

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	▶ ☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	▶ ☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>THE TRANE MERGED HOURLY PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>023</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1956</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>023</u>	1c Effective date of plan <u>01/01/1956</u>	
1b Three-digit plan number (PN) ▶	<u>023</u>				
1c Effective date of plan <u>01/01/1956</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANE U.S. INC.</u> <u>800 E BEATY STREET</u> <u>DAVIDSON, NC 28036</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>25-0900465</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>704-655-4000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>332900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>25-0900465</u>	2c Plan Sponsor's telephone number <u>704-655-4000</u>	2d Business code (see instructions) <u>332900</u>	
2b Employer Identification Number (EIN) <u>25-0900465</u>					
2c Plan Sponsor's telephone number <u>704-655-4000</u>					
2d Business code (see instructions) <u>332900</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2022	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

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

Form 5500 (2021)
v. 210624

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 15017
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..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 1636 6a(2) 1330 6b 7908 6c 4027 6d 13265 6e 1385 6f 14650 6g 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: 1B 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) ☒ <u>4</u> 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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection</div>
---	--	--

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan THE TRANE MERGED HOURLY PENSION PLAN	B Three-digit plan number (PN) ▶ 023
C Plan sponsor's name as shown on line 2a of Form 5500 TRANE U.S. INC.	D Employer Identification Number (EIN) 25-0900465

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	1096		01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	29736
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	-1939
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	-1939
d	Total of balance and additions (add lines 7b and 7c(6))	7d	27797
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	6568
	(2) Administration charge made by carrier.....	7e(2)	2698
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)	7e(4)	
	(5) Total deductions	7e(5)	9266
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	18531

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection</div>
---	--	--

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan THE TRANE MERGED HOURLY PENSION PLAN	B Three-digit plan number (PN) ▶ 023
C Plan sponsor's name as shown on line 2a of Form 5500 TRANE U.S. INC.	D Employer Identification Number (EIN) 25-0900465

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	155		01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	13454
c	<div style="display: flex;"> <div style="flex: 1;"> Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account..... (5) Other (specify below) ▶ </div> <div style="flex: 1; border: 1px solid black; padding: 2px;"> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%; text-align: center;">7c(1)</div> <div></div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%; text-align: center;">7c(2)</div> <div></div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%; text-align: center;">7c(3)</div> <div style="text-align: right; color: blue;">-768</div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%; text-align: center;">7c(4)</div> <div></div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%; text-align: center;">7c(5)</div> <div></div> </div> <div style="height: 40px; background-color: #f0f0f0;"></div> </div> </div>	7c(6)	-768
d	Total of balance and additions (add lines 7b and 7c(6))	7d	12686
e	<div style="display: flex;"> <div style="flex: 1;"> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account..... (4) Other (specify below) ▶ </div> <div style="flex: 1; border: 1px solid black; padding: 2px;"> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%; text-align: center;">7e(1)</div> <div style="text-align: right; color: blue;">6</div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%; text-align: center;">7e(2)</div> <div style="text-align: right; color: blue;">1285</div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%; text-align: center;">7e(3)</div> <div></div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%; text-align: center;">7e(4)</div> <div></div> </div> <div style="height: 40px; background-color: #f0f0f0;"></div> </div> </div>	7e(5)	1291
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	11395

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection</div>
---	--	--

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan THE TRANE MERGED HOURLY PENSION PLAN	B Three-digit plan number (PN) ▶ 023
C Plan sponsor's name as shown on line 2a of Form 5500 TRANE U.S. INC.	D Employer Identification Number (EIN) 25-0900465

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

1 Coverage Information:

(a) Name of insurance carrier
BRIGHTHOUSE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0555090	87726	GAC#90500		01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year	7b	26999328
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	1057688
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	1057688
d	Total of balance and additions (add lines 7b and 7c(6))	7d	28057016
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	126
	(2) Administration charge made by carrier.....	7e(2)	46920
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)	7e(4)	
	(5) Total deductions	7e(5)	47046
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	28009970

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

<div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection</div>
--	--	--

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan THE TRANE MERGED HOURLY PENSION PLAN	B Three-digit plan number (PN) ▶ 023
C Plan sponsor's name as shown on line 2a of Form 5500 TRANE U.S. INC.	D Employer Identification Number (EIN) 25-0900465

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

1 Coverage Information:

(a) Name of insurance carrier BRIGHTHOUSE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0555090	87726	90500A		01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	78364
c	<div style="display: flex;"> <div style="flex: 1;"> Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account..... (5) Other (specify below) ▶ </div> <div style="flex: 1; border: 1px solid black; padding: 2px;"> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%;">7c(1)</div> <div></div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%;">7c(2)</div> <div></div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%;">7c(3)</div> <div style="text-align: right;">3088</div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%;">7c(4)</div> <div></div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%;">7c(5)</div> <div></div> </div> <div style="height: 40px;"></div> </div> </div>		
	(6) Total additions	7c(6)	3088
d	Total of balance and additions (add lines 7b and 7c(6))	7d	81452
e	<div style="display: flex;"> <div style="flex: 1;"> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account..... (4) Other (specify below) ▶ </div> <div style="flex: 1; border: 1px solid black; padding: 2px;"> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%;">7e(1)</div> <div style="text-align: right;">17486</div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%;">7e(2)</div> <div style="text-align: right;">4116</div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%;">7e(3)</div> <div></div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%;">7e(4)</div> <div></div> </div> <div style="height: 40px;"></div> </div> </div>		
	(5) Total deductions	7e(5)	21602
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	59850

