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).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2019 and ending 03/31/2019

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [X] the final return/report
- [ ] an amended return/report
- [X] 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
- [X] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
BE AEROSPACE INC. SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 08/01/1988

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)
ROCKWELL COLLINS, INC.

4 FARM SPRINGS ROAD
FARMINGTON, CT 06032

2b Employer Identification Number (EIN)
06-1209796

2c Plan Sponsor's telephone number
860-728-7000

2d Business code (see instructions)
336410

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.	12/12/2019	ROSA F BARONE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	12/12/2019	ROSA F BARONE
	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

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	5668
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)**	4021
a(2) Total number of active participants at the end of the plan year	**6a(2)**	0
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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 2J 2K 2T

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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) [X] **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) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] ___ **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [X] **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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2018** **This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2019 and ending 03/31/2019

A Name of plan
BE AEROSPACE INC. SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ROCKWELL COLLINS, INC.

D Employer Identification Number (EIN)
06-1209796

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

23-1945930

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

LORD ABBETT

13-5620131

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

METROPOLITAN WEST FUNDS

95-4597302

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

FRANKLIN TEMPLETON INVESTMENTS

94-3167260

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

DIMENSIONAL FUND ADVISORS

22-2370029

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

EAGLE FUNDS

59-2385219

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

AMERICAN FUNDS

95-1411037

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

T. ROWE PRICE

52-2264646

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

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

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

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

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)

WELLS FARGO BANK, N.A.

94-1347393

(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 37 50 62 64	SERVICE PROVIDER	86804	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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 [ ]

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2019 and ending 03/31/2019

A Name of plan
BE AEROSPACE INC. SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ROCKWELL COLLINS, INC.

D Employer Identification Number (EIN)
06-1209796

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

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO STABLE VALUE FUND D

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.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)
52-2250949-001	C	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2019 and ending 03/31/2019

A Name of plan
BE AEROSPACE INC. SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ROCKWELL COLLINS, INC.

D Employer Identification Number (EIN)
06-1209796

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	3	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	2005867	0
(9) Value of interest in common/collective trusts	1c(9)	54228577	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	334848520	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	2889945	0
	(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	393972912	0
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	393972912	0

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)	2423451	
	(B) Participants	2a(1)(B)	5098661	
	(C) Others (including rollovers)	2a(1)(C)	394082	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		7916194
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)	19078	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		19078
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1022857	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1022857
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	712029	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	154771	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		557258
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		287347
(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)		37986408
c Other income	2c		125987
d Total income. Add all **income** amounts in column (b) and enter total	2d		47915129
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14427560	
(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)		14427560
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		-63366
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)	87029	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		87029
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		14451223
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		33463906
l Transfers of assets:			
(1) To this plan	2l(1)		40833
(2) From this plan	2l(2)		427477651

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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: GRANT THORNTON LLP **(2)** EIN: 36-6055558

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	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		10000000
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	X		

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)
UNITED TECHNOLOGIES CORPORATION EMPLOYEE SAVINGS PLAN	06-0570975	017

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.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under 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).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2019 and ending 03/31/2019

A Name of plan
BE AEROSPACE INC. SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ROCKWELL COLLINS, INC.

D Employer Identification Number (EIN)
06-1209796

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 41-6257133

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**

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):

GRANT THORNTON LLP
201 S College St
Suite 2500
Charlotte, NC 28244-0100

D +1 704 632 3500
F +1 704 334 7701

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Trustees

B/E Aerospace, Inc. Savings Plan

Report on the financial statements

We were engaged to audit the accompanying financial statements of B/E Aerospace, Inc. Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of March 31, 2019, December 31, 2018 and December 31, 2017, the related statements of changes in net assets available for benefits for the period January 1, 2019 through March 31, 2019 and the year ended December 31, 2018, and the related notes to the financial statements.

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

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

Basis for disclaimer of opinion
As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administration instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified 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 certifying entity meets the requirements of 29 CFR 2520.103-8. The Plan administrator obtained certifications from this entity as of March 31, 2019, December 31, 2018 and December 31, 2017, and for the period January 1, 2019

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through March 31, 2019, and the year ended December 31, 2018, stating that the certified information provided to the Plan administrator is complete and accurate.

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

Supplementary information
The supplemental schedule of assets (held at end of year) as of December 31, 2018 is presented for purposes of additional analysis and is not a required part of the financial statements, but is 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 schedule.

