the terms of the Plan, participants or their designated beneficiaries are entitled to receive the amounts credited to their accounts upon retirements, total and permanent disability, or death. Participants are also entitled to receive vested amounts upon termination. A participant whose vested account balance exceeds \$5,000 may elect to receive a lump-sum. A participant whose vested account balance is \$5,000 or less will automatically receive an immediate lump-sum distribution equal to their vested account balance.

The distributions are lump sum or partial and are payable in cash (or cash and shares of Emerson Common Stock prior to December 31, 2016, if the participant so elects) except that, if applicable, a participant may elect to receive in kind the life insurance policies held in the insurance company general account.

Forfeitures

Under the terms of the Plan, forfeitures of unvested Company contributions are allocated to participants based on the proportion of their eligible compensation to the total eligible compensation of all participants for the Plan year. Forfeitures may also be used to pay Plan expenses. For the year ended December 31, 2017 and three-month period ended December 31, 2016, forfeitures totaled \$0.6 and \$0.1, respectively. Of those amounts, allocations to participants were \$0.6 and \$0.1, respectively.

Administrative Expenses

The Plan's administrative expenses are paid by either the Plan or the Company, as provided by the Plan's provisions. Administrative expenses paid by the Plan include recordkeeping and trustee fees. Expenses relating to purchases, sales, or transfers of the Plan's investments are charged to the particular investment fund to which the expenses relate. All other administrative expenses of the Plan are paid by the Company. Expenses that are paid by the Company are excluded from these financial statements.

Plan Termination

Although the Company has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions and terminate the Plan at any time, subject to the provisions of ERISA. In the event of plan termination, the participants' accounts become fully vested.

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following are the significant accounting policies followed by the Plan:

Basis of Presentation

The financial statements of the Plan are prepared under the accrual basis of accounting, except benefit payments which are recorded when paid. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

Notes to Financial Statements

(Dollars in millions except where noted)

Notes Receivable

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. Related fees are recorded as administrative expenses and are recorded when they are incurred. No allowance for credit losses has been recorded as of December 31, 2017 and 2016 and September 30, 2016.

Investments

Investments in the Plan are stated at fair value (see Note 6). Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price).

Additionally, the Plan has life insurance policies purchased for individual participants that are held in an insurance company general account by New England Financial. These policies are also stated at fair value, which is measured using their cash surrender values as of December 31, 2016 and September 30, 2016.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from those estimates.

Recently Adopted Accounting Pronouncements

In July 2018, the FASB issued ASU 2018-09, *Codification Improvements*, which, among other things, amends an illustrative example of a fair value hierarchy disclosure to indicate that a certain type of investment should not always be considered to be eligible to use the net asset value per share practical expedient. Also, it further clarifies that an entity should evaluate whether a readily determinable fair value exists or whether its investments qualify for net asset value per share practical expedient in accordance with ASC 820, *Fair Value Measurement*. Adoption of the amended guidance, which is to be applied prospectively, affects the fair value disclosures, but does not change the fair value measurement of the investments.

The Plan adopted ASU 2018-09 for the year ended December 31, 2017. In connection with the adoption, the Plan has prospectively included certain investments in the fair value hierarchy disclosure that were previously excluded from such disclosure because those investments previously used the net asset value per share practical expedient.

Risks and Uncertainties

The Plan invests in securities and mutual funds which are exposed to various risks including interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investment securities could occur in the near term. Such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

(3) TAX STATUS

The Plan has received a determination letter from the IRS dated November 17, 2017, stating that the Plan is qualified under Section 401(a) of the Code, and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes the Plan, as amended, is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan, and has concluded that there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

(4) INVESTMENTS

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulation for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator has obtained certifications from the trustee of the Plan that all of the information provided by the trustee and included in the accompanying financial statements and the supplemental schedules is complete and accurate. Funds held in the life insurance policies are not included within the certification. Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedules, including investments held and notes receivable from participants at December 31, 2017 and 2016, and September 30, 2016 and net appreciation (depreciation) in fair value of investments, interest, dividends, and interest income on notes receivable from participants for the year ended December 31, 2017 and three months ended December 31, 2016, was obtained or derived from information provided to the plan administrator and certified as complete and accurate by Vanguard Fiduciary Trust Company, the trustee of the Plan.

(5) RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

Certain investments in the Plan, including shares of some mutual funds and units of common/collective trust funds, are managed by Vanguard Fiduciary Trust Company, the Plan's trustee and recordkeeper. Additionally, investment options included Emerson common stock at December 31, 2016 and September 30, 2016, the former plan sponsor. These transactions qualify as party in interest transactions and are allowable under ERISA regulations.