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

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 2021 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>	
2 Assets:	
a Market value	2a <u>1092539640</u>
b Actuarial value	2b <u>983285676</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>9371</u> (2) Vested Funding Target <u>637179974</u> (3) Total Funding Target <u>637179974</u>
b For terminated vested participants.....	<u>4054</u> <u>100838108</u> <u>100838108</u>
c For active participants	<u>1636</u> <u>141836989</u> <u>146802120</u>
d Total.....	<u>15061</u> <u>879855071</u> <u>884820202</u>
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 <u>5.57</u> %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a <u>2090163</u>
b Expected plan-related expenses	6b <u>1979000</u>
c Total (line 6a + line 6b)	6c <u>4069163</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>10/07/2022</u> Date
Signature of actuary		<u>20-05809</u> Most recent enrollment number
<u>SEAMUS A DOYLE</u> Type or print name of actuary		<u>617-638-3700</u> Telephone number (including area code)
<u>WILLIS TOWERS WATSON US LLC</u> Firm name		
<u>75 ARLINGTON STREET</u> <u>BOSTON, MA 02116</u> Address of the firm		

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

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

Schedule SB (Form 5500) 2021
v. 201209

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	12700000
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	12700000
10 Interest on line 9 using prior year's actual return of <u>16.01</u> %	0	2033270
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		915727
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 <u>5.36</u> %		49083
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		964810
d Portion of (c) to be added to prefunding balance		900000
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	15633270

Part III Funding Percentages

14 Funding target attainment percentage	14	109.36 %
15 Adjusted funding target attainment percentage	15	111.12 %
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	101.73 %
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:
4.75 %2nd segment:
5.36 %3rd segment:
6.11 %☐ 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 6c)..... **31a** 4069163**b** Excess assets, if applicable, but not greater than line 31a **31b** 4069163**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 0 Installment 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**35** Balances elected for use to offset funding requirement Carryover balance 0 Prefunding balance 0 Total balance 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** 0**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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan THE TRANE MERGED HOURLY PENSION PLAN	B Three-digit plan number (PN) ▶	023
C Plan sponsor's name as shown on line 2a of Form 5500 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
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

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

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

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

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

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

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

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

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

PACIFIC INVESTMENT MANAGEMENT

33-0629048

(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?
28	NONE	600192	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NISA INVESTMENT ADVISORS

48-1140940

(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?
28	NONE	461424	Yes ☐ No ☒	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 19 99	CONTRACT ADMINISTRATOR	323898	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

AON CORPORATION

36-3051915

(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?
28 16	NONE	204093	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TOWERS WATSON

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	200998	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MILLIMAN INC.

91-0675641

(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?
65	NONE	59809	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

UNITED FORMS FINISHING

22-2378813

(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?
65	NONE	15668	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

XEROX CORPORATION

16-0468020

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	15450	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

POPULUS GROUP LLC

38-3659021

(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?
65 99	NONE	14840	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BLACKROCK INSTITUTIONAL TRUST

94-3112180

(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?
28	NONE	11916	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EXAMWORKS INC

26-1114252

(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?
65	NONE	10400	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:	DIXON HUGES GOODMAN LLP	b EIN:	56-0747981
c Position:	ACCOUNTANT		
d Address:	4350 CONGRESS STREET SUITE 900 CHARLOTTE, NC 28209	e Telephone:	

Explanation: FIRM MERGER EFFECTIVE JUNE 1, 2022 RESULTING IN FORVIS, LLP BEING SUCCESSOR TO DIXON HUGES GOODMAN LLP.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2021 <hr/> This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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: TRANE TECHNOLOGIES COLLECTIVE TRUST

b Name of sponsor of entity listed in (a): TRANE TECHNOLOGIES COMPANY LLC

c EIN-PN <u>13-3673037-001</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1031798995</u>
---------------------------------------	-------------------------------	---

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):

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan THE TRANE MERGED HOURLY PENSION PLAN	B Three-digit plan number (PN) ►	023
C Plan sponsor's name as shown on line 2a of Form 5500 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)	1000000	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	16176247	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	9230511	
(2) U.S. Government securities	1c(2)	168233509	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	502509481	
(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)	282173675	
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		1031798995
(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)	95966272	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	27120881	28099746
(15) Other.....	1c(15)	651567	

		(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	1103062143 1059898741
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	11649891 317805
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	11649891 317805
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1091412252 1059580936

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.

		(a) Amount	(b) Total
Income			
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)	19499602
	(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)	1058069
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	20557671
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	180390754
	(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)	180390754
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	-231583157
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	-231583157

		(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)		66838782
(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		36204050
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	65997184	
(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)		65997184
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)	204038	
(2) Contract administrator fees.....	2i(2)	1779125	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	55019	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2038182
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		68035366
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-31831316
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) ☐ 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) ☒ 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: FORVIS, LLP

(2) EIN: 44-0160260

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
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?	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?		X	
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
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 475283 _____.			

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div>
---	--	---

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan THE TRANE MERGED HOURLY PENSION PLAN	B Three-digit plan number (PN) ► 023
C Plan sponsor's name as shown on line 2a of Form 5500 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	10

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
--	-----------------------------------	-----------------------------------	-------------------------------	--

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

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: 16 % Investment-Grade Debt: 82 % High-Yield Debt: 0 % Real Estate: 0 % Other: 2 %

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 Auditor's Report

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

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of the Trane Merged Hourly Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, the statement of accumulated plan benefits as of December 31, 2020, the related statement of changes in accumulated plan benefits for the year ended December 31, 2020 and the related notes to the financial statements ("2021 Financial Statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained a certification from JP Morgan Chase Bank, N.A. as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section:

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("GAAP").
- the information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the 2021 financial statements in accordance with GAAP, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the 2021 financial statements.