Report on form and content in compliance with DOL rules and regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the certified information described in Note 4, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Grant Thornton LLP

Charlotte, North Carolina
December 4, 2019

B/E Aerospace, Inc.
SAVINGS PLAN

EMPLOYER ID NO: 06-1209796
PLAN NUMBER: 001

Explanation of differences

The 2018 Form 5500 for the plan year ending December 31, 2018 indicated the opinion of an independent qualified public accountant would be attached to the next form 5500 pursuant to 29 CFR 2520.104-50. The 2018 return was originally prepared from information provided by the trustee which differred slightly from the information reported on the audited financial statements. Below is a listing of the differences between the information reported on the 2018 Form 5500 and the audited financial statements for the same period. The difference is a result of deemed distributed loans which have been recognized in the audited financial statements. The supplemental schedule attached to the 2018 Form 5500 showed loan maturity dates through 2023; the description below has been corrected to show loan maturity dates through 2028.

	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Cost	As reported on the 2018 Supplemental Schedule to the Form 5500 for the plan year ending December 31, 2018	As Reported on the Audited Financial Statements	Difference
*	UTC Stock Fund	Common stock	$ **	$ 2,889,941	$ 2,889,941	$ -
	Vanguard Institutional Index Fund	Mutual fund	**	63,949,135	63,949,135	-
	Vanguard PRIMECAP Adm	Mutual fund	**	50,214,221	50,214,221	-
	American Funds EuroPacific Growth Fund	Mutual fund	**	34,381,608	34,381,608	-
	T. Rowe Price Value Fund	Mutual fund	**	31,579,080	31,579,080	-
	Vanguard Total International Stock Index Fund Institutional	Mutual fund	**	24,048,286	24,048,286	-
	Metropolitan West Total Return Bond Fund	Mutual fund	**	23,307,765	23,307,765	-
	Vanguard Selected Value Fund	Mutual fund	**	17,176,890	17,176,890	-
	Vanguard Mid Cap Growth Fund	Mutual fund	**	14,629,194	14,629,194	-
	Vanguard Total Bond Market Index Fund Institutional	Mutual fund	**	12,663,167	12,663,167	-
	Vanguard Mid-Cap Index Fund Institutional	Mutual fund	**	12,620,962	12,620,962	-
	Eagle Small Cap Growth Fund	Mutual fund	**	11,206,340	11,206,340	-
	Vanguard Emerging Markets Stock Index Fund Institutional	Mutual fund	**	9,829,552	9,829,552	-
	Vanguard Small-Cap Index Fund Institutional	Mutual fund	**	8,363,768	8,363,768	-
	Vanguard Federal Money Market Fund	Mutual fund	**	8,233,444	8,233,444	-
	DFA US Small Cap Value Portfolio	Mutual fund	**	7,202,247	7,202,247	-
	Templeton Global Bond Fund	Mutual fund	**	4,507,579	4,507,579	-
	Lord Abbett High Yield Fund	Mutual fund	**	935,208	935,208	-
*	Wells Fargo Stable Value Fund D	Collective investment fund	**	54,228,577	54,228,577	-
				$ 391,966,965	$ 391,966,964	$ 1
*	Participant loans	4.25% - 6.25% interest rate; maturities through 2028		$ 2,069,233	$ 2,005,867	$ 63,366
	Cash				-	-
	Total			$ 394,036,198	$ 393,972,831	$ 63,367

* Party-in-interest
** Related cost information is not required for participant-directed investments.

B/E Aerospace, Inc.
Savings Plan

Employer ID Number: 06-1209796
Plan Number: 001

Financial Statements as of March 31, 2019, December 31, 2018 and December 31, 2017,
Supplemental Schedule as of December 31, 2018, and
Report of Independent Certified Public Accountants

B/E AEROSPACE, INC. SAVINGS PLAN

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GRANT THORNTON LLP
201 S College St
Suite 2500
Charlotte, NC 28244-0100

D +1 704 632 3500
F +1 704 334 7701

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Trustees

B/E Aerospace, Inc. Savings Plan

Report on the financial statements

We were engaged to audit the accompanying financial statements of B/E Aerospace, Inc. Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of March 31, 2019, December 31, 2018 and December 31, 2017, the related statements of changes in net assets available for benefits for the period January 1, 2019 through March 31, 2019 and the year ended December 31, 2018, and the related notes to the financial statements.

