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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
TRANE PENSION PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 09/01/2003

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)
TRANE U.S. INC.

800 E BEATY STREET
DAVIDSON, NC 28036

2b Employer Identification Number (EIN)
25-0900465

2c Plan Sponsor's telephone number
704-655-4000

2d Business code (see instructions)
332900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2021	PAUL LONGSTREET
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

TRANE TECHNOLOGIES BENEFITS ADMINISTRATION COMMITTEE

800 E BEATY STREET
DAVIDSON, NC 28036

3b Administrator's EIN
22-2116054

3c Administrator's telephone number
704-655-4000

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**	2504
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)**	1720
a(2) Total number of active participants at the end of the plan year	**6a(2)**	1570
b Retired or separated participants receiving benefits	**6b**	74
c Other retired or separated participants entitled to future benefits	**6c**	749
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	2393
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	24
f Total. Add lines **6d** and **6e**	**6f**	2417
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants 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:

1C 3H

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

9a Plan funding arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
TRANE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TRANE U.S. INC.

D Employer Identification Number (EIN)
25-0900465

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2020

2 Assets:

a Market value	**2a**	20915647
b Actuarial value	**2b**	20616137

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	86	1213322	1213322
b For terminated vested participants	700	5492022	5492022
c For active participants	1720	10654206	10877345
d Total	2506	17359550	17582689

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.31 %
6 Target normal cost	**6**	578749

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary	10/12/2021 Date
BRENDA G STOVALL Type or print name of actuary	20-05721 Most recent enrollment number
WILLIS TOWERS WATSON US LLC. Firm name	901-930-0000 Telephone number (including area code)
3340 PLAYERS CLUB PARKWAY SUITE 200 MEMPHIS, TN 38125 Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 8.12 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.51 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	117.25 %
15	Adjusted funding target attainment percentage	15	117.25 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	113.22 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.64 %	5.21 %	5.94 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	578749
b Excess assets, if applicable, but not greater than line 31a	**31b**	578749

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

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.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
TRANE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
TRANE U.S. INC.

D Employer Identification Number (EIN)
25-0900465

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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)

TOWERS WATSON DELAWARE, INC.

23-1159360

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	37314	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALSTON & BIRD LLP

58-0137615

(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?
29	NONE	15623	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BANK OF NEW YORK MELLON

13-5160382

(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?
21	TRUSTEE	13145	Yes [ ] No [X]	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

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
TRANE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TRANE U.S. INC.

D Employer Identification Number (EIN)
25-0900465

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: EB TEMP INVESTMENT FUND

b Name of sponsor of entity listed in (a): BANK OF NEW YORK MELLON

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)
25-6078093-023	C	161337

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
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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
TRANE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
TRANE U.S. INC.

D Employer Identification Number (EIN)
25-0900465

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	177	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	20915470	20908187
(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)		
	(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	20915647	20908187
	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	20915647	20908187

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)		
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	865	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		865
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	524372	
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		524372
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	740887	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		740887
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	510686	
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		510686

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1776810
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1503467	
(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)		1503467
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	52937	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	20034	
(4) Other	2i(4)	207832	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		280803
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1784270
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-7460
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unmodified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: DIXON HUGHES GOODMANN LLP **(2)** EIN: 56-0747981

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

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

Part IV Compliance Questions

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

During the plan year:

		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	

			Yes	No	Amount
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	
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		40000000
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**			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 438325.

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

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
TRANE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
TRANE U.S. INC.

D Employer Identification Number (EIN)
25-0900465

Part I Distributions

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

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

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

EIN(s): 13-1483824

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** | 126

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**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: 99 % High-Yield Debt: 0 % Real Estate: _____% Other: 1 %

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):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

Independent Auditors' Report

To the Participants and Plan Administrator of the
Trane Pension Plan
Davidson, NC

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of the Trane Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2019, the related statement of changes in accumulated plan benefits for the year ended December 31, 2019, and the related notes to the financial statements.

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

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

Basis for Disclaimer of Opinion
As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by The Bank of New York Mellon, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2020 and 2019, and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Other Matter
The supplemental schedule of assets (held at end of year) as of December 31, 2020 and schedule of reportable transactions for the year ended December 31, 2020 are required by the DOL's Rules and Regulations for Reporting and Disclosure under the ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedules.

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

Dixon Hughes Goodman LLP

Charlotte, NC
October 15, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2020

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Summary

Plan	Number of Participants	Weighted Average Retirement Age
Salaried	1039	62.0973
Hourly Plan – Participants at least age 50 as of January 1, 2008	43	62.0156
Hourly Plan – Participants less than age 50 as of January 1, 2008	638	63.6019
Total Weighted Average Retirement Age		62.653

Plan Name: Trane Pension Plan
EIN / PN: 25-0900465/003
Plan Sponsor: Trane U.S. Inc.
Valuation Date January 1, 2020

SCHEDULE SB ATTACHMENTS

The average retirement age was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Salaried Plan

Age	x (mid year)	q_x^r	l_x	$_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	55.5	8.00%	1,000,000	1.000000	0.080000	4.440000
56	56.5	8.00%	920,000	0.920000	0.073600	4.158400
57	57.5	8.00%	846,400	0.846400	0.067712	3.893440
58	58.5	8.00%	778,688	0.778688	0.062295	3.644260
59	59.5	8.00%	716,393	0.716393	0.057311	3.410030
60	60.5	10.00%	659,082	0.659082	0.065908	3.987443
61	61.5	10.00%	593,173	0.593173	0.059317	3.648016
62	62.5	20.00%	533,856	0.533856	0.106771	6.673200
63	63.5	20.00%	427,085	0.427085	0.085417	5.423977
64	64.5	20.00%	341,668	0.341668	0.068334	4.407515
65	65.5	30.00%	273,334	0.273334	0.082000	5.371019
66	66.5	30.00%	191,334	0.191334	0.057400	3.817113
67	67.5	30.00%	133,934	0.133934	0.040180	2.712159
68	68.5	30.00%	93,754	0.093754	0.028126	1.926638
69	69.5	30.00%	65,628	0.065628	0.019688	1.368335
70	70	100.00%	45,939	0.045939	0.045939	3.215751
				Weighted Average Retirement Age =		62.097298

Plan Name:	Trane Pension Plan
EIN / PN:	25-0900465/003
Plan Sponsor:	Trane U.S. Inc.
Valuation Date	January 1, 2020

SCHEDULE SB ATTACHMENTS

The average retirement age was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Hourly Plan – Participants at least age 50 as of January 1, 2008

Age	x (mid year)	q_x^r	l_x	$_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	55.5	5.00%	1,000,000	1.000000	0.050000	2.775000
56	56.5	3.00%	950,000	0.950000	0.028500	1.610250
57	57.5	3.00%	921,500	0.921500	0.027645	1.589588
58	58.5	3.00%	893,855	0.893855	0.026816	1.568716
59	59.5	3.00%	867,039	0.867039	0.026011	1.547665
60	60.5	40.00%	841,028	0.841028	0.336411	20.352882
61	61.5	25.00%	504,617	0.504617	0.126154	7.758485
62	62.5	20.00%	378,463	0.378463	0.075693	4.730783
63	63.5	20.00%	302,770	0.302770	0.060554	3.845181
64	64.5	20.00%	242,216	0.242216	0.048443	3.124588
65	65.5	25.00%	193,773	0.193773	0.048443	3.173031
66	66.5	25.00%	145,330	0.145330	0.036332	2.416106
67	67.5	25.00%	108,997	0.108997	0.027249	1.839329
68	68.5	25.00%	81,748	0.081748	0.020437	1.399933
69	69.5	25.00%	61,311	0.061311	0.015328	1.065278
70	70	100.00%	45,983	0.045983	0.045983	3.218825
				Weighted Average Retirement Age =		62.015639