In preparing the 2021 financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that these financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the 2021 financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the 2021 financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the 2021 financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2021 financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at the end of the year) as of December 31, 2021 and schedule of reportable transactions for the year ended December 31, 2021 listed in the table of contents are presented for purposes of additional analysis and are not a required part of the 2021 financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2021 financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the 2021 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2021 financial statements or to the 2021 financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 15, 2021 we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations under ERISA.

FORVIS, LLP

**Charlotte, NC
October 17, 2022**

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2021

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.

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

x	Mid Year	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	55.5	0.050	1,000	1.00000	0.05000	2.7750
56	56.5	0.030	950	0.95000	0.02850	1.6103
57	57.5	0.030	922	0.92150	0.02765	1.5896
58	58.5	0.030	894	0.89386	0.02682	1.5687
59	59.5	0.030	867	0.86704	0.02601	1.5477
60	60.5	0.400	841	0.84103	0.33641	20.3529
61	61.5	0.250	505	0.50462	0.12615	7.7585
62	62.5	0.200	378	0.37846	0.07569	4.7308
63	63.5	0.200	303	0.30277	0.06055	3.8452
64	64.5	0.200	242	0.24222	0.04844	3.1246
65	65.5	0.250	194	0.19377	0.04844	3.1730
66	66.5	0.250	145	0.14533	0.03633	2.4161
67	67.5	0.250	109	0.10900	0.02725	1.8393
68	68.5	0.250	82	0.08175	0.02044	1.3999
69	69.5	0.250	61	0.06131	0.01533	1.0653
70	70	1.000	46	0.04598	0.04598	3.2188
Average age at retirement						62.0157
Participant Count Group A						186

Plan Name: The Trane Merged Hourly Pension Plan
 EIN / PN: 25-0900465 / 023
 Plan Sponsor: Trane U.S. Inc.
 Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Group B – Participants at least age 50 as of January 1, 2008

x	Mid Year	q_x^r	l_x	$_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	55.5	0.050	1,000,000	1.00000	0.05000	2.7750
56	56.5	0.030	950,000	0.95000	0.02850	1.6103
57	57.5	0.030	921,500	0.92150	0.02765	1.5896
58	58.5	0.030	893,855	0.89386	0.02682	1.5687
59	59.5	0.030	867,039	0.86704	0.02601	1.5477
60	60.5	0.200	841,028	0.84103	0.16821	10.1764
61	61.5	0.125	672,823	0.67282	0.08410	5.1723
62	62.5	0.100	588,720	0.58872	0.05887	3.6795
63	63.5	0.100	529,848	0.52985	0.05298	3.3645
64	64.5	0.100	476,863	0.47686	0.04769	3.0758
65	65.5	0.250	429,177	0.42918	0.10729	7.0278
66	66.5	0.250	321,883	0.32188	0.08047	5.3513
67	67.5	0.250	241,412	0.24141	0.06035	4.0738
68	68.5	0.250	181,059	0.18106	0.04526	3.1006
69	69.5	0.250	135,794	0.13579	0.03395	2.3594
70	70	1.000	101,846	0.10185	0.10185	7.1292
Average age at retirement						63.6019
Participant Count Group B						1,450

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

Weighted Average Age	63.4216
Rounded for Schedule SB item 22	63

Plan Name:	The Trane Merged Hourly Pension Plan
EIN / PN:	25-0900465 / 023
Plan Sponsor:	Trane U.S. Inc.
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 23 Information on Use of Multiple Mortality Tables

Different mortality tables were used for different populations. Substitute mortality tables are used for Annuitants and prescribed tables are used for Non-Annuitants:

Population description	Population size	Mortality table
Non-annuitants	5,690	Non-annuitant mortality (based on RP-2014 "Employees" sex-distinct tables, 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-2019)
Annuitants	9,371	Annuitants mortality (based on a substitute mortality table developed in accordance with IRC §430(h)(3)(c) and approved by the IRS having a base year 2014 and then projected forward with generational projection using Scale MP-2019)

Plan Name: The Trane Merged Hourly Pension Plan
EIN / PN: 25-0900465 / 023
Plan Sponsor: Trane U.S. Inc.
Valuation Date: Janaury 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 23 Information on Use of Substitute Mortality Tables

Substitute Mortality Tables were approved by the IRS in a letter ruling dated March 7, 2019. See Schedule SB, Part V, Statement of Actuarial Assumptions/Methods for sample rates.

Substitute mortality tables are used for the following plan populations: Male and Female Annuitants (including disabled participants)

Mortality ratio used to develop the table: 1.233039

Full or partial credibility: Partial

Partial credibility weighting factor: 0.951722

Prescribed tables are used for the following plan populations: Non-annuitants

The last plan year for which the IRS approval for the substitute mortality tables applies is: 2028

Plan Name:	The Trane Merged Hourly Pension Plan
EIN / PN:	25-0900465 / 023
Plan Sponsor:	Trane U.S. Inc.
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 - Schedule of Active Participant Data as of January 1, 2021