(6) FAIR VALUE MEASUREMENTS

Under Accounting Standards Codification (ASC) 820 *Fair Value Measurement*, a formal hierarchy and framework exists for measuring fair value and making disclosures about fair value measurements and the reliability of valuation inputs. Within the hierarchy, Level 1 instruments use observable market prices for the identical item in active markets and have the most reliable valuations. Level 2 instruments, of which there are none, are valued through broker dealer quotation or through market-observable inputs for similar items in active markets, including forward and spot prices, interest rates and volatilities. Level 3 instruments, of which there are none are valued using inputs not observable in an active market, such as entity-developed future cash estimates, and are considered the least reliable.

The following is a description of the valuation techniques and inputs used for each general type of assets measured at fair value:

Mutual Funds: The shares of mutual funds are valued at quoted market prices which represent the net asset value ("NAV") of shares held by the Plan at year-end.

Emerson Common stock fund: Consists of the Emerson's stock valued using quoted market prices on the last business day of the year.

Money Market Funds: The shares of money market funds are valued at quoted market prices which represent the NAV of shares held by the Plan at year-end.

Common collective trust funds: The common collective trust fund is designed to deliver safety and stability by preserving principal and accumulating earnings. Participant-directed redemptions have no restrictions; however, the Trust is required to provide a 30-day notice to liquidate its entire share in the fund with final payment taking up to one year. The CCT is valued at the NAV provided by the administrator of the fund.

Life insurance policies: Life insurance policies are valued at cash surrender value which approximates fair value.

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

Notes to Financial Statements

(Dollars in millions except where noted)

Following is a categorization of all investments by level within the ASC 820 fair value hierarchy at December 31, 2017:

	December 31, 2017			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 794.3	—	—	\$ 794.3
Common/collective trust funds	49.3	—	—	49.3
Investments at fair value	\$ 843.6	—	—	\$ 843.6

Following is a categorization of all investments by level within the ASC 820 fair value hierarchy at December 31, 2016:

	December 31, 2016			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 84.9	—	—	\$ 84.9
Common/collective trust funds	82.2	—	—	82.2
Emerson Common Stock Fund	9.4	—	—	9.4
Money market funds	8.1	—	—	8.1
Life insurance policies	—	1.8	—	1.8
Investments at fair value	\$ 184.6	1.8	—	\$ 186.4

Following is a categorization of all Master Trust investments (see Note 7) by level within the ASC 820 fair value hierarchy at September 30, 2016:

	September 30, 2016			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Equity funds	724.7	—	—	724.7
Equity index funds	753.0	—	—	753
Fixed income index funds	231.1	—	—	231.1
Total mutual funds	1,708.8	—	—	1,708.8
Collective funds and trusts:				
Balanced index trusts	—	1,974.6	—	1,974.6
Equity funds	—	221.9	—	221.9
Fixed income trusts	—	125.5	—	125.5
Total collective funds and trusts	—	2,322.0	—	2,322.0
Emerson Common Stock Fund	572.8	—	—	572.8
Money market funds	197.0	—	—	197.0
Investments at fair value	2,478.6	2,322.0	—	4,800.6
Life insurance policies	—	1.8	—	1.8

(7) MASTER TRUST

Prior to January 1, 2017, the Plan's investments were held in a Master Trust, consisting of the Plan and other defined contribution plans of Emerson Electric Co. and subsidiaries. Substantially all Plan income or loss is derived from Master Trust investment appreciation or depreciation.

Each participating plan's interest in the assets of the Master Trust was based on participant account balances. At September 30, 2016, the Plan's interest in the net assets of the Master Trust was approximately 4%. Master Trust investment income and expenses are allocated to participating plans based on respective balances.

Notes to Financial Statements

(Dollars in millions except where noted)

The following table presents the fair values of all investments in the Master Trust.

	September 30, 2016
Mutual funds:	
Equity Funds	\$ 724.7
Equity index funds	753.0
Fixed income index funds	231.1
Total mutual funds	1,708.8
Collective funds and trusts:	
Balanced index trusts	1,974.6
Equity funds	221.9
Fixed income trusts	125.5
Total collective funds and trusts	2,322.0
Emerson Common Stock Fund	572.8
Money market funds	197.0
Investments at fair value	\$ 4,800.6
Plan's share of Master Trust investments at fair value	\$ 174.3

(8) RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

(9) SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 12, 2018, the date the financial statements were available to be issued.

On January 1, 2018 the Plan was amended by changing the Plan name to Vertiv Group Corporation Employee Retirement Savings Plan, adding eligibility age for new hires, increasing the deferral limit, adding qualified reservist distributions and changing normal retirement date for new hires. Effective January 1, 2019, the vesting period for employer 401K contributions will be accelerated from 5 years to 3 years.