SCHEDULE SB ATTACHMENTS

The average retirement age was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Hourly Plan – Participants less than age 50 as of January 1, 2008

Age	x (mid year)	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	55.5	5.00%	1,000,000	1.000000	0.050000	2.775000
56	56.5	3.00%	950,000	0.950000	0.028500	1.610250
57	57.5	3.00%	921,500	0.921500	0.027645	1.589588
58	58.5	3.00%	893,855	0.893855	0.026816	1.568716
59	59.5	3.00%	867,039	0.867039	0.026011	1.547665
60	60.5	20.00%	841,028	0.841028	0.168206	10.176441
61	61.5	12.50%	672,823	0.672823	0.084103	5.172323
62	62.5	10.00%	588,720	0.588720	0.058872	3.679498
63	63.5	10.00%	529,848	0.529848	0.052985	3.364533
64	64.5	10.00%	476,863	0.476863	0.047686	3.075766
65	65.5	25.00%	429,177	0.429177	0.107294	7.027768
66	66.5	25.00%	321,883	0.321883	0.080471	5.351297
67	67.5	25.00%	241,412	0.241412	0.060353	4.073825
68	68.5	25.00%	181,059	0.181059	0.045265	3.100634
69	69.5	25.00%	135,794	0.135794	0.033949	2.359424
70	70	100.00%	101,846	0.101846	0.101846	7.129195
				Weighted Average Retirement Age =		63.601922

Plan Name: Trane Pension Plan
EIN / PN: 25-0900465/003
Plan Sponsor: Trane U.S. Inc.
Valuation Date January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

- The assumed plan-related expenses added to the target normal cost were changed from $288,000 for 2019 to $337,000 for 2020.
- The interest crediting rate assumption was changed from 3.82% in 2019 to 2.92% in 2020.

Plan Name:	Trane Pension Plan
EIN / PN:	25-0900465/003
Plan Sponsor:	Trane U.S. Inc.
Valuation Date	January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

Schedule of Active Participant Data for Cash Balance Plans as of January 1, 2020

Number and average limited plan pay distributed by attained age and attained years of credited service

	Attained Years of Credited Service[1]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	3	2	0	0	0	0	0	0	0	5
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	12	41	0	0	0	0	0	0	0	53
	-	-	31,312	-	-	-	-	-	-	-	29,196
30-34	0	5	32	3	0	0	0	0	0	0	40
	-	-	34,340	-	-	-	-	-	-	-	33,395
35-39	0	5	28	8	2	0	0	0	0	0	43
	-	-	36,549	-	-	-	-	-	-	-	35,899
40-44	0	4	26	5	3	6	0	0	0	0	44
	-	-	45,232	-	-	-	-	-	-	-	44,728
45-49	0	4	24	7	2	5	1	0	0	0	43
	-	-	39,431	-	-	-	-	-	-	-	42,158
50-54	0	2	25	3	1	2	1	0	0	0	34
	-	-	40,714	-	-	-	-	-	-	-	44,016
55-59	0	5	27	10	0	0	0	0	0	0	42
	-	-	45,533	-	-	-	-	-	-	-	45,572
60-64	0	3	17	6	0	0	1	0	0	1	28
	-	-	-	-	-	-	-	-	-	-	50,644
65-69	0	1	2	2	0	0	0	0	0	0	5
	-	-	-	-	-	-	-	-	-	-	-
70 & over	0	0	1	0	0	0	0	0	0	0	1
	-	-	-	-	-	-	-	-	-	-	-
Total	0	44	225	44	8	13	3	0	0	1	338
	-	-	38,605	45,361	-	-	-	-	-	-	39,249

[1] The table only includes those union employees eligible for continued pay-based credits (338 employees in 2020 with limited plan pay of $13,266,261).

Plan Name:	Trane Pension Plan
EIN / PN:	25-0900465/003
Plan Sponsor:	Trane U.S. Inc.
Valuation Date	January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

Schedule of Active Participant Data for Cash Balance Plans as of January 1, 2020

Number and average account balances distributed by attained age and attained years of credited service

	Attained Years of Credited Service										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	17	4	0	0	0	0	0	0	0	21
	-	-	-	-	-	-	-	-	-	-	2,761
25-29	0	39	74	0	0	0	0	0	0	0	113
	-	2,706	6,020	-	-	-	-	-	-	-	4,876
30-34	0	27	77	44	1	0	0	0	0	0	149
	-	2,360	6,863	2,681	-	-	-	-	-	-	4,767
35-39	0	30	47	83	30	0	0	0	0	0	190
	-	2,242	7,120	3,953	9,631	-	-	-	-	-	5,363
40-44	0	23	48	70	47	28	3	0	0	0	219
	-	2,446	8,044	4,787	8,308	12,215	-	-	-	-	7,078
45-49	0	13	47	83	64	38	14	0	0	0	259
	-	-	7,688	5,661	11,143	12,178	-	-	-	-	8,741
50-54	0	17	37	68	68	27	25	8	1	0	251
	-	-	6,737	5,250	12,044	13,177	14,919	-	-	-	9,598
55-59	0	12	41	60	63	34	12	18	8	2	250
	-	-	8,816	7,558	11,859	11,593	-	-	-	-	10,799
60-64	0	14	29	53	37	19	18	6	8	5	189
	-	-	8,122	6,491	9,006	-	-	-	-	-	9,483
65-69	0	2	5	17	14	10	5	2	1	5	61
	-	-	-	-	-	-	-	-	-	-	11,589
70 & over	0	1	2	3	5	2	0	0	2	3	18
	-	-	-	-	-	-	-	-	-	-	-
Total	0	195	411	481	329	158	77	34	20	15	1,720
	-	2,723	7,189	5,237	10,791	12,329	15,775	19,143	17,488	17,336	8,127

Plan Name:	Trane Pension Plan
EIN / PN:	25-0900465/003
Plan Sponsor:	Trane U.S. Inc.
Valuation Date	January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Trane U.S. Inc.
EIN/PN	25-0900465 / 003
Plan Name	Trane Pension Plan
Valuation Date	January 1, 2020
Enrolled Actuary	Brenda G. Stovall
Enrollment Number	20-05721

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month: September
- Interest rate basis: 3-Segment Rates

Interest rates

	Reflecting Corridors	Not Reflecting Corridors
First segment rate	3.64%	2.79%
Second segment rate	5.21%	3.92%
Third segment rate	5.94%	4.38%
Effective interest rate	5.31%	4.01%

Annual rates of increase

- Compensation: 4.00%
- Future Social Security wage bases: Not applicable
- Statutory limits on compensation: None
- Interest credit rate: 2.92%
- Assumed cost of living adjustments: 0.00%

Administrative expenses

$337,000 of administrative expenses are assumed to be paid out of the trust in 2020 and are added to the normal cost. This amount is based on the noninvestment-related expenses that were paid out of the plan in the prior fiscal year, and the change in the expected PBGC variable rate premium from the prior year to the current year.

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date

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

New or rehired employees

It was assumed there will be no new or rehired employees.

Mortality

- Healthy

Separate rates for non-annuitants (based on RP-2014 “Employees” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2018) and annuitants (based on RP-2014 “Healthy Annuitants” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2018)

- Disabled

Mortality in accordance with Revenue Ruling 96-7.