Number distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	6	5	0	0	0	0	0	11
35-39	0	0	0	23	46	2	0	0	0	0	71
40-44	0	0	0	17	65	58	8	0	0	0	148
45-49	0	0	2	12	48	93	171	0	0	0	326
50-54	0	0	0	16	46	79	153	36	3	0	333
55-59	0	0	0	7	56	81	132	60	41	10	387
60-64	0	0	2	12	32	36	61	24	48	36	251
65-69	0	0	0	0	10	12	17	8	27	4	78
70 & over	0	0	0	1	4	4	3	0	16	3	31
Total	0	0	4	94	312	365	545	128	135	53	1,636

Plan Name: The Trane Merged Hourly Pension Plan
 EIN / PN: 25-0900465 / 023
 Plan Sponsor: Trane U.S. Inc.
 Valuation Date: Janaury 1, 2021

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 rate

	Reflecting Corridors	Not Reflecting Corridors
First segment rate	4.75%	2.22%
Second segment rate	5.36%	3.38%
Third segment rate	6.11%	3.92%
Effective interest rate	5.57%	3.54%

Annual rates of increase

Compensation	N/A
Future Social Security wage bases	N/A
Statutory limits on compensation	N/A
Assumed cost of living adjustments	0.00%

Administrative expenses	\$1,979,000 of administrative expenses are assumed to be paid out of the trust in 2021 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.
--------------------------------	---

Plan Name:	The Trane Merged Hourly Pension Plan
EIN / PN:	25-0900465 / 023
Plan Sponsor:	Trane U.S. Inc.
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Future increases in Medicare Part B Costs

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

Year	Trend Rate
2016	6.85%
2017	6.45%
2018	6.05%
2019	5.65%
2020	5.25%
2021+	5.00%

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

Separate rates for non-annuitant (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-2019) and annuitants (based on a substitute mortality table developed in accordance with IRC §430(h)(3)(c) and approved by the IRS having a base year 2014 and then projected forward with generational projection using Scale MP-2019).

Sample Substitute Mortality Table Base Rates

Age	Male Annuitant	Female Annuitant
50	0.005166	0.003408
55	0.007235	0.004623
60	0.009829	0.006818
65	0.014127	0.010459
70	0.021590	0.016612
75	0.034904	0.027171
80	0.058838	0.046000
85	0.102546	0.081501
90	0.179202	0.144594
95	0.279289	0.235980
100	0.372663	0.329076
105	0.453277	0.415139
110	0.499911	0.471832
115	0.500000	0.500000
120	1.000000	1.000000

Plan Name: The Trane Merged Hourly Pension Plan
 EIN / PN: 25-0900465 / 023
 Plan Sponsor: Trane U.S. Inc.
 Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Termination

Representative Termination Rates

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

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%

Employees of the Lexington location are assumed to immediately terminate as of census date due to plant closure.

Disability

None

Retirement

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

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

Age	Current A	Current B
55	5.00%	5.00%
56	3.00%	3.00%
57	3.00%	3.00%
58	3.00%	3.00%
59	3.00%	3.00%
60	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%
68	25.00%	25.00%
69	25.00%	25.00%
70	100.00%	100.00%

Plan Name: The Trane Merged Hourly Pension Plan
EIN / PN: 25-0900465 / 023
Plan Sponsor: Trane U.S. Inc.
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Employees of the Lexington location are assumed to immediately terminate as of census date and retire at earliest eligibility due to plant closure

Benefit commencement date:

- Preretirement death benefit Upon death of the Active participant.
- Deferred vested benefit Terminated vested participants who are eligible for early commencement are assumed to commence pension benefit payments at age 62, or current age if greater. Terminated vested participants who are not eligible for early commencement are assumed to commence at age 65, or current age if greater. Terminated vested participants over age 65 and prior to age 70 as of the valuation date who have not commenced benefits under the plan were assumed to receive benefits actuarially increased from age 65 to the valuation date under the actuarial equivalence basis detailed in the plan document. Any participant over age 70 was valued without any increase to their benefit to reflect the probability that they are deceased, and those found to be deceased on a public death index were valued assuming half of their benefit would be paid to a beneficiary.
- Retirement benefit Upon termination of employment.
- Lexington Closure On October 4, 2018, IR announced the closing of its Trane manufacturing facility in Lexington, Kentucky which is expected to result in the termination of an estimated 182 employees participating in the plan before the end of 2021. For the purpose of this valuation, to capture the value of early retirement subsidies, retirement-eligible employees were assumed to be terminated on January 1, 2021 and to commence benefits immediately and non-retirement eligible employees were assumed to be terminated on January 1, 2021 and to commence benefits at earliest eligibility.

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

Plan Name: The Trane Merged Hourly Pension Plan
EIN / PN: 25-0900465 / 023
Plan Sponsor: Trane U.S. Inc.
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Percent married and spouse age Actual data is used for retired participants. For all other participants 70% of males and 55% females are assumed to be married at death. Females are assumed to be 2 years younger than their husbands.

Timing of benefit payments Annuity payments are payable monthly at the beginning of the month.

Methods

Valuation date First day of plan year

Funding target Present value of accrued benefits

Target normal cost Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

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.