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

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

Basis for disclaimer of opinion
As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administration instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified 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 certifying entity meets the requirements of 29 CFR 2520.103-8. The Plan administrator obtained certifications from this entity as of March 31, 2019, December 31, 2018 and December 31, 2017, and for the period January 1, 2019

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through March 31, 2019, and the year ended December 31, 2018, stating that the certified information provided to the Plan administrator is complete and accurate.

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

Supplementary information
The supplemental schedule of assets (held at end of year) as of December 31, 2018 is presented for purposes of additional analysis and is not a required part of the financial statements, but is 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 schedule.

Report on form and content in compliance with DOL rules and regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the certified information described in Note 4, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Grant Thornton LLP

Charlotte, North Carolina
December 4, 2019

B/E Aerospace, Inc.
Savings Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
As of March 31, 2019, December 31, 2018 and December 31, 2017
(in thousands)

	March 31, 2019	December 31, 2018	December 31, 2017
ASSETS			
Investments, at fair value	$ -	$ 391,967	$ 418,979
Notes receivable from participants	-	2,006	2,162
NET ASSETS AVAILABLE FOR BENEFITS	$ -	$ 393,973	$ 421,141

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

B/E Aerospace, Inc.
Savings Plan
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the period January 1, 2019 through March 31, 2019
and the year ended December 31, 2018
(in thousands)

	January 1, 2019 through March 31, 2019	December 31, 2018
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	$ 38,831	$ (31,453)
Dividend and other income	1,149	6,395
Net investment income (loss)	39,980	(25,058)
Interest income on notes receivable from participants	19	100
Contributions		
Participant elective deferrals	5,099	23,115
Employer match	2,423	10,977
Participant rollovers	394	1,643
Total contributions	7,916	35,735
Deductions		
Benefits paid to participants	14,364	37,562
Administrative expenses	87	265
Total deductions	14,451	37,827
NET INCREASE (DECREASE) BEFORE TRANSFERS	33,464	(27,050)
NET TRANSFERS	(427,437)	(118)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	393,973	421,141
End of year	$ -	$ 393,973

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

B/E AEROSPACE, INC. SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS (in thousands)

1. DESCRIPTION OF THE PLAN

The following description of the B/E Aerospace, Inc. Savings Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's information.

General - The Plan is a defined-contribution retirement plan designed to qualify under Internal Revenue Code (the "IRC") Sections 401(a) and 501(a), Section 401(k) for the cash or deferred arrangement part of the Plan and Title 1 of Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Plan covers all full-time non-union employees of BE Aerospace, Inc. (the "Company" or "Employer"), a wholly-owned subsidiary of Rockwell Collins, Inc. ("Rockwell Collins"), who have completed (i) two months of service (defined as 60 consecutive days) or (ii) 1,000 hours of service during a 12-consecutive-month period beginning on the date of hire or any anniversary of the date of hire. The Plan is subject to the provisions of ERISA.

On November 26, 2018, the Company was acquired by United Technologies Corporation ("UTC") and Plan sponsorship transferred from the Company to UTC. Effective March 31, 2019, the Plan merged into the United Technologies Corporation Employee Savings Plan #017. The transaction is reported in the Statement of Changes in Net Assets Available for Benefits for the period January 1 through March 31, 2019 as a transfer of approximately $427,478.

Contributions - Contributions are made on behalf of employees (participants) who choose to defer a portion of their total gross pay as defined. Non-highly compensated participants may contribute from 2% to 75% of their gross pay, subject to regulatory limits. The Plan also allows all employees who are projected to attain age 50 before the close of the Plan year to make catch-up contributions each year, also subject to regulatory limits. In addition, the Plan allows all employees to make after tax contributions. Participants may contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

The Plan provides for employer-matching contributions of the participant's contributions to be determined by the Plan sponsor's management. The matching contribution for January 1 through March 31, 2019 and the year ended December 31, 2018 equals the sum of 100% of a participant's elective contributions up to 3% of compensation plus 50% of the next 2% of a participant's elective contributions, not to exceed 4% in total.

Participant Accounts - Individual accounts are maintained for each participant. Each participant's account is credited with the participant's contribution and an allocation of employer contributions and Plan earnings, and charged with benefit payments and an allocation of administrative expenses and Plan losses, if any. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investments - Participants direct the investment of their contributions and/or account balances into various investment options offered by the Plan. The UTC Stock Fund and the Rockwell Collins Stock Fund invested principally in the common stock of their respective company and held cash or liquid short-term investments to allow participants to buy or sell units in the fund without the usual trade period for stock transactions. Typically, both funds held 1% of their value in cash or liquid short-term investments. Participants could elect to transfer all or a portion of their balance in both funds to any of the various fund alternatives at any time. Employer contributions are made in cash and invested in the same manner as the participant's elections.