Termination

Salaried Employees

Percentage leaving during the year	
Attained Age	**Unisex rate of withdrawal**
25	13.0%
30	11.5%
35	10.0%
40	9.5%
45	9.0%
50	8.5%
54	8.0%
55	0.0%

Hourly Employees

Percentage leaving during the year	
Attained Age	**Unisex rate of withdrawal**
25	11.00%
30	11.00%
35	8.50%
40	6.50%
45	4.50%
50	3.50%
54	3.00%
55+	0.00%

SCHEDULE SB ATTACHMENTS

Retirement

Salaried:

Percentage retiring during the year	
Age	**Annual Rate**
55-59	8%
60-61	10%
62-64	20%
65-69	30%
70+	100%

Hourly:

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

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

Age	Current A	Current B
55	5.00%	5.00%
56	3.00%	3.00%
57	3.00%	3.00%
58	3.00%	3.00%
59	3.00%	3.00%
60	40.00%	20.00%
61	25.00%	12.50%
62	20.00%	10.00%
63	20.00%	10.00%
64	20.00%	10.00%
65	25.00%	25.00%
66	25.00%	25.00%
67	25.00%	25.00%

Unpredictable Contingent Event Benefit (UCEB) assumptions

None

SCHEDULE SB ATTACHMENTS

Form of payment	For participants who retire directly from active service after age 55: 75% are assumed to elect an immediate lump sum and 25% are assumed to elect an immediate annuity in the normal form. For participants who terminate employment before age 55: 34% are assumed to elect an immediate lump sum, 33% are assumed to elect a lump sum at normal retirement date and 33% are assumed to elect an annuity in the normal form for a single participant at normal retirement date. For vested participants who have terminated and not previously received a distribution from the plan 50% are assumed to elect a lump sum at normal retirement date and 50% are assumed to elect an annuity in the normal form at normal retirement date.
Percent married	Actual data is used for retired participants. For all other participants 70% of males and 55% of females are assumed to be married at death.
Spouse age	Females are assumed to be 2 years younger than their husbands

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

SCHEDULE SB ATTACHMENTS

Actuarial value of assets for determining minimum required contributions	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings of 4.00% for 2019 and 3.25% for 2018 (with such expected earnings limited as described in IRS Notice 2009-22).The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued based on discussions with the plan sponsor regarding the likelihood that these benefits will be paid. Willis Towers Watson has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any significant benefits required to be valued that were not.
Tax policy	The actuarial valuation performed for the plan year ending December 31, 2020 is used to determine the maximum deductible contribution for the tax year ending December 31, 2020.

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2020. Information on assets, contributions and plan provisions was supplied by the plan sponsor.

Data and other information were reviewed for reasonableness and consistency, but no audit was performed. The following assumptions were made for missing or apparently inconsistent data elements:

- In cases where a cash balance amount was not provided for an active or terminated vested participant we have estimated the cash balance using salary and/or prior year cash balance amount.
- In cases where the participant status is not certain, we have assumed their status is the same as the prior year.
- Deferred beneficiaries are assumed to be paid the value of their cash balance as of the valuation date.

Plan Name:	Trane Pension Plan
EIN / PN:	25-0900465/003
Plan Sponsor:	Trane U.S. Inc.
Valuation Date	January 1, 2020

SCHEDULE SB ATTACHMENTS

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Cash Balance Interest crediting rate	The plan credits interest to cash balance accounts using the 12-month average of the annual yields on the 5-year U.S treasury securities for the period September through August. Trane U.S. Inc. has selected a long-term assumption of 2.92% for future years.
Lump sum conversion rate	Lump sums calculated under IRC Section 417(e) are calculated using an interest rate which is the same as the discount rate since both are derived from current yields on long-term corporate bonds. The mortality rates used to value future lump sums are based on the plan sponsor's best estimate of the rates that will be prescribed by the IRS for future lump sum calculations under Section 417(e).
Annuity conversion rate for hybrid plans	The assumed annuity conversion rate is a long term estimate of the plan's conversion basis (417(e)); we believe that the selected assumption does not significantly conflict with what would be reasonable.
Rates of increase in compensation:	Assumed compensation increases are based on plan sponsor expectations for pay increases over the long-term.
Administrative expenses	Administrative expenses are estimated by determining the expected actual expenses for the coming year, reflecting items like expected PBGC premiums and actual expenses paid from the trust the preceding year.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).

SCHEDULE SB ATTACHMENTS

Termination

Termination rates were based on an experience study conducted in 2014, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. There have not been any subsequent modifications to reflect workforce conditions like reductions in force or other changes in conditions that are expected to produce different results in the future.

Retirement

Retirement rates were based on an experience study conducted in 2014, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. There have not been any subsequent modifications to reflect changes in conditions that are expected to produce different results in the future.

Retirement rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.

Form of payment

The assumed form and timing of payments were selected based on recent experience and best estimate of future behavior.

Source of Prescribed Methods

Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions & methods since prior valuation

- The segment interest rates used to calculate the funding target were updated from an applicable month of September 2018 to September 2019.
- The mortality projection scale used to calculate the funding target and target normal cost was updated from Scale MP-2017 to Scale MP-2018, as required by IRC §430.
- The assumed plan-related expenses added to the target normal cost were changed from $288,000 for 2019 to $337,000 for 2020.
- The interest crediting rate assumption was changed from 3.82% in 2019 to 2.92% in 2020.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

The original plan was effective September 1, 2003. The plan was most recently restated effective January 1, 2015. The latest amendment, effective December 31, 2017, froze the plan for Clarksville union participants and reflected the closing of its manufacturing facility in Fort Smith.

Coverage and participation

Each salaried or non-union hourly employee who is actively employed on a full-time or part-time basis before September 1, 2003 and who elects to participate in the Plan shall become a member as of September 1, 2003.

Each salaried or non-union hourly employee who is actively employed on a full-time or part-time basis after September 1, 2003 and before January 1, 2010 and who elects to participate in the Plan shall become a member on the later of the date he completes an hour of service and the date he enrolls in the plan.

The following Hourly union employees now benefit under the Plan:

- Rushville employees hired on or after 5/6/2006 and before 5/11/2014
- UPG Tyler employees hired on or after 6/17/2006 and before 5/14/2016
- Lexington employees hired on or after 9/1/2008 and before 7/10/2016
- LaCrosse employees hired on or after 8/8/2010 and before 8/10/2014

Definitions

Vesting service

A participant who terminates employment before normal retirement age and after completion of 3 years of service or whose date of hire was prior to September 1, 2003 shall be 100% vested in his Account Balance Active members become 100% vested upon attainment of age 65 or if termination is due to death, permanent shutdown, or disability.

SCHEDULE SB ATTACHMENTS

Compensation	Earnings received in the calendar year as reported on Form W-2 including pre-tax contributions made pursuant to a salary reduction election under IRC Section 401(k), IRC Section 125 and IRC Section 132(f).
Accounts	An account is maintained for each participant. Account balances receive pay-based credits and interest credits until benefit commencement. Effective 12/31/2009, pay-based credits are frozen for non-union employees. Effective 12/31/2017, pay-based credits were frozen for union participants of Clarksville. Effective 12/31/2019, pay-based credits were frozen for union participants of Rushville and La Crosse. Effective 12/31/2020 pay based credits will be frozen for union participants of Lexington. Effective 6/30/2021, pay-based credits will be frozen for union participants of Tyler.
Pay-based credits	3% of compensation for union employees.
Interest credits	Interest is credited daily, with the annual interest rate equal to the annual yield on 5-year Treasury Securities for the 12-month period ending in August of the prior plan year, but not in excess of 8%.
Normal retirement date (NRD)	Age 65

Eligibility for Benefits

Normal retirement	Termination with 100% vesting
Postponed retirement	Termination with 100% vesting
Vested termination	Termination with 100% vesting
Preretirement death benefit	Death with 100% vesting

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement

A participant's account is payable upon any age after termination in the form of a monthly annuity or a lump sum. Several annuity options are available.