Plan Name: The Trane Merged Hourly Pension Plan
EIN / PN: 25-0900465 / 023
Plan Sponsor: Trane U.S. Inc.
Valuation Date: Janaury 1, 2021

SCHEDULE SB ATTACHMENTS

Actuarial value of assets for determining minimum required contributions

Under this method, the valuation assets are equal to the average of three values (all determined without regard to receivable contributions), the result increased by the discounted present value of contributions expected to be made after the valuation date based on the prior plan year PPA effective interest rate. This amount is then subject to a 10% corridor around the market value of assets (including the discounted present value of receivable contributions) as of the valuation date. The three values used to develop the average value are: the market value of assets as of the current valuation date, the adjusted market value of assets as of the prior valuation date and the adjusted market value of assets as of the second prior valuation date. The adjusted market value as of a relevant valuation date is equal to the market value of assets as of the prior valuation date increased by actual plan contributions and assumed return on plan assets and decreased by actual plan disbursements after that date until the current valuation date. The assumed rate of return on plan assets for the prior plan year (pursuant to IRS Notice 2009-22) was 5.25%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 5.25%, and the applicable limitation for the plan year, equal to 5.94%. The assumed rate of return on plan assets for the second prior plan year (pursuant to IRS Notice 2009-22) was 6.00%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 6.00%, and the applicable limitation for the plan year, equal to 6.11%. The algebraically equivalent development of this method (pursuant to IRS Notice 2009-22) is shown in Section 2.3. Because expected investment returns under this method are limited under WRERA, over time it is more likely to produce an actuarial value that is expected to be less than the market value of assets.

Benefits not valued

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, 2021 is used to determine the maximum deductible contribution for the tax year ending December 31, 2021.

Plan Name:	The Trane Merged Hourly Pension Plan
EIN / PN:	25-0900465 / 023
Plan Sponsor:	Trane U.S. Inc.
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor, furnished participant data as of the census date. 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:

- Persons on temporary layoff subject to recall or on an approved leave of absence are treated as actively employed persons. In addition, terminated participants are assumed to be vested unless confirmed otherwise by Trane U.S. Inc.
- Persons with a Joint and Survivor form who were reported without beneficiary information, are assumed to have the same beneficiary information used in the prior year valuation. If prior year beneficiary information is not available, then beneficiary date of birth are set based on our assumption of spouse age difference and beneficiary sex is assumed to be opposite to the participant.
- 2 participants identified as deceased with unknown survivor benefit. Survivor benefit is set equal to 50% of the participant's accrued benefit. If beneficiary information is not available, then beneficiary date of birth are set based on our assumption of spouse age difference and beneficiary sex is assumed to be opposite to the participant.
- In cases where an accrued benefit was not provided for a terminated vested participant we have used the prior year accrued benefit where data is available to do so. If a prior year accrued benefit is not available, we have used an amount equal to the average accrued benefit for continuing terminated vested participants.

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

Plan Name:	The Trane Merged Hourly Pension Plan
EIN / PN:	25-0900465 / 023
Plan Sponsor:	Trane U.S. Inc.
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

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.
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 Economic Assumptions

Healthy Mortality	Assumptions for non-annuitant mortality used for funding purposes are as prescribed by IRC §430(h). Assumptions for annuitant mortality are based on an experience study, period January 1, 2012 through December 31, 2016, with a base year of 2014, as approved by the IRS and permitted under IRC §430(h)(3)(c).
Disabled Mortality	Same as healthy
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.

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.
------------------------	--

Plan Name:	The Trane Merged Hourly Pension Plan
EIN / PN:	25-0900465 / 023
Plan Sponsor:	Trane U.S. Inc.
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2019 to September 2020.
- The mortality projection scale used to calculate the funding target and target normal cost was updated from Scale MP-2018 to Scale MP-2019, as required by IRC §430.
- The assumed plan-related expenses added to the target normal cost were changed from \$3,968,000 for 2020 to \$1,979,000 for 2021.

Plan Name: The Trane Merged Hourly Pension Plan
EIN / PN: 25-0900465 / 023
Plan Sponsor: Trane U.S. Inc.
Valuation Date: Janaury 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Trane U.S. Inc.
EIN/PN	25-0900465 / 023
Plan Name	The Trane Merged Hourly Pension Plan
Valuation Date	January 1, 2021
Enrolled Actuary	Seamus A Doyle
Enrollment Number	20-05809

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Potters: Tiffin (1134), Trenton (1136)

Eligibility for Benefits

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

Benefits Paid Upon the Following Events

- II. Formulas for monthly pensions:
 - For Benefit Service prior to 5/1/2004
 - A. Normal retirement (Hired before 6/1/91):
 - 1. Present formula 1% of final average monthly earnings times Years of Service.
 - 2. Net Minimum per Year of Service \$18.00
 - B. Normal retirement (Hired on or after 6/1/91) Net per Year of Service (no 1% formula): \$18.00
 - For Benefit Service on or after 5/1/2004
 - C. Normal retirement: Net per Year of Service \$36.00*
 - D. Disability retirement:
 - 1. Regular Same as normal retirement, but based on Service and earnings to disability retirement \$225
 - 2. Special minimum
 - E. Early retirement:
 - 1. Voluntary reduced – Same as normal retirement, but based on Service and earnings to early retirement and reduced for early commencement 1/3% per month from age 62
 - 2. Shutdown:
 - a) Pension after age 65 Same as normal retirement, but based on Service and earnings to early retirement
 - b) Pension before age 65 Same as after age 65.
 - 3. Voluntary unreduced:
 - a) Pension for life Same as II.A.
 - b) Temporary Supplement:
 - i) To age 62
 - ii) Amount \$175
 - F. Vesting – Same as normal retirement, but based on Service and earnings to termination, reduced for early commencement 1/3% per month from age 65
 - G. Spouse's monthly benefit payable until age 65 or remarriage \$100

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

Plan Name: The Trane Merged Hourly Pension Plan
EIN / PN: 25-0900465 / 023
Plan Sponsor: Trane U.S. Inc.
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Other Plan provisions

III. Other features:

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

IV. Changes in Provisions Since Last Actuarial Valuation

None.