Vesting - Participants are immediately vested in their contributions and the Employer matching contribution, plus actual earnings thereon.

Notes Receivable from Participants - Participants may borrow from their accounts a minimum of $1 up to a maximum of 50% of their vested account balances or $50, subject to certain requirements as defined in the Plan document. Loans are secured by an assignment of the participant's vested interest in the Plan and bear interest at a rate commensurate with local prevailing rates at the time funds are borrowed. Principal and interest are paid ratably through payroll deductions. Loan terms shall not exceed five years, unless the loan is to be used in conjunction with the purchase of the principal residence of the participant. Participants may not have more than one loan outstanding at any time. As of December 31, 2018, participant loans had maturities through 2028 with interest rates ranging from 4.25% to 6.25%.

Payment of Benefits - Upon termination of service, a participant may generally elect to receive either a lump-sum amount or installments equal to the value of the participant's vested interest in his or her account. If the value of the participant's account is $1 or less, the Plan will immediately distribute the entire amount of the participant's account.

Participants are also eligible to make hardship withdrawals from their deferred contributions in the event of certain financial hardships. Following a hardship withdrawal, participants are not allowed to contribute to the Plan for a period of six months.

Forfeited Accounts - When certain terminations of participation in the Plan occur, the nonvested portion of the participant's account as defined by the Plan, represents a forfeiture. The Plan document permits the use of forfeitures to reduce future employer contributions, pay Plan administrative expenses, or be allocated to remaining participants. At March 31, 2019, December 31, 2018 and December 31, 2017, forfeited accounts totaled $0, $0, and $9, respectively. During the period January 1, 2019 through March 31, 2019 and the year ended December 31, 2018, employer contributions were reduced by $79 and $0, respectively, from forfeited nonvested accounts.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates - The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Risks and Uncertainties - The Plan provides for various investment options. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the value of the participants' account balances and the amounts reported in the financial statements.

Investment Valuation and Income Recognition - The Plan's investments are stated at fair value. Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion on fair value measurements.

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

Management fees and operating expenses charged to the Plan for investments are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are recognized as distributions based upon the terms of the Plan document. No allowance for credit losses have been recorded as of March 31, 2019, December 31, 2018 and December 31, 2017.

Administrative Expenses - Expenses incurred in the administration and management of the Plan are paid by the Plan, unless otherwise paid by the Plan sponsor at the Plan sponsor's discretion.

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

3. FAIR VALUE MEASUREMENTS

Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1 - quoted prices in active markets for identical assets and liabilities

Level 2 - quoted prices for identical assets and liabilities in markets that are not active, or observable inputs other than quoted prices in active markets for identical assets and liabilities

Level 3 - unobservable inputs in which there is little or no market data available, which require the reporting entity to develop its own assumptions

Asset Valuation Techniques - Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at March 31, 2019, December 31, 2018 and December 31, 2017.

United Technologies Corporation Common Stock - Valued at the closing price reported on the New York Stock Exchange.

Rockwell Collins, Inc. Common Stock - Valued at the closing price reported on the New York Stock Exchange. On November 26, 2018, this common stock was either liquidated or converted to UTC common stock.

Mutual Funds - Equity and bond funds are valued at the net asset value ("NAV") of shares held by the Plan at year-end. The net asset value is a quoted price in an active market. Money market funds are valued at cost, which approximates fair value.

Collective Investment Fund - The Wells Fargo Stable Value Fund D is valued using NAV as a practical expedient, based upon information reported by the investment advisor using the audited financial statements of the Fund at year-end. The NAV is calculated based upon the fair value of the underlying assets less liabilities.

The following table sets forth, by level within the fair value hierarchy, the Plan's assets that are measured at fair value as of December 31, 2018 and 2017, respectively, with the exception of the collective investment fund measured at fair value using the net asset value practical expedient. The fair value of the collective investment fund is provided below to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits. Due to the merger discussed in Note 1, the Plan did not hold any assets as of March 31, 2019.