Postponed retirement

A participant's account is payable upon any age after termination in the form of a monthly annuity or a lump sum. Several annuity options are available.

Vested termination

A participant's account is payable upon any age after termination in the form of a monthly annuity or a lump sum. Several annuity options are available.

Preretirement death

If the beneficiary is the Member's spouse, the beneficiary is entitled to receive a single life annuity or a lump sum, which is the actuarial equivalent of the member's accrued benefit payable at his Normal Retirement Date. Spouse may elect to commence this benefit any time following Member's death.

If the beneficiary is not the Member's spouse, the beneficiary shall receive a cash lump sum equal to 100% of the member's account as of the payment date. Payment date shall be as soon as administratively practical.

Other Plan Provisions

Forms of payment

Normal form

The normal form of payment for a married participant is a Qualified Joint and 50% Survivor Annuity. The normal form of payment for a non-married participant is a single life annuity.

Optional forms

Option 1: Single life annuity.

Option 2: Joint and 50% survivor annuity.

Option 3: Joint and 75% survivor annuity.

Option 4: Ten year certain and life annuity.

Option 5: Lump sum payment.

Benefits payable under an optional form are determined on an actuarially equivalent basis.

SCHEDULE SB ATTACHMENTS

Pension Increases	None
Plan participants' contributions	Not required or permitted
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. Willis Towers Watson is not aware of any future plan changes which are required to be reflected other than scheduled pension increases contained in the Collective Bargaining Agreement.

Changes in Benefits Valued Since Prior Year

None

Substantive Commitment

None

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
Trane Pension Plan

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Trane U.S. Inc.

D Employer Identification Number (EIN)
25-0900465

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2020

2 Assets:

a Market value	**2a**	20,915,647
b Actuarial value	**2b**	20,616,137

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	86	1,213,322	1,213,322
b For terminated vested participants	700	5,492,022	5,492,022
c For active participants	1,720	10,654,206	10,877,345
d Total	2,506	17,359,550	17,582,689

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.31 %
6 Target normal cost	**6**	578,749

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/12/2021
Date

Brenda G Stovall
Type or print name of actuary

20-05721
Most recent enrollment number

Willis Towers Watson US LLC.
Firm name

(901)930-0000
Telephone number (including area code)

3340 Players Club Parkway
Suite 200
Memphis TN 38125
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 8.12%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.51%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	117.25%
15	Adjusted funding target attainment percentage	15	117.25%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	113.22%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [ ] Yes [X] No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.64 %	5.21 %	5.94 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	578,749
b Excess assets, if applicable, but not greater than line 31a	**31b**	578,749

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2020

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Summary

Plan	Number of Participants	Weighted Average Retirement Age
Salaried	1039	62.0973
Hourly Plan – Participants at least age 50 as of January 1, 2008	43	62.0156
Hourly Plan – Participants less than age 50 as of January 1, 2008	638	63.6019
Total Weighted Average Retirement Age		62.653

Plan Name: Trane Pension Plan
EIN / PN: 25-0900465/003
Plan Sponsor: Trane U.S. Inc.
Valuation Date January 1, 2020

SCHEDULE SB ATTACHMENTS

The average retirement age was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Salaried Plan

Age	x (mid year)	q_x^r	l_x	$_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	55.5	8.00%	1,000,000	1.000000	0.080000	4.440000
56	56.5	8.00%	920,000	0.920000	0.073600	4.158400
57	57.5	8.00%	846,400	0.846400	0.067712	3.893440
58	58.5	8.00%	778,688	0.778688	0.062295	3.644260
59	59.5	8.00%	716,393	0.716393	0.057311	3.410030
60	60.5	10.00%	659,082	0.659082	0.065908	3.987443
61	61.5	10.00%	593,173	0.593173	0.059317	3.648016
62	62.5	20.00%	533,856	0.533856	0.106771	6.673200
63	63.5	20.00%	427,085	0.427085	0.085417	5.423977
64	64.5	20.00%	341,668	0.341668	0.068334	4.407515
65	65.5	30.00%	273,334	0.273334	0.082000	5.371019
66	66.5	30.00%	191,334	0.191334	0.057400	3.817113
67	67.5	30.00%	133,934	0.133934	0.040180	2.712159
68	68.5	30.00%	93,754	0.093754	0.028126	1.926638
69	69.5	30.00%	65,628	0.065628	0.019688	1.368335
70	70	100.00%	45,939	0.045939	0.045939	3.215751
				Weighted Average Retirement Age =		62.097298

Plan Name:	Trane Pension Plan
EIN / PN:	25-0900465/003
Plan Sponsor:	Trane U.S. Inc.
Valuation Date	January 1, 2020

SCHEDULE SB ATTACHMENTS

The average retirement age was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Hourly Plan – Participants at least age 50 as of January 1, 2008

Age	x (mid year)	q_x^r	l_x	$_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	55.5	5.00%	1,000,000	1.000000	0.050000	2.775000
56	56.5	3.00%	950,000	0.950000	0.028500	1.610250
57	57.5	3.00%	921,500	0.921500	0.027645	1.589588
58	58.5	3.00%	893,855	0.893855	0.026816	1.568716
59	59.5	3.00%	867,039	0.867039	0.026011	1.547665
60	60.5	40.00%	841,028	0.841028	0.336411	20.352882
61	61.5	25.00%	504,617	0.504617	0.126154	7.758485
62	62.5	20.00%	378,463	0.378463	0.075693	4.730783
63	63.5	20.00%	302,770	0.302770	0.060554	3.845181
64	64.5	20.00%	242,216	0.242216	0.048443	3.124588
65	65.5	25.00%	193,773	0.193773	0.048443	3.173031
66	66.5	25.00%	145,330	0.145330	0.036332	2.416106
67	67.5	25.00%	108,997	0.108997	0.027249	1.839329
68	68.5	25.00%	81,748	0.081748	0.020437	1.399933
69	69.5	25.00%	61,311	0.061311	0.015328	1.065278
70	70	100.00%	45,983	0.045983	0.045983	3.218825
				Weighted Average Retirement Age =		62.015639

SCHEDULE SB ATTACHMENTS

The average retirement age was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Hourly Plan – Participants less than age 50 as of January 1, 2008

Age	x (mid year)	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	55.5	5.00%	1,000,000	1.000000	0.050000	2.775000
56	56.5	3.00%	950,000	0.950000	0.028500	1.610250
57	57.5	3.00%	921,500	0.921500	0.027645	1.589588
58	58.5	3.00%	893,855	0.893855	0.026816	1.568716
59	59.5	3.00%	867,039	0.867039	0.026011	1.547665
60	60.5	20.00%	841,028	0.841028	0.168206	10.176441
61	61.5	12.50%	672,823	0.672823	0.084103	5.172323
62	62.5	10.00%	588,720	0.588720	0.058872	3.679498
63	63.5	10.00%	529,848	0.529848	0.052985	3.364533
64	64.5	10.00%	476,863	0.476863	0.047686	3.075766
65	65.5	25.00%	429,177	0.429177	0.107294	7.027768
66	66.5	25.00%	321,883	0.321883	0.080471	5.351297
67	67.5	25.00%	241,412	0.241412	0.060353	4.073825
68	68.5	25.00%	181,059	0.181059	0.045265	3.100634
69	69.5	25.00%	135,794	0.135794	0.033949	2.359424
70	70	100.00%	101,846	0.101846	0.101846	7.129195
				Weighted Average Retirement Age =		63.601922

Plan Name: Trane Pension Plan
EIN / PN: 25-0900465/003
Plan Sponsor: Trane U.S. Inc.
Valuation Date January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

- The assumed plan-related expenses added to the target normal cost were changed from $288,000 for 2019 to $337,000 for 2020.
- The interest crediting rate assumption was changed from 3.82% in 2019 to 2.92% in 2020.