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

Plan Name: The Trane Merged Hourly Pension Plan
EIN / PN: 25-0900465 / 023
Plan Sponsor: Trane U.S. Inc.
Valuation Date: Janaury 1, 2021

SCHEDULE SB ATTACHMENTS

THE TRANE MERGED HOURLY PENSION PLAN

Paintsville (1139):

Eligibility for Benefits

- | | |
|--|---------------------------|
| I. Age and/or Service eligibility: | |
| A. Normal retirement | 65 |
| B. Disability retirement | 10 years |
| C. Early retirement | |
| 1. Voluntary reduced | 55 and 10 |
| 2. Shutdown | 75/80 and 10 or 53 and 18 |
| 3. Voluntary unreduced | 62 and 10 or 58 and 30 |
| D. Vesting – Any reason | 5 years |
| E. Spouse's benefit on death before retirement (other than as required by REA) | 10 years |

Benefits Paid Upon the Following Events

- | | |
|---|--|
| II. Formulas for monthly pensions: | |
| A. Normal retirement: | |
| 1. Present formula | 1% of final average monthly earnings times Years of Service. |
| 2. Net Minimum per Year of Service | \$30.00 |
| B. Disability retirement: | |
| 1. Regular | Same as normal retirement, but based on Service and earnings to disability retirement. |
| 2. Special minimum | \$300 |
| C. Early retirement | |
| 1. Voluntary reduced – Same as normal retirement, but based on Service and earnings to early retirement and reduced for early commencement. | ¼% per month from age 62 |
| 2. Shutdown: | |
| a) Pension after age 65 | Same as normal retirement, but based on Service and earnings to early retirement. |
| b) Pension before age 65 | Same as after age 65 |
| 3. Voluntary unreduced: | |
| a) Pension for life | Same as II.A. |
| b) Temporary Supplement: | |
| i) To age | 62 |
| ii) Amount | \$375 |
| D. Vesting – Same as normal retirement, but based on Service and earnings to termination, reduced for early commencement | ¼% per month from age 65 |
| E. Spouse's monthly benefit payable until age 65 or remarriage | \$200 |

Plan Name: The Trane Merged Hourly Pension Plan
EIN / PN: 25-0900465 / 023
Plan Sponsor: Trane U.S. Inc.
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

III. Other features:

- | | |
|--|---|
| A. Averaging period for pay | Best 5 of final 15 |
| B. Bridging of Service (other than as required by ERISA) | No |
| C. Automatic Post-Retirement Spouse's Option | A Joint and 50% survivorship actuarially reduced at 80% rate equivalence. |
| D. No Credited Service Before | N/A |

IV. Changes in Provisions Since Last Actuarial Valuation

None.

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

Plan Name: The Trane Merged Hourly Pension Plan
EIN / PN: 25-0900465 / 023
Plan Sponsor: Trane U.S. Inc.
Valuation Date: Janaury 1, 2021

SCHEDULE SB ATTACHMENTS

THE TRANE MERGED HOURLY PENSION PLAN

Trane Hourly-LaCrosse (6501):

Eligibility for Benefits

- | | |
|--|-----------|
| I. Age and/or Service eligibility: | |
| A. Normal retirement | 65 |
| B. Disability retirement | 10 years |
| C. Early retirement | |
| 1. Reduced | 55 and 5 |
| 2. Unreduced supplement | 60 and 15 |
| D. Retirement Supplement (commencing age 65) | 5 years |
| E. Vesting - Any reason | 5 years |
| F. Spouse's benefit on death before retirement (other than as required by REA) | 5 years |

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

Benefits Paid Upon the Following Events

- | | |
|---|--|
| II. Formulas for monthly pensions for current actives: | |
| A. Normal retirement: | |
| Net per Year of Service | |
| 1. Local 44 | \$20.50 |
| 2. Lodge 21 & Lodge 1115 | \$43.00* |
| B. Disability retirement: | Same as normal retirement, but based on Service to disability retirement. |
| C. Early retirement | |
| 1. Reduced: | |
| Same as normal retirement, but based on Service to early retirement, reduced for early commencement | 2/12% per month from age 65 to 62. 5/12% per month from age 62 to 55. |
| 2. Unreduced supplement: | |
| a) To age | 62. |
| b) Amount | |
| i) Local 44 | \$475 |
| ii) Lodge 21 & Lodge 1115 | \$850 |
| D. Retirement Supplement at age 65: | |
| 1. Local 44 | \$20.00 |
| 2. Lodge 21 & Lodge 1115 | \$40.00 |
| E. Vesting – Same as normal retirement, but based on Service to termination, reduced for early commencement | 2/12% per month from age 65 to 62. 5/12% per month from age 62 to 55. |
| F. Spouse's benefit | 50% of benefit as for early retirement actuarially reduced for joint & 50% survivor. |

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

Accrued benefits under the plan were frozen effective December 31, 2019.

Plan Name:	The Trane Merged Hourly Pension Plan
EIN / PN:	25-0900465 / 023
Plan Sponsor:	Trane U.S. Inc.
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

III. Other features:

- | | |
|--|---|
| A. Rate of Accrual of Benefit Service | One-tenth of a year for each 170 hours |
| B. Bridging of Service (other than as required by ERISA) | No |
| C. Automatic Post-Retirement Spouse's Option | A Joint and 50% survivorship actuarially reduced. |
| D. No Credited Service Before | N/A |

IV. Changes in Provisions Since Last Actuarial Valuation

None.