	December 31, 2018			
	Level 1	Level 2	Level 3	Total
UTC Stock Fund	$ 2,890	$ -	$ -	$ 2,890
Mutual funds	334,848	-	-	334,848
Total assets in the fair value hierarchy	$ 337,738	$ -	$ -	337,738
Investments valued at NAV*				54,229
Total investments measured at fair value				$ 391,967

	December 31, 2017			
	Level 1	Level 2	Level 3	Total
Rockwell Collins, Inc. Common Stock	$ 10,055	$ -	$ -	$ 10,055
Mutual funds	358,672	-	-	358,672
Total assets in the fair value hierarchy	$ 368,727	$ -	$ -	368,727
Investments valued at NAV*				50,252
Total investments measured at fair value				$ 418,979

* Participant transactions in the fund (purchases and sales) may occur daily. If the Plan initiates a full redemption of the fund, the issuer reserves the right to require 12 months notification.

As of December 31, 2018 and 2017, the Fund did not have any unfunded commitments.

Transfers Between Levels - The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. For the period January 1, 2019 through March 31, 2019 and the year ended December 31, 2018, there were no such transfers.

4. INFORMATION CERTIFIED BY TRUSTEE

The Plan sponsor has elected a limited scope audit as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, information regarding the Plan investments at fair value, notes receivable from participants, interest income from notes receivable from participants, and net investment income (loss) as of March 31, 2019, December 31, 2018, and December 31, 2017 and for the period January 1, 2019 through March 31, 2019 and the year ended December 31, 2018, included in the Plan's financial statements and supplemental schedule, was prepared by or derived from information prepared by the Trustee, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the Trustee that such information is complete and accurate.

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

5. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Wells Fargo, the Trustee of the Plan, and therefore these transactions, as well as notes receivable from participants, qualify as exempt party-in-interest transactions. At March 31, 2019, December 31, 2018 and December 31, 2017, the Plan held Plan sponsor common stock with a market value of $0, $2,890, and $10,055, respectively.

6. PLAN TERMINATION

Although it has not expressed any intention to do so, the Plan sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan is terminated, each participant's accounts will be fully vested.

7. FEDERAL INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Plan sponsor by a letter dated January 23, 2018, that the Plan and related trust were designed in accordance with the applicable regulations of the IRC. The Plan has been amended since receiving the determination letter. The Plan sponsor and plan management believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC, and the Plan and the related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included

in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the U.S. federal, state, or local tax authorities. Plan management has analyzed the tax positions taken by the Plan and has concluded that as of March 31, 2019, December 31, 2018 and December 31, 2017, there are no uncertain tax positions taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

8. SUBSEQUENT EVENTS

The Plan has assessed subsequent events through December 4, 2019, the date the financial statements were available to be issued.

B/E Aerospace, Inc.
Savings Plan
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2018

(a)	(b) Identity of issuer, borrower	(c) Description of investment	**(d) Cost	(e) Current value
*	Wells Fargo Stable Value D	Collective Investment Fund		$ 54,228,577
	Vanguard Institutional Index I	Mutual Fund		63,949,135
	Vanguard PRIMECAP Adm	Mutual Fund		50,214,221
	American Funds EuroPacific Growth R6	Mutual Fund		34,381,608
	T. Rowe Price Value I	Mutual Fund		31,579,080
	Vanguard Total Intl Stock Index Inst	Mutual Fund		24,048,286
	Metropolitan West Total Return Bond Fund	Mutual Fund		23,307,765
	Vanguard Selected Value Inv	Mutual Fund		17,176,890
	Vanguard Mid-Cap Growth Inv	Mutual Fund		14,629,194
	Vanguard Total Bond Market Index I	Mutual Fund		12,663,167
	Vanguard Mid-Cap Index Inst	Mutual Fund		12,620,962
	Carillon Eagle Small-Cap Growth Fund R6	Mutual Fund		11,206,340
	Vanguard Emerging Markets Stock Index I	Mutual Fund		9,829,552
	Vanguard Small-Cap Index Inst	Mutual Fund		8,363,768
	Vanguard Federal Money Market Inv	Mutual Fund		8,233,444
	DFA US Small-Cap Value I	Mutual Fund		7,202,247
	Templeton Global Bond R6	Mutual Fund		4,507,579
	Lord Abbett High Yield R6	Mutual Fund		935,208
*	UTC Stock Fund	Common Stock		2,889,941
				391,966,964
*	Participant loans with interest of 4.25 - 6.25%; maturities through 2028			2,005,867
				$ 393,972,831

* Represents a party-in-interest to the Plan

** Cost information is not required for participant directed investments

B/E Aerospace, Inc.
Savings Plan

Employer ID Number: 06-1209796
Plan Number: 001

Financial Statements as of March 31, 2019, December 31, 2018 and December 31, 2017,
Supplemental Schedule as of December 31, 2018, and
Report of Independent Certified Public Accountants