VERTIV CO. EMPLOYEE RETIREMENT SAVINGS PLAN

Schedule of Assets (Held at End of Year) - Attachment for Schedule H, Line 4i
As of December 31, 2017

EIN 81-3496944, PN 095705

Identity of Issue	Investment Type	Cost	Current Value
* Baird Core Plus Bnd Instl	Registered Investment Company	\$ 192,301.21	\$ 192,766.28
* Dodge & Cox Stock Fund	Registered Investment Company	53,219,586.72	57,592,597.65
* Emerging Mkts Stk Idx Adm	Registered Investment Company	3,636,826.29	4,238,530.44
* Vanguard Extend Mkt Index Inst	Registered Investment Company	24,190,403.99	27,533,351.00
* Vanguard Growth Index Fund Ins	Registered Investment Company	16,011,700.43	19,042,961.26
* Vanguard Inst Index Fund	Registered Investment Company	51,632,724.31	60,018,158.23
* Inst Target Ret 2015 Fund	Registered Investment Company	17,380,589.93	18,508,228.39
* Inst Target Ret 2020 Fund	Registered Investment Company	70,882,151.55	77,192,050.22
* Inst Target Ret 2025 Fund	Registered Investment Company	66,828,568.84	73,539,154.87
* Inst Target Ret 2030 Fund	Registered Investment Company	59,626,196.95	66,462,958.64
* Inst Target Ret 2035 Fund	Registered Investment Company	34,059,214.57	38,203,820.79
* Inst Target Ret 2040 Fund	Registered Investment Company	35,455,807.82	40,398,150.51
* Inst Target Ret 2045 Fund	Registered Investment Company	18,327,092.41	20,846,953.90
* Inst Target Ret 2050 Fund	Registered Investment Company	11,335,437.35	12,853,356.01
* Inst Target Ret 2055 Fund	Registered Investment Company	4,171,105.55	4,620,627.96
* Inst Target Ret 2060 Fund	Registered Investment Company	1,105,089.28	1,242,098.58
* Inst Target Ret 2065 Fund	Registered Investment Company	17,667.41	17,989.69
* Inst Target Ret Income Fund	Registered Investment Company	18,438,456.45	18,929,572.10
* Vanguard Mid-Cap Growth Fund	Registered Investment Company	26,450,797.78	30,098,594.43
* Vanguard Morgan Grwth Adm	Registered Investment Company	65,448,941.88	74,528,940.65
* Vanguard Selected Value	Registered Investment Company	38,655,734.40	40,836,631.47
* Vanguard S-Term Bond Idx Inst	Registered Investment Company	6,723,447.44	6,686,345.81
* Vanguard Total Bond Idx Inst	Registered Investment Company	45,341,861.83	45,701,084.02
* Vanguard Total Intl Stk Inst	Registered Investment Company	11,202,394.92	13,000,800.65
* Vanguard Treasury MM	Registered Investment Company	28,656,135.76	28,656,135.76
* Value Index Fund Inst	Registered Investment Company	11,913,906.17	13,396,385.77
* Capital Group Intl Equity Tr	Common/Collective Trust	20,131,758.85	24,895,957.90
* Capital Group US Equity Trust	Common/Collective Trust	19,632,819.05	23,254,151.99
* Vanguard Retirement Savings Trust III **	Common/Collective Trust	1,091,295.56	1,091,295.56
* Loan Fund ***	4.25% - 10%	9,509,073.50	9,509,073.50
Total assets held for investment purposes		\$ 771,269,088.20	\$ 853,088,724.03

* Party in Interest

**Contract Value

*** Inclusive of outstanding deemed distributions

VERTIV CO. EMPLOYEE RETIREMENT SAVINGS PLAN

Schedule of Assets (Held at End of Year) - Attachment for Schedule H, Line 4i
As of December 31, 2016