Plan Name:	Trane Pension Plan
EIN / PN:	25-0900465/003
Plan Sponsor:	Trane U.S. Inc.
Valuation Date	January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

Schedule of Active Participant Data for Cash Balance Plans as of January 1, 2020

Number and average limited plan pay distributed by attained age and attained years of credited service

	Attained Years of Credited Service[1]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	3	2	0	0	0	0	0	0	0	5
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	12	41	0	0	0	0	0	0	0	53
	-	-	31,312	-	-	-	-	-	-	-	29,196
30-34	0	5	32	3	0	0	0	0	0	0	40
	-	-	34,340	-	-	-	-	-	-	-	33,395
35-39	0	5	28	8	2	0	0	0	0	0	43
	-	-	36,549	-	-	-	-	-	-	-	35,899
40-44	0	4	26	5	3	6	0	0	0	0	44
	-	-	45,232	-	-	-	-	-	-	-	44,728
45-49	0	4	24	7	2	5	1	0	0	0	43
	-	-	39,431	-	-	-	-	-	-	-	42,158
50-54	0	2	25	3	1	2	1	0	0	0	34
	-	-	40,714	-	-	-	-	-	-	-	44,016
55-59	0	5	27	10	0	0	0	0	0	0	42
	-	-	45,533	-	-	-	-	-	-	-	45,572
60-64	0	3	17	6	0	0	1	0	0	1	28
	-	-	-	-	-	-	-	-	-	-	50,644
65-69	0	1	2	2	0	0	0	0	0	0	5
	-	-	-	-	-	-	-	-	-	-	-
70 & over	0	0	1	0	0	0	0	0	0	0	1
	-	-	-	-	-	-	-	-	-	-	-
Total	0	44	225	44	8	13	3	0	0	1	338
	-	-	38,605	45,361	-	-	-	-	-	-	39,249

[1] The table only includes those union employees eligible for continued pay-based credits (338 employees in 2020 with limited plan pay of $13,266,261).

Plan Name:	Trane Pension Plan
EIN / PN:	25-0900465/003
Plan Sponsor:	Trane U.S. Inc.
Valuation Date	January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

Schedule of Active Participant Data for Cash Balance Plans as of January 1, 2020

Number and average account balances distributed by attained age and attained years of credited service

	Attained Years of Credited Service										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	17	4	0	0	0	0	0	0	0	21
	-	-	-	-	-	-	-	-	-	-	2,761
25-29	0	39	74	0	0	0	0	0	0	0	113
	-	2,706	6,020	-	-	-	-	-	-	-	4,876
30-34	0	27	77	44	1	0	0	0	0	0	149
	-	2,360	6,863	2,681	-	-	-	-	-	-	4,767
35-39	0	30	47	83	30	0	0	0	0	0	190
	-	2,242	7,120	3,953	9,631	-	-	-	-	-	5,363
40-44	0	23	48	70	47	28	3	0	0	0	219
	-	2,446	8,044	4,787	8,308	12,215	-	-	-	-	7,078
45-49	0	13	47	83	64	38	14	0	0	0	259
	-	-	7,688	5,661	11,143	12,178	-	-	-	-	8,741
50-54	0	17	37	68	68	27	25	8	1	0	251
	-	-	6,737	5,250	12,044	13,177	14,919	-	-	-	9,598
55-59	0	12	41	60	63	34	12	18	8	2	250
	-	-	8,816	7,558	11,859	11,593	-	-	-	-	10,799
60-64	0	14	29	53	37	19	18	6	8	5	189
	-	-	8,122	6,491	9,006	-	-	-	-	-	9,483
65-69	0	2	5	17	14	10	5	2	1	5	61
	-	-	-	-	-	-	-	-	-	-	11,589
70 & over	0	1	2	3	5	2	0	0	2	3	18
	-	-	-	-	-	-	-	-	-	-	-
Total	0	195	411	481	329	158	77	34	20	15	1,720
	-	2,723	7,189	5,237	10,791	12,329	15,775	19,143	17,488	17,336	8,127

Plan Name:	Trane Pension Plan
EIN / PN:	25-0900465/003
Plan Sponsor:	Trane U.S. Inc.
Valuation Date	January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Trane U.S. Inc.
EIN/PN	25-0900465 / 003
Plan Name	Trane Pension Plan
Valuation Date	January 1, 2020
Enrolled Actuary	Brenda G. Stovall
Enrollment Number	20-05721

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month: September
- Interest rate basis: 3-Segment Rates

Interest rates

	Reflecting Corridors	Not Reflecting Corridors
First segment rate	3.64%	2.79%
Second segment rate	5.21%	3.92%
Third segment rate	5.94%	4.38%
Effective interest rate	5.31%	4.01%

Annual rates of increase

- Compensation: 4.00%
- Future Social Security wage bases: Not applicable
- Statutory limits on compensation: None
- Interest credit rate: 2.92%
- Assumed cost of living adjustments: 0.00%

Administrative expenses

$337,000 of administrative expenses are assumed to be paid out of the trust in 2020 and are added to the normal cost. This amount is based on the noninvestment-related expenses that were paid out of the plan in the prior fiscal year, and the change in the expected PBGC variable rate premium from the prior year to the current year.

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date

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

New or rehired employees

It was assumed there will be no new or rehired employees.

Mortality

- Healthy

Separate rates for non-annuitants (based on RP-2014 “Employees” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2018) and annuitants (based on RP-2014 “Healthy Annuitants” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2018)

- Disabled

Mortality in accordance with Revenue Ruling 96-7.

Termination

Salaried Employees

Percentage leaving during the year	
Attained Age	**Unisex rate of withdrawal**
25	13.0%
30	11.5%
35	10.0%
40	9.5%
45	9.0%
50	8.5%
54	8.0%
55	0.0%

Hourly Employees

Percentage leaving during the year	
Attained Age	**Unisex rate of withdrawal**
25	11.00%
30	11.00%
35	8.50%
40	6.50%
45	4.50%
50	3.50%
54	3.00%
55+	0.00%

SCHEDULE SB ATTACHMENTS

Retirement

Salaried:

Percentage retiring during the year	
Age	**Annual Rate**
55-59	8%
60-61	10%
62-64	20%
65-69	30%
70+	100%

Hourly:

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

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

Age	Current A	Current B
55	5.00%	5.00%
56	3.00%	3.00%
57	3.00%	3.00%
58	3.00%	3.00%
59	3.00%	3.00%
60	40.00%	20.00%
61	25.00%	12.50%
62	20.00%	10.00%
63	20.00%	10.00%
64	20.00%	10.00%
65	25.00%	25.00%
66	25.00%	25.00%
67	25.00%	25.00%

Unpredictable Contingent Event Benefit (UCEB) assumptions

None

SCHEDULE SB ATTACHMENTS

Form of payment	For participants who retire directly from active service after age 55: 75% are assumed to elect an immediate lump sum and 25% are assumed to elect an immediate annuity in the normal form. For participants who terminate employment before age 55: 34% are assumed to elect an immediate lump sum, 33% are assumed to elect a lump sum at normal retirement date and 33% are assumed to elect an annuity in the normal form for a single participant at normal retirement date. For vested participants who have terminated and not previously received a distribution from the plan 50% are assumed to elect a lump sum at normal retirement date and 50% are assumed to elect an annuity in the normal form at normal retirement date.
Percent married	Actual data is used for retired participants. For all other participants 70% of males and 55% of females are assumed to be married at death.
Spouse age	Females are assumed to be 2 years younger than their husbands

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

SCHEDULE SB ATTACHMENTS

Actuarial value of assets for determining minimum required contributions	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings of 4.00% for 2019 and 3.25% for 2018 (with such expected earnings limited as described in IRS Notice 2009-22).The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued based on discussions with the plan sponsor regarding the likelihood that these benefits will be paid. Willis Towers Watson has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any significant benefits required to be valued that were not.
Tax policy	The actuarial valuation performed for the plan year ending December 31, 2020 is used to determine the maximum deductible contribution for the tax year ending December 31, 2020.