B/E AEROSPACE, INC. SAVINGS PLAN

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GRANT THORNTON LLP
201 S College St
Suite 2500
Charlotte, NC 28244-0100

D +1 704 632 3500
F +1 704 334 7701

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Trustees

B/E Aerospace, Inc. Savings Plan

Report on the financial statements

We were engaged to audit the accompanying financial statements of B/E Aerospace, Inc. Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of March 31, 2019, December 31, 2018 and December 31, 2017, the related statements of changes in net assets available for benefits for the period January 1, 2019 through March 31, 2019 and the year ended December 31, 2018, and the related notes to the financial statements.

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

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

Basis for disclaimer of opinion
As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administration instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified 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 certifying entity meets the requirements of 29 CFR 2520.103-8. The Plan administrator obtained certifications from this entity as of March 31, 2019, December 31, 2018 and December 31, 2017, and for the period January 1, 2019

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through March 31, 2019, and the year ended December 31, 2018, stating that the certified information provided to the Plan administrator is complete and accurate.

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

Supplementary information
The supplemental schedule of assets (held at end of year) as of December 31, 2018 is presented for purposes of additional analysis and is not a required part of the financial statements, but is 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 schedule.

Report on form and content in compliance with DOL rules and regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the certified information described in Note 4, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Grant Thornton LLP

Charlotte, North Carolina
December 4, 2019

B/E Aerospace, Inc.
Savings Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
As of March 31, 2019, December 31, 2018 and December 31, 2017
(in thousands)

	March 31, 2019	December 31, 2018	December 31, 2017
ASSETS			
Investments, at fair value	$ -	$ 391,967	$ 418,979
Notes receivable from participants	-	2,006	2,162
NET ASSETS AVAILABLE FOR BENEFITS	$ -	$ 393,973	$ 421,141

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

B/E Aerospace, Inc.
Savings Plan
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the period January 1, 2019 through March 31, 2019
and the year ended December 31, 2018
(in thousands)

	January 1, 2019 through March 31, 2019	December 31, 2018
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	$ 38,831	$ (31,453)
Dividend and other income	1,149	6,395
Net investment income (loss)	39,980	(25,058)
Interest income on notes receivable from participants	19	100
Contributions		
Participant elective deferrals	5,099	23,115
Employer match	2,423	10,977
Participant rollovers	394	1,643
Total contributions	7,916	35,735
Deductions		
Benefits paid to participants	14,364	37,562
Administrative expenses	87	265
Total deductions	14,451	37,827
NET INCREASE (DECREASE) BEFORE TRANSFERS	33,464	(27,050)
NET TRANSFERS	(427,437)	(118)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	393,973	421,141
End of year	$ -	$ 393,973

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

B/E AEROSPACE, INC. SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS (in thousands)

1. DESCRIPTION OF THE PLAN

The following description of the B/E Aerospace, Inc. Savings Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's information.

General - The Plan is a defined-contribution retirement plan designed to qualify under Internal Revenue Code (the "IRC") Sections 401(a) and 501(a), Section 401(k) for the cash or deferred arrangement part of the Plan and Title 1 of Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Plan covers all full-time non-union employees of BE Aerospace, Inc. (the "Company" or "Employer"), a wholly-owned subsidiary of Rockwell Collins, Inc. ("Rockwell Collins"), who have completed (i) two months of service (defined as 60 consecutive days) or (ii) 1,000 hours of service during a 12-consecutive-month period beginning on the date of hire or any anniversary of the date of hire. The Plan is subject to the provisions of ERISA.

On November 26, 2018, the Company was acquired by United Technologies Corporation ("UTC") and Plan sponsorship transferred from the Company to UTC. Effective March 31, 2019, the Plan merged into the United Technologies Corporation Employee Savings Plan #017. The transaction is reported in the Statement of Changes in Net Assets Available for Benefits for the period January 1 through March 31, 2019 as a transfer of approximately $427,478.

Contributions - Contributions are made on behalf of employees (participants) who choose to defer a portion of their total gross pay as defined. Non-highly compensated participants may contribute from 2% to 75% of their gross pay, subject to regulatory limits. The Plan also allows all employees who are projected to attain age 50 before the close of the Plan year to make catch-up contributions each year, also subject to regulatory limits. In addition, the Plan allows all employees to make after tax contributions. Participants may contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

The Plan provides for employer-matching contributions of the participant's contributions to be determined by the Plan sponsor's management. The matching contribution for January 1 through March 31, 2019 and the year ended December 31, 2018 equals the sum of 100% of a participant's elective contributions up to 3% of compensation plus 50% of the next 2% of a participant's elective contributions, not to exceed 4% in total.