EIN 81-3496944, PN 095705

Identity of Issue	Investment Type	Cost	Current Value
* Dodge & Cox Stock Fund	Registered Investment Company	\$ 9,207,919.10	\$ 12,539,520.61
* JPM 100% US Treas S MM C	Registered Investment Company	8,038,332.82	8,038,332.82
* Vanguard Emrgn Mkts Stk Ix Ins	Registered Investment Company	349,482.96	336,657.88
* Vanguard Ext Mkt Index Inst Pl	Registered Investment Company	5,577,443.98	6,386,813.42
* Vanguard Growth Index Fund Ins	Registered Investment Company	2,376,083.26	2,646,599.87
* Vanguard Inst Idx Inst Plus	Registered Investment Company	9,455,887.76	11,048,355.07
* Vanguard Mid-Cap Growth Fund	Registered Investment Company	3,232,187.63	3,450,465.11
* Vanguard Morgan Grwth Adm	Registered Investment Company	22,472,856.84	21,280,539.64
* Vanguard Prime Money Mkt	Registered Investment Company	59,259.11	59,259.11
* Vanguard Selected Value	Registered Investment Company	7,400,773.33	9,999,656.76
* Vanguard S-Term Bond Idx Inst	Registered Investment Company	1,137,480.81	1,128,143.18
* Vanguard Total Bond Mkt InstP	Registered Investment Company	5,616,649.94	5,559,174.54
* Vanguard Total Intl Stk Inst	Registered Investment Company	2,307,603.21	2,115,468.74
* Value Index Fund Inst	Registered Investment Company	2,419,897.48	2,676,269.12
* CapGuard Intl Stock	Common/Collective Trust	2,840,841.79	3,246,575.42
* CapGuard US Lrg Cap Stock	Common/Collective Trust	890,532.65	1,230,220.85
* LS Core Plus Fixed Inc D	Common/Collective Trust	5,563,600.14	5,691,779.29
* Target Ret 2010 Tr Sel	Common/Collective Trust	3,350,529.66	3,468,600.86
* Target Ret 2015 Tr Sel	Common/Collective Trust	5,405,211.10	5,619,946.88
* Target Ret 2020 Tr Sel	Common/Collective Trust	16,987,002.64	17,713,043.12
* Target Ret 2025 Tr Sel	Common/Collective Trust	13,555,521.56	14,134,846.45
* Target Ret 2030 Tr Sel	Common/Collective Trust	11,162,728.50	11,644,462.99
* Target Ret 2035 Tr Sel	Common/Collective Trust	6,555,776.18	6,841,184.44
* Target Ret 2040 Tr Sel	Common/Collective Trust	8,157,108.23	8,509,387.64
* Target Ret 2045 Tr Sel	Common/Collective Trust	4,255,002.70	4,447,116.03
* Target Ret 2050 Tr Sel	Common/Collective Trust	1,834,910.47	1,909,738.23
* Target Ret 2055 Tr Sel	Common/Collective Trust	70,932.99	73,575.63
* Target Ret 2060 Tr Sel	Common/Collective Trust	141,286.39	147,792.54
* Target Ret Income Tr Sel	Common/Collective Trust	3,087,988.45	3,205,652.64
* Emerson Common Stock Fund	Company Stock Fund	7,365,912.00	9,439,294.19
* Metlife Life Insurance Surrender policy	Insurance Policy		1,771,239.08
Total assets held for investment purposes		\$ 170,876,743.68	\$ 186,359,712.15

* Party in Interest

VERTIV CO. EMPLOYEE RETIREMENT SAVINGS PLAN

Schedule of Assets (Held at End of Year) - Attachment for Schedule H, Line 4i
As of December 31, 2017