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2020. Information on assets, contributions and plan provisions was supplied by the plan sponsor.

Data and other information were reviewed for reasonableness and consistency, but no audit was performed. The following assumptions were made for missing or apparently inconsistent data elements:

- In cases where a cash balance amount was not provided for an active or terminated vested participant we have estimated the cash balance using salary and/or prior year cash balance amount.
- In cases where the participant status is not certain, we have assumed their status is the same as the prior year.
- Deferred beneficiaries are assumed to be paid the value of their cash balance as of the valuation date.

Plan Name:	Trane Pension Plan
EIN / PN:	25-0900465/003
Plan Sponsor:	Trane U.S. Inc.
Valuation Date	January 1, 2020

SCHEDULE SB ATTACHMENTS

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Cash Balance Interest crediting rate	The plan credits interest to cash balance accounts using the 12-month average of the annual yields on the 5-year U.S treasury securities for the period September through August. Trane U.S. Inc. has selected a long-term assumption of 2.92% for future years.
Lump sum conversion rate	Lump sums calculated under IRC Section 417(e) are calculated using an interest rate which is the same as the discount rate since both are derived from current yields on long-term corporate bonds. The mortality rates used to value future lump sums are based on the plan sponsor's best estimate of the rates that will be prescribed by the IRS for future lump sum calculations under Section 417(e).
Annuity conversion rate for hybrid plans	The assumed annuity conversion rate is a long term estimate of the plan's conversion basis (417(e)); we believe that the selected assumption does not significantly conflict with what would be reasonable.
Rates of increase in compensation:	Assumed compensation increases are based on plan sponsor expectations for pay increases over the long-term.
Administrative expenses	Administrative expenses are estimated by determining the expected actual expenses for the coming year, reflecting items like expected PBGC premiums and actual expenses paid from the trust the preceding year.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).

SCHEDULE SB ATTACHMENTS

Termination

Termination rates were based on an experience study conducted in 2014, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. There have not been any subsequent modifications to reflect workforce conditions like reductions in force or other changes in conditions that are expected to produce different results in the future.

Retirement

Retirement rates were based on an experience study conducted in 2014, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. There have not been any subsequent modifications to reflect changes in conditions that are expected to produce different results in the future.

Retirement rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.

Form of payment

The assumed form and timing of payments were selected based on recent experience and best estimate of future behavior.

Source of Prescribed Methods

Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions & methods since prior valuation

- The segment interest rates used to calculate the funding target were updated from an applicable month of September 2018 to September 2019.
- The mortality projection scale used to calculate the funding target and target normal cost was updated from Scale MP-2017 to Scale MP-2018, as required by IRC §430.
- The assumed plan-related expenses added to the target normal cost were changed from $288,000 for 2019 to $337,000 for 2020.
- The interest crediting rate assumption was changed from 3.82% in 2019 to 2.92% in 2020.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

The original plan was effective September 1, 2003. The plan was most recently restated effective January 1, 2015. The latest amendment, effective December 31, 2017, froze the plan for Clarksville union participants and reflected the closing of its manufacturing facility in Fort Smith.

Coverage and participation

Each salaried or non-union hourly employee who is actively employed on a full-time or part-time basis before September 1, 2003 and who elects to participate in the Plan shall become a member as of September 1, 2003.

Each salaried or non-union hourly employee who is actively employed on a full-time or part-time basis after September 1, 2003 and before January 1, 2010 and who elects to participate in the Plan shall become a member on the later of the date he completes an hour of service and the date he enrolls in the plan.

The following Hourly union employees now benefit under the Plan:

- Rushville employees hired on or after 5/6/2006 and before 5/11/2014
- UPG Tyler employees hired on or after 6/17/2006 and before 5/14/2016
- Lexington employees hired on or after 9/1/2008 and before 7/10/2016
- LaCrosse employees hired on or after 8/8/2010 and before 8/10/2014

Definitions

Vesting service

A participant who terminates employment before normal retirement age and after completion of 3 years of service or whose date of hire was prior to September 1, 2003 shall be 100% vested in his Account Balance Active members become 100% vested upon attainment of age 65 or if termination is due to death, permanent shutdown, or disability.

SCHEDULE SB ATTACHMENTS

Compensation	Earnings received in the calendar year as reported on Form W-2 including pre-tax contributions made pursuant to a salary reduction election under IRC Section 401(k), IRC Section 125 and IRC Section 132(f).
Accounts	An account is maintained for each participant. Account balances receive pay-based credits and interest credits until benefit commencement. Effective 12/31/2009, pay-based credits are frozen for non-union employees. Effective 12/31/2017, pay-based credits were frozen for union participants of Clarksville. Effective 12/31/2019, pay-based credits were frozen for union participants of Rushville and La Crosse. Effective 12/31/2020 pay based credits will be frozen for union participants of Lexington. Effective 6/30/2021, pay-based credits will be frozen for union participants of Tyler.
Pay-based credits	3% of compensation for union employees.
Interest credits	Interest is credited daily, with the annual interest rate equal to the annual yield on 5-year Treasury Securities for the 12-month period ending in August of the prior plan year, but not in excess of 8%.
Normal retirement date (NRD)	Age 65

Eligibility for Benefits

Normal retirement	Termination with 100% vesting
Postponed retirement	Termination with 100% vesting
Vested termination	Termination with 100% vesting
Preretirement death benefit	Death with 100% vesting

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement

A participant's account is payable upon any age after termination in the form of a monthly annuity or a lump sum. Several annuity options are available.

Postponed retirement

A participant's account is payable upon any age after termination in the form of a monthly annuity or a lump sum. Several annuity options are available.

Vested termination

A participant's account is payable upon any age after termination in the form of a monthly annuity or a lump sum. Several annuity options are available.

Preretirement death

If the beneficiary is the Member's spouse, the beneficiary is entitled to receive a single life annuity or a lump sum, which is the actuarial equivalent of the member's accrued benefit payable at his Normal Retirement Date. Spouse may elect to commence this benefit any time following Member's death.

If the beneficiary is not the Member's spouse, the beneficiary shall receive a cash lump sum equal to 100% of the member's account as of the payment date. Payment date shall be as soon as administratively practical.

Other Plan Provisions

Forms of payment

Normal form

The normal form of payment for a married participant is a Qualified Joint and 50% Survivor Annuity. The normal form of payment for a non-married participant is a single life annuity.

Optional forms

Option 1: Single life annuity.

Option 2: Joint and 50% survivor annuity.

Option 3: Joint and 75% survivor annuity.

Option 4: Ten year certain and life annuity.

Option 5: Lump sum payment.

Benefits payable under an optional form are determined on an actuarially equivalent basis.