Participant Accounts - Individual accounts are maintained for each participant. Each participant's account is credited with the participant's contribution and an allocation of employer contributions and Plan earnings, and charged with benefit payments and an allocation of administrative expenses and Plan losses, if any. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investments - Participants direct the investment of their contributions and/or account balances into various investment options offered by the Plan. The UTC Stock Fund and the Rockwell Collins Stock Fund invested principally in the common stock of their respective company and held cash or liquid short-term investments to allow participants to buy or sell units in the fund without the usual trade period for stock transactions. Typically, both funds held 1% of their value in cash or liquid short-term investments. Participants could elect to transfer all or a portion of their balance in both funds to any of the various fund alternatives at any time. Employer contributions are made in cash and invested in the same manner as the participant's elections.

Vesting - Participants are immediately vested in their contributions and the Employer matching contribution, plus actual earnings thereon.

Notes Receivable from Participants - Participants may borrow from their accounts a minimum of $1 up to a maximum of 50% of their vested account balances or $50, subject to certain requirements as defined in the Plan document. Loans are secured by an assignment of the participant's vested interest in the Plan and bear interest at a rate commensurate with local prevailing rates at the time funds are borrowed. Principal and interest are paid ratably through payroll deductions. Loan terms shall not exceed five years, unless the loan is to be used in conjunction with the purchase of the principal residence of the participant. Participants may not have more than one loan outstanding at any time. As of December 31, 2018, participant loans had maturities through 2028 with interest rates ranging from 4.25% to 6.25%.

Payment of Benefits - Upon termination of service, a participant may generally elect to receive either a lump-sum amount or installments equal to the value of the participant's vested interest in his or her account. If the value of the participant's account is $1 or less, the Plan will immediately distribute the entire amount of the participant's account.

Participants are also eligible to make hardship withdrawals from their deferred contributions in the event of certain financial hardships. Following a hardship withdrawal, participants are not allowed to contribute to the Plan for a period of six months.

Forfeited Accounts - When certain terminations of participation in the Plan occur, the nonvested portion of the participant's account as defined by the Plan, represents a forfeiture. The Plan document permits the use of forfeitures to reduce future employer contributions, pay Plan administrative expenses, or be allocated to remaining participants. At March 31, 2019, December 31, 2018 and December 31, 2017, forfeited accounts totaled $0, $0, and $9, respectively. During the period January 1, 2019 through March 31, 2019 and the year ended December 31, 2018, employer contributions were reduced by $79 and $0, respectively, from forfeited nonvested accounts.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("GAAP").

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Investment Valuation and Income Recognition - The Plan's investments are stated at fair value. Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion on fair value measurements.

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

Management fees and operating expenses charged to the Plan for investments are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are recognized as distributions based upon the terms of the Plan document. No allowance for credit losses have been recorded as of March 31, 2019, December 31, 2018 and December 31, 2017.

Administrative Expenses - Expenses incurred in the administration and management of the Plan are paid by the Plan, unless otherwise paid by the Plan sponsor at the Plan sponsor's discretion.

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

3. FAIR VALUE MEASUREMENTS

Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

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Asset Valuation Techniques - Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at March 31, 2019, December 31, 2018 and December 31, 2017.

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Mutual Funds - Equity and bond funds are valued at the net asset value ("NAV") of shares held by the Plan at year-end. The net asset value is a quoted price in an active market. Money market funds are valued at cost, which approximates fair value.

Collective Investment Fund - The Wells Fargo Stable Value Fund D is valued using NAV as a practical expedient, based upon information reported by the investment advisor using the audited financial statements of the Fund at year-end. The NAV is calculated based upon the fair value of the underlying assets less liabilities.

The following table sets forth, by level within the fair value hierarchy, the Plan's assets that are measured at fair value as of December 31, 2018 and 2017, respectively, with the exception of the collective investment fund measured at fair value using the net asset value practical expedient. The fair value of the collective investment fund is provided below to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits. Due to the merger discussed in Note 1, the Plan did not hold any assets as of March 31, 2019.