Plan Name: The Trane Merged Hourly Pension Plan
EIN / PN: 25-0900465 / 023
Plan Sponsor: Trane U.S. Inc.
Valuation Date: Janaury 1, 2021

SCHEDULE SB ATTACHMENTS

THE TRANE MERGED HOURLY PENSION PLAN

Rushville (6505):

Eligibility for Benefits

- I. Age and/or Service eligibility:
 - A. Normal retirement 65
 - B. Disability retirement 15 years
 - C. 1. Early retirement (reduced) 55 and 10
 - 2. Early retirement (unreduced) 60 and 15
 - D. Retirement Supplement (commencing age 65) 5 years
 - E. Vesting - Any reason 5 years
 - F. Spouse's benefit on death before retirement (other than as required by REA) 5 years

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

Benefits Paid Upon the Following Events

- II. Formulas for monthly pensions for current actives:
 - A. Normal retirement:
 - Net per Year of Service \$38.50*
 - B. Disability retirement Same as normal retirement, but based on Service to disability retirement.
 - C. Early retirement:
 - 1. Reduced
 - Same as normal retirement, but based on Service to early retirement, reduced for early commencement 2/12% per month from age 65 to 62. 5/12% per month from age 62 to 55.
 - 2. Unreduced supplement:
 - (a) From age 60 to age 62
 - (b) Amount \$400 per month
 - D. Retirement Supplement at age 65 \$30.00
 - E. Vesting – Same as normal retirement, but based on Service to termination, reduced for early commencement 2/12% per month from age 65 to 62. 5/12% per month from age 62 to 55.
 - F. Elective spouse's benefit 50% of benefit as for early retirement actuarially reduced for joint & 50% survivor and pre-retirement coverage (1/24% per month), reduced for early commencement – same as early retirement reduction, plus 4/12% per month between ages 45-55

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

Accrued benefits under the plan were frozen effective December 31, 2019

Plan Name: The Trane Merged Hourly Pension Plan
EIN / PN: 25-0900465 / 023
Plan Sponsor: Trane U.S. Inc.
Valuation Date: Janaury 1, 2021

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

III. Other features:

- | | |
|--|---|
| A. Rate of Accrual of Benefit Service | One-tenth of a year for each 170 hours |
| B. Bridging of Service (other than as required by ERISA) | No |
| C. Automatic Post-Retirement Spouse's Option | A Joint and 50% survivorship actuarially reduced. |
| D. No Credited Service Before | N/A |

IV. Changes in Provisions Since Last Actuarial Valuation None.

Plan Name: The Trane Merged Hourly Pension Plan
EIN / PN: 25-0900465 / 023
Plan Sponsor: Trane U.S. Inc.
Valuation Date: Janaury 1, 2021

SCHEDULE SB ATTACHMENTS

THE TRANE MERGED HOURLY PENSION PLAN

Lexington (6522):

Eligibility for Benefits

- | | |
|--|-----------|
| I. Age and/or Service eligibility: | |
| A. Normal retirement | 65 |
| B. Disability retirement | 10 years |
| C. 1. Early retirement (reduced) | 55 and 10 |
| 2. Early retirement (unreduced) | 60 and 15 |
| D. Retirement Supplement (commencing age 65) | 5 years |
| E. Vesting - Any reason | 5 years |
| F. Spouse's benefit on death before retirement (other than as required by REA) | 5 years |

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

Benefits Paid Upon the Following Events

- | | |
|---|--|
| II. Formulas for monthly pensions for current actives: | |
| A. Normal retirement: | |
| Net per Year of Service | \$42.00* |
| B. Disability retirement | Same as normal retirement, but based on Service to disability retirement. |
| C. 1. Early retirement: | |
| Same as normal retirement, but based on Service to early retirement, reduced for early commencement | 2/12% per month from age 65 to 62. 5/12% per month from age 62 to 55. |
| 2. Early (unreduced): | |
| Temporary supplement | |
| i) to age | 62 |
| ii) amount | \$800 |
| D. Retirement Supplement at age 65 | \$32.00 |
| E. Vesting – Same as normal retirement, but based on Service to termination, reduced for early commencement | 2/12% per month from age 65 to 62. 5/12% per month from age 62 to 55. |
| F. Elective spouse's benefit | 50% of benefit as for early retirement actuarially reduced for joint & 50% survivor. |

Accrued benefits under the plan were frozen effective December 31, 2020.

On October 4, 2018, IR announced the closing of its Trane manufacturing facility in Lexington which is expected to result in the termination of all remaining Lexington employees participating in the plan before the end of 2021.

Other Plan Provisions

- | | |
|--|---|
| III. Other features: | |
| A. Rate of Accrual of Benefit Service | One-tenth of a year for each 170 hours |
| B. Bridging of Service (other than as required by ERISA) | No |
| C. Automatic Post-Retirement Spouse's Option | A Joint and 50% survivorship actuarially reduced. |
| D. No Credited Service Before | N/A |
| IV. Changes in Provisions Since Last Actuarial Valuation | None. |

* Increased to \$42.00 effective 3/1/2011.