SCHEDULE SB ATTACHMENTS

Pension Increases	None
Plan participants' contributions	Not required or permitted
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. Willis Towers Watson is not aware of any future plan changes which are required to be reflected other than scheduled pension increases contained in the Collective Bargaining Agreement.

Changes in Benefits Valued Since Prior Year

None

Substantive Commitment

None

Trane Pension Plan

Financial Statements and Supplemental Schedules
December 31, 2020 and 2019

Trane Pension Plan
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Independent Auditors' Report

To the Participants and Plan Administrator of the
Trane Pension Plan
Davidson, NC

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of the Trane Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2019, the related statement of changes in accumulated plan benefits for the year ended December 31, 2019, and the related notes to the financial statements.

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

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

Basis for Disclaimer of Opinion
As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by The Bank of New York Mellon, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2020 and 2019, and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Other Matter
The supplemental schedule of assets (held at end of year) as of December 31, 2020 and schedule of reportable transactions for the year ended December 31, 2020 are required by the DOL's Rules and Regulations for Reporting and Disclosure under the ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedules.

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

Dixon Hughes Goodman LLP

Charlotte, NC
October 15, 2021

Trane Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2020 and 2019

	2020	2019
Assets		
Investments, at fair value:		
Registered mutual funds	$ 20,746,850	$ 20,740,905
Short-term investment funds	161,337	174,565
Total investments	20,908,187	20,915,470
Interest and dividends receivable	—	177
Net assets available for benefits	$ 20,908,187	$ 20,915,647

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

Trane Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2020 and 2019

	2020	2019
Additions to net assets attributable to:		
Net appreciation in fair value of investments	$ 1,251,573	$ 879,270
Interest and dividend income	525,237	759,279
Total additions	1,776,810	1,638,549
Deductions from net assets attributable to:		
Benefit payments to pensioners and beneficiaries	1,503,467	1,455,330
Administrative expenses	280,803	338,261
Total deductions	1,784,270	1,793,591
Net decrease	(7,460)	(155,042)
Net assets available for benefits		
Beginning of year	20,915,647	21,070,689
End of year	$ 20,908,187	$ 20,915,647

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

Trane Pension Plan
Statement of Accumulated Plan Benefits
December 31, 2019*

Actuarial present value of accumulated plan benefits (Note 2)		
Vested benefits		
Participants currently receiving payments	$	1,506,134
Other participants		21,279,560
Total vested benefits		22,785,694
Non-vested benefits		—
Total actuarial present value of accumulated plan benefits	$	22,785,694

*Based on the latest actuarial valuation at January 1, 2020.

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

Trane Pension Plan
Statement of Changes in Accumulated Plan Benefits
Year Ended December 31, 2019*

Actuarial present value of accumulated plan benefits at January 1, 2019	$	22,176,241
Increase (decrease) during the year attributable to:		
Increase for interest due to a decrease in the discount period		875,814
Benefits accumulated		446,743
Net actuarial gains (losses)		53,867
Benefits paid		(1,455,330)
Change of assumptions		688,359
Net decrease during the year		609,453
Actuarial present value of accumulated plan benefits at December 31, 2019	$	22,785,694

*Based on the latest actuarial valuation at January 1, 2020.

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

1. Description of the Plan

The following brief description of the Trane Pension Plan (the Plan) is provided for general information purposes. Participants should refer to the plan document or summary plan description for further information.

General

The Plan is a hybrid defined benefit plan (cash balance plan) designed to allow participants some of the flexibility typically associated with a defined contribution plan, such as taking the benefit when they sever employment or receiving the benefit in a lump sum. At the same time, the Plan maintains the security associated with a traditional defined benefit pension plan. The Plan covers certain nonunion employees and collectively bargained United States employees of Trane U.S. Inc. (the Company) as defined by the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA) and the Internal Revenue Code of 1986, as amended (IRC). The Company is a wholly owned subsidiary of Trane Technologies plc.

History

Effective January 1, 2010, all current and future salaried and non-collectively bargained hourly employees of Trane U.S. Inc. were no longer eligible to receive additional benefits related to service performed after such date and such employees became participants of the Trane Technologies Pension Plan Number One. Additionally, pursuant to the collective bargaining agreements, the Company and the respective unions at the Company's Lexington, Tyler, Rushville, LaCrosse and Clarksville facilities, employees who commenced or recommenced employment after such dates specified in the applicable collective bargaining agreement are not eligible and current collective bargained employees will no longer be eligible to receive additional benefits related to service performed after the dates set forth in the respective collective bargaining agreements. Moreover, pursuant to the labor agreement between the Company and the union at the Company's Fort Smith facility, employees ceased to receive eligible benefits after the dates set forth in the agreement related to the permanent plant shutdown. The determination of service for vesting purposes will be made in accordance with the Plan. Plan participants accrue benefits based on a percentage of compensation, as defined by the Plan.

Pension Benefits

Upon retirement or termination, participants may elect to receive distribution of their vested benefit in a lump sum or as an annuity, as defined by the Plan. Retirement benefits generally become 100% vested upon completion of three years of service as defined by the Plan.

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

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Use of Estimates

The preparation of financial statements in accordance with U.S. Generally Accepted Accounting Principles (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the dates of the financial statements. Actual results could differ from those estimates.

Valuation of Investments

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of 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 (depreciation) represents the Plan's gains and losses on the investments bought and sold as well as held during the year.

Funding Policy
The Company's funding policy is to make annual minimum contributions as required by law as determined by the Plan's actuary, and other contributions in its discretion as allowed by law. As determined by the Plan's actuary, no contributions were required during 2020 and 2019.

Expenses
The Plan pays many expenses incurred with administrating the Plan. The Plan's actuarial cost method includes a factor to fund such expenses through employer contributions. Fees paid by the Plan include various professional fees, investment fees, Pension Benefit Guaranty Corporation (PBGC) fees and any other costs reasonably necessary to administer the Plan. The PBGC requires the Plan to pay an annual flat rate premium based on the number of participants in the Plan. The Plan may also be subject to an additional variable rate premium based on the amount of unfunded vested benefits as calculated by an actuary.

Benefit Payments
Benefit payments are recorded when paid.

Subsequent Events
The Plan has evaluated subsequent events through October 15, 2021, in connection with the preparation of these financial statements, which is the date the financial statements were available to be issued. No material events were noted.

Actuarial Present Value of Accumulated Plan Benefits
Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the credited service that employees have rendered. Accumulated plan benefits include vested benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died, and present employees or their beneficiaries or alternative payees under a qualified domestic relations order (QDRO). Benefits payable under all circumstances are included to the extent they are deemed attributable to employee credited service rendered to the valuation date.

The actuarial present value of accumulated plan benefits at January 1, 2020 was determined by the Plan's actuary. The actuarial present value results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation at January 1, 2020 and 2019 were as follows:

- Mortality assumptions:

	January 1, 2020	January 1, 2019
Healthy	Base Mortality Table - RP-2006 sex distinct Healthy Employee and Annuitant base tables projected to 2014 base year using MP-2017. Mortality Projection Scale - MP-2019 sex distinct projection scales.	Base Mortality Table - RP-2006 sex distinct Healthy Employee and Annuitant base tables projected to 2014 base year using MP-2017. Mortality Projection Scale - MP-2018 sex distinct projection scales.
Disabled	Base Mortality Table - RP-2006 sex distinct Healthy Annuitant base tables projected to 2014 base year using MP-2017. Mortality Projection Scale - MP-2019 sex distinct projection scales.	Base Mortality Table - RP-2006 sex distinct Healthy Annuitant base tables projected to 2014 base year using MP-2017. Mortality Projection Scale - MP-2018 sex distinct projection scales.
Lump Sum Conversions	Base Mortality Table - RP-2019 Annuitant base table, blended 50% male and 50% female rates. Mortality Projection Scale - MP-2019.	Base Mortality Table - RP-2018 Annuitant base table, blended 50% male and 50% female rates. Mortality Projection Scale - MP-2018.