	December 31, 2018			
	Level 1	Level 2	Level 3	Total
UTC Stock Fund	$ 2,890	$ -	$ -	$ 2,890
Mutual funds	334,848	-	-	334,848
Total assets in the fair value hierarchy	$ 337,738	$ -	$ -	337,738
Investments valued at NAV*				54,229
Total investments measured at fair value				$ 391,967

	December 31, 2017			
	Level 1	Level 2	Level 3	Total
Rockwell Collins, Inc. Common Stock	$ 10,055	$ -	$ -	$ 10,055
Mutual funds	358,672	-	-	358,672
Total assets in the fair value hierarchy	$ 368,727	$ -	$ -	368,727
Investments valued at NAV*				50,252
Total investments measured at fair value				$ 418,979

* Participant transactions in the fund (purchases and sales) may occur daily. If the Plan initiates a full redemption of the fund, the issuer reserves the right to require 12 months notification.

As of December 31, 2018 and 2017, the Fund did not have any unfunded commitments.

Transfers Between Levels - The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. For the period January 1, 2019 through March 31, 2019 and the year ended December 31, 2018, there were no such transfers.

4. INFORMATION CERTIFIED BY TRUSTEE

The Plan sponsor has elected a limited scope audit as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, information regarding the Plan investments at fair value, notes receivable from participants, interest income from notes receivable from participants, and net investment income (loss) as of March 31, 2019, December 31, 2018, and December 31, 2017 and for the period January 1, 2019 through March 31, 2019 and the year ended December 31, 2018, included in the Plan's financial statements and supplemental schedule, was prepared by or derived from information prepared by the Trustee, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the Trustee that such information is complete and accurate.

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

5. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Wells Fargo, the Trustee of the Plan, and therefore these transactions, as well as notes receivable from participants, qualify as exempt party-in-interest transactions. At March 31, 2019, December 31, 2018 and December 31, 2017, the Plan held Plan sponsor common stock with a market value of $0, $2,890, and $10,055, respectively.

6. PLAN TERMINATION

Although it has not expressed any intention to do so, the Plan sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan is terminated, each participant's accounts will be fully vested.

7. FEDERAL INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Plan sponsor by a letter dated January 23, 2018, that the Plan and related trust were designed in accordance with the applicable regulations of the IRC. The Plan has been amended since receiving the determination letter. The Plan sponsor and plan management believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC, and the Plan and the related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included

in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the U.S. federal, state, or local tax authorities. Plan management has analyzed the tax positions taken by the Plan and has concluded that as of March 31, 2019, December 31, 2018 and December 31, 2017, there are no uncertain tax positions taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

8. SUBSEQUENT EVENTS

The Plan has assessed subsequent events through December 4, 2019, the date the financial statements were available to be issued.

B/E Aerospace, Inc.
Savings Plan
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2018

(a)	(b) Identity of issuer, borrower	(c) Description of investment	**(d) Cost	(e) Current value
*	Wells Fargo Stable Value D	Collective Investment Fund		$ 54,228,577
	Vanguard Institutional Index I	Mutual Fund		63,949,135
	Vanguard PRIMECAP Adm	Mutual Fund		50,214,221
	American Funds EuroPacific Growth R6	Mutual Fund		34,381,608
	T. Rowe Price Value I	Mutual Fund		31,579,080
	Vanguard Total Intl Stock Index Inst	Mutual Fund		24,048,286
	Metropolitan West Total Return Bond Fund	Mutual Fund		23,307,765
	Vanguard Selected Value Inv	Mutual Fund		17,176,890
	Vanguard Mid-Cap Growth Inv	Mutual Fund		14,629,194
	Vanguard Total Bond Market Index I	Mutual Fund		12,663,167
	Vanguard Mid-Cap Index Inst	Mutual Fund		12,620,962
	Carillon Eagle Small-Cap Growth Fund R6	Mutual Fund		11,206,340
	Vanguard Emerging Markets Stock Index I	Mutual Fund		9,829,552
	Vanguard Small-Cap Index Inst	Mutual Fund		8,363,768
	Vanguard Federal Money Market Inv	Mutual Fund		8,233,444
	DFA US Small-Cap Value I	Mutual Fund		7,202,247
	Templeton Global Bond R6	Mutual Fund		4,507,579
	Lord Abbett High Yield R6	Mutual Fund		935,208
*	UTC Stock Fund	Common Stock		2,889,941
				391,966,964
*	Participant loans with interest of 4.25 - 6.25%; maturities through 2028			2,005,867
				$ 393,972,831

* Represents a party-in-interest to the Plan

** Cost information is not required for participant directed investments