EIN 81-3496944, PN 095705

Identity of Issue	Investment Type	Cost	Current Value
* Baird Core Plus Bnd Instl	Registered Investment Company	\$ 192,301.21	\$ 192,766.28
* Dodge & Cox Stock Fund	Registered Investment Company	53,219,586.72	57,592,597.65
* Emerging Mkts Stk Idx Adm	Registered Investment Company	3,636,826.29	4,238,530.44
* Vanguard Extend Mkt Index Inst	Registered Investment Company	24,190,403.99	27,533,351.00
* Vanguard Growth Index Fund Ins	Registered Investment Company	16,011,700.43	19,042,961.26
* Vanguard Inst Index Fund	Registered Investment Company	51,632,724.31	60,018,158.23
* Inst Target Ret 2015 Fund	Registered Investment Company	17,380,589.93	18,508,228.39
* Inst Target Ret 2020 Fund	Registered Investment Company	70,882,151.55	77,192,050.22
* Inst Target Ret 2025 Fund	Registered Investment Company	66,828,568.84	73,539,154.87
* Inst Target Ret 2030 Fund	Registered Investment Company	59,626,196.95	66,462,958.64
* Inst Target Ret 2035 Fund	Registered Investment Company	34,059,214.57	38,203,820.79
* Inst Target Ret 2040 Fund	Registered Investment Company	35,455,807.82	40,398,150.51
* Inst Target Ret 2045 Fund	Registered Investment Company	18,327,092.41	20,846,953.90
* Inst Target Ret 2050 Fund	Registered Investment Company	11,335,437.35	12,853,356.01
* Inst Target Ret 2055 Fund	Registered Investment Company	4,171,105.55	4,620,627.96
* Inst Target Ret 2060 Fund	Registered Investment Company	1,105,089.28	1,242,098.58
* Inst Target Ret 2065 Fund	Registered Investment Company	17,667.41	17,989.69
* Inst Target Ret Income Fund	Registered Investment Company	18,438,456.45	18,929,572.10
* Vanguard Mid-Cap Growth Fund	Registered Investment Company	26,450,797.78	30,098,594.43
* Vanguard Morgan Grwth Adm	Registered Investment Company	65,448,941.88	74,528,940.65
* Vanguard Selected Value	Registered Investment Company	38,655,734.40	40,836,631.47
* Vanguard S-Term Bond Idx Inst	Registered Investment Company	6,723,447.44	6,686,345.81
* Vanguard Total Bond Idx Inst	Registered Investment Company	45,341,861.83	45,701,084.02
* Vanguard Total Intl Stk Inst	Registered Investment Company	11,202,394.92	13,000,800.65
* Vanguard Treasury MM	Registered Investment Company	28,656,135.76	28,656,135.76
* Value Index Fund Inst	Registered Investment Company	11,913,906.17	13,396,385.77
* Capital Group Intl Equity Tr	Common/Collective Trust	20,131,758.85	24,895,957.90
* Capital Group US Equity Trust	Common/Collective Trust	19,632,819.05	23,254,151.99
* Vanguard Retirement Savings Trust III **	Common/Collective Trust	1,091,295.56	1,091,295.56
* Loan Fund ***	4.25% - 10%	9,509,073.50	9,509,073.50
Total assets held for investment purposes		\$ 771,269,088.20	\$ 853,088,724.03

* Party in Interest

**Contract Value

*** Inclusive of outstanding deemed distributions

VERTIV CO. EMPLOYEE RETIREMENT SAVINGS PLAN

Schedule of Assets (Held at End of Year) - Attachment for Schedule H, Line 4i
As of December 31, 2016

EIN 81-3496944, PN 095705

Identity of Issue	Investment Type	Cost	Current Value
* Dodge & Cox Stock Fund	Registered Investment Company	\$ 9,207,919.10	\$ 12,539,520.61
* JPM 100% US Treas S MM C	Registered Investment Company	8,038,332.82	8,038,332.82
* Vanguard Emrgn Mkts Stk Ix Ins	Registered Investment Company	349,482.96	336,657.88
* Vanguard Ext Mkt Index Inst Pl	Registered Investment Company	5,577,443.98	6,386,813.42
* Vanguard Growth Index Fund Ins	Registered Investment Company	2,376,083.26	2,646,599.87
* Vanguard Inst Idx Inst Plus	Registered Investment Company	9,455,887.76	11,048,355.07
* Vanguard Mid-Cap Growth Fund	Registered Investment Company	3,232,187.63	3,450,465.11
* Vanguard Morgan Grwth Adm	Registered Investment Company	22,472,856.84	21,280,539.64
* Vanguard Prime Money Mkt	Registered Investment Company	59,259.11	59,259.11
* Vanguard Selected Value	Registered Investment Company	7,400,773.33	9,999,656.76
* Vanguard S-Term Bond Idx Inst	Registered Investment Company	1,137,480.81	1,128,143.18
* Vanguard Total Bond Mkt InstP	Registered Investment Company	5,616,649.94	5,559,174.54
* Vanguard Total Intl Stk Inst	Registered Investment Company	2,307,603.21	2,115,468.74
* Value Index Fund Inst	Registered Investment Company	2,419,897.48	2,676,269.12
* CapGuard Intl Stock	Common/Collective Trust	2,840,841.79	3,246,575.42
* CapGuard US Lrg Cap Stock	Common/Collective Trust	890,532.65	1,230,220.85
* LS Core Plus Fixed Inc D	Common/Collective Trust	5,563,600.14	5,691,779.29
* Target Ret 2010 Tr Sel	Common/Collective Trust	3,350,529.66	3,468,600.86
* Target Ret 2015 Tr Sel	Common/Collective Trust	5,405,211.10	5,619,946.88
* Target Ret 2020 Tr Sel	Common/Collective Trust	16,987,002.64	17,713,043.12
* Target Ret 2025 Tr Sel	Common/Collective Trust	13,555,521.56	14,134,846.45
* Target Ret 2030 Tr Sel	Common/Collective Trust	11,162,728.50	11,644,462.99
* Target Ret 2035 Tr Sel	Common/Collective Trust	6,555,776.18	6,841,184.44
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