- Retirement ages, which start at 55 and use actual plan experience.
- Turnover rates, which vary with age and length of service.
- Administrative expense assumption was $337,000 and $288,000 for 2020 and 2019, respectively.
- Discount rate of 2.75% and 4.00% in 2020 and 2019, respectively.

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

2. Unaudited Information Certified by Trustee

The Bank of New York Mellon (Trustee), holds the Plan's investments and executes its transactions. The Trustee has prepared the information included in the accompanying financial statements as of December 31, 2020 and 2019 and for the years then ended and has furnished it to the plan administrator together with a certification that such information is complete and accurate. Such certifications are required under the method of compliance with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 elected by the plan administrator.

The accompanying financial statements include the following unaudited information as of and for the years ended December 31, 2020 and 2019 which was obtained from data prepared and certified as complete and accurate by the Trustee:

	2020	2019
Registered mutual fund	$ 20,746,850	$ 20,740,905
Short-term investment fund	161,337	174,565
Interest and dividend income	525,237	759,279
Net appreciation in fair value of investments	1,251,573	879,270

* All information contained in Note 3.

3. Fair Value Measurements

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

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

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

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

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

The fair value hierarchy requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. Observable inputs are obtained from independent sources and can be validated by a third party, whereas unobservable inputs reflect assumptions regarding what a third party would use in pricing an asset or liability based on the best information available under the circumstances. A financial instrument's categorization within the fair value hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

Following is a description of the valuation methodologies used for the underlying assets measured at fair value. There have been no significant changes in the methodologies used at December 31, 2020 and 2019.

Registered mutual fund: The shares of registered investment companies are valued at quoted market prices in an exchange or active market. Registered mutual funds are pooled assets of multiple investors overseen by investment managers. Investors own a proportionate interest in the fund (i.e. number of units of the fund). Daily price (Net Asset Value or NAV per share) is determined based on the total market value of the fund divided by total number of

shares outstanding. Registered mutual funds are typically daily traded, and their NAVs are publicly quoted. As a result, these funds are not subject to leveling.

Short term investment fund: The short-term investment fund is valued at the closing price or amount held on deposit by the custodian bank or at the fair value by discounting the related cash flows based on the current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer. As these investments are traded on active markets, these investments are classified as Level 1.

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

The following table sets forth by level, with the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019:

Assets at fair value as of December 31, 2020

	Level 1	Level 2	Level 3	Net Asset Value	Total
Registered mutual fund: bond fund	$ —	$ —	$ —	$ 20,746,850	$ 20,746,850
Short term investment fund	161,337	—	—	—	161,337
Total assets at fair value	$ 161,337	$ —	$ —	$ 20,746,850	$ 20,908,187

Assets at fair value as of December 31, 2019

	Level 1	Level 2	Level 3	Net Asset Value	Total
Registered mutual fund: bond fund	$ —	$ —	$ —	$ 20,740,905	$ 20,740,905
Short term investment fund	174,565	—	—	—	174,565
Total assets at fair value	$ 174,565	$ —	$ —	$ 20,740,905	$ 20,915,470

4. Plan Termination

Subject to the applicable collective bargaining agreement, Trane Technologies plc 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 and the IRC. In the event the Plan is terminated, the net assets of the Plan will be allocated, as prescribed by ERISA and the IRC and its respective related regulations.

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

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

5. Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated July 21, 2020, that the Plan and related trust are designed in accordance with the applicable sections of the IRC to be exempt from taxation. The plan administrator believes that the Plan is designed and is being operated in material compliance with the applicable requirements of the IRC.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2020 and 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

6. Risks and Uncertainties

The Plan invests in various bonds, fixed-income and other investment securities. These securities are exposed to various risks, such as interest rate, market and credit risks. The Benefit Investment Committee's (BIC) objective in managing defined benefit plan assets is to ensure that all present and future benefit obligations are met as they come due. It seeks to achieve this goal while trying to mitigate volatility in plan funded status, contribution, and expense by better matching characteristics of the plan assets to that of the plan liabilities. The BIC utilizes a dynamic approach to asset allocation whereby a plan's allocation to fixed income assets increases as the plan's funded status improves. Due to the level of risk associated with certain of investments, and the level of uncertainty related to changes in the fair values of such investments, it is at least reasonably possible that changes in such risks in the near term would materially affect the Plan's investment balances, and amounts reported in the Statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

As a result of the spread of the coronavirus (COVID-19), economic uncertainties have arisen triggering volatility in financial markets and a significant negative impact on the global economy. As the values of the Plan's individual investments have and will fluctuate in response to changing market conditions, the amount of potential losses that will be recognized in subsequent periods, if any, cannot be determined. The full impact of the COVID-19 outbreak continues to evolve as of the date of this report.

Trane Pension Plan
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2020

Plan name: Trane Pension Plan
EIN: #25-0900465
Plan number: #003

Identity of issue, borrower, lessor, or similar party (b)	Description of investment including maturity date, rate of interest, collateral, par or maturity value (c)	Cost (d)	Current Value (e)
PIMCO Total Return Fund	1,957,249.941 shares	$ 20,680,499	$ 20,746,850
Collective Short Term Investment Fund	161,337.300 shares	161,337	161,337
Total investments		$ 20,841,836	$ 20,908,187

Trane Pension Plan
Schedule H, Line 4(j) - Schedule of Reportable Transactions
For the Year Ended December 31, 2020

Plan name: Trane Pension Plan
EIN: #25-0900465
Plan number: #003

(a) Identity of party involved	(b) Description of asset (include interst rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss) on each transaction
PIMCO Total Return Fund	117,259.740 shares	$ 1,247,696	$ —	$ 1,247,696	$ 1,247,696	$ —
PIMCO Total Return Fund	182,732.350 shares	$ —	1,770,000	$ 1,752,439	$ 1,752,439	$ 17,561
EB TEMP INV FD, VAR RT 12/31/49 FEE CL 20	2,524,996.760 shares	$ 2,524,997	$ —	$ 2,524,997	$ 2,524,997	$ —
EB TEMP INV FD, VAR RT 12/31/49 FEE CL 20	2,538,224.030 shares	—	2,538,224	2,538,224	2,538,224	$ —

Trane Pension Plan
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2020

Plan name: Trane Pension Plan
EIN: #25-0900465
Plan number: #003

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Total investments		$ 20,841,836	$ 20,908,187

Trane Pension Plan
Schedule H, Line 4(j) - Schedule of Reportable Transactions
For the Year Ended December 31, 2020

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PIMCO Total Return Fund	182,732.350 shares	$ —	1,770,000	$ 1,752,439	$ 1,752,439	$ 17,561
EB TEMP INV FD, VAR RT 12/31/49 FEE CL 20	2,524,996.760 shares	$ 2,524,997	$ —	$ 2,524,997	$ 2,524,997	$ —
EB TEMP INV FD, VAR RT 12/31/49 FEE CL 20	2,538,224.030 shares	—	2,538,224	2,538,224	2,538,224	$ —

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

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning and ending

A Name of plan

B Three-digit plan number (PN) ▶

C Plan sponsor's name as shown on line 2a of Form 5500

D Employer Identification Number (EIN)

Part I Distributions

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

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

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

EIN(s): _____ _____

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**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: 99% High-Yield Debt: 0% Real Estate: _____% Other: 1%

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):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____