Plan Name:	The Trane Merged Hourly Pension Plan
EIN / PN:	25-0900465 / 023
Plan Sponsor:	Trane U.S. Inc.
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

THE TRANE MERGED HOURLY PENSION PLAN

Trane Hourly - Clarksville (6523):

Eligibility for Benefits

- I. Age and/or Service eligibility:
 - A. Normal retirement 65
 - B. Disability retirement 10 years
 - C. 1. Early retirement (reduced) 55 and 5
 - 2. Early retirement (unreduced) 60 and 15
 - D. Retirement Supplement (commencing age 65) 5 years
 - E. Vesting - Any reason 5 years
 - F. Spouse's benefit on death before retirement (other than as required by REA) 5 years

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

Benefits Paid Upon the Following Events

- II. Formulas for monthly pensions for current actives:
 - A. Normal retirement:
 - Net per Year of Service \$43.00*
 - B. Disability retirement Same as normal retirement, but based on Service to disability retirement.
 - C. 1. Early retirement:
 - Same as normal retirement, but based on Service to early retirement, reduced for early commencement 2/12% per month from age 65 to 62. 1/3% per month from age 62 to 55.
 - 2. Early (unreduced):
 - Temporary supplement
 - i) to age 62
 - ii) amount \$700**
 - D. Retirement Supplement at age 65 \$72.50
 - E. Vesting – Same as normal retirement, but based on Service to termination, reduced for early commencement 2/12% per month from age 65 to 62. 1/3% per month from age 62 to 55.

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

** Accrued benefits under the plan will be frozen effective December 31, 2021.

Plan Name: The Trane Merged Hourly Pension Plan
EIN / PN: 25-0900465 / 023
Plan Sponsor: Trane U.S. Inc.
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

III. Other features:

- | | |
|--|---|
| A. Rate of Accrual of Benefit Service | One-tenth of a year for each 170 hours |
| B. Bridging of Service (other than as required by ERISA) | No |
| C. Automatic Pre-Retirement Spouse's Option | A Joint and 50% survivorship actuarially reduced for joint & 50% survivor and early retirement. |
| D. Automatic Post-Retirement Spouse's Option | A Joint and 50% survivorship actuarially reduced. |
| E. No Credited Service Before | N/A |

IV. Changes in Provisions Since Last Actuarial Valuation

None.

Plan Name: The Trane Merged Hourly Pension Plan
EIN / PN: 25-0900465 / 023
Plan Sponsor: Trane U.S. Inc.
Valuation Date: Janaury 1, 2021

SCHEDULE SB ATTACHMENTS

THE TRANE MERGED HOURLY PENSION PLAN

UPG Hourly – Fort Smith (6530):

Eligibility for Benefits

- | | |
|--|---------------|
| I. Age and/or Service eligibility: | |
| A. Normal retirement | 65 |
| B. Disability retirement | 5 years |
| C. 1. Early retirement | 60/5 or 55/10 |
| 2. Early retirement supplement | 5 years |
| D. Retirement Supplement (commencing at 65) | 5 years |
| E. Vesting - Any reason | 5 years or 65 |
| F. Spouse's benefit on death before retirement (other than as required by REA) | 65 or 5 years |

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

The Fort Smith plant was closed and all employees terminated during 2017.

Benefits Paid Upon the Following Events

- | | |
|---|---|
| II. Formulas for monthly pensions for current actives: | |
| A. Normal retirement: | |
| Net per Year of Service | \$42.00* |
| B. 1. Disability retirement | Same as normal retirement, but based on Service and earnings to disability retirement, a minimum benefit of the greater of \$320 or \$15 times service. If disability begins prior to age 62 and participant is not eligible for Social Security Disability Insurance, the supplement equals the greater of \$125 or \$6 times years of service (max 25 yrs.), continuing to age 62. In addition, GE age 60 benefit reduced by 12%, continuing to age 60. |
| 2. Disability Supplements | |
| C. 1. Early retirement: | |
| Same as normal retirement, but based on Service to early retirement, reduced for early commencement | ½% per month from age 60 to 55. |
| 2. Early retirement (retire after age 60): | |
| Temporary supplement (after age 60) | |
| i) to age | 62 |
| ii) amount | \$30.00 times service (30 year cap), min. \$475 |
| D. Retirement supplement at age 65 | \$80.00 |
| E. Vesting – Same as normal retirement, but based on Service to termination, reduced for early commencement | ½% per month from age 65 to 55. |
| F. Spousal death benefit | 50% of benefit, actuarially reduced for joint and 50% survivor coverage by 12% if benefit starts prior to age 60 plus 50% of GE benefit reduced by 12% if benefit starts prior to age 60, payable for life; if single, payable for 5 years. |

Plan Name:	The Trane Merged Hourly Pension Plan
EIN / PN:	25-0900465 / 023
Plan Sponsor:	Trane U.S. Inc.
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

III. Other features:

- | | |
|--|---|
| A. Averaging period for pay | Best 5 of final 10 |
| B. Bridging of Service (other than as required by ERISA) | No |
| C. Automatic Pre-Retirement Spouse's Option | A Joint and 50% survivorship actuarially reduced. |
| D. No Credited Service Before | 9/15/82 |
| E. Normal Form of Payment | Five Years Certain and Continuous |

IV. Changes in Provisions Since Last Actuarial Valuation

None.

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

Plan Name: The Trane Merged Hourly Pension Plan
EIN / PN: 25-0900465 / 023
Plan Sponsor: Trane U.S. Inc.
Valuation Date: Janaury 1, 2021

SCHEDULE SB ATTACHMENTS

THE TRANE MERGED HOURLY PENSION PLAN

UPG Hourly – Trenton (6531):

Eligibility for Benefits

- | | |
|--|---------------|
| I. Age and/or Service eligibility: | |
| A. Normal retirement | 65 |
| B. Disability retirement | 10 years |
| C. 1. Early retirement | 60/5 or 55/10 |
| 2. Early retirement supplement | 5 years |
| D. Vesting - Any reason | 5 years or 65 |
| E. Spouse's benefit on death before retirement (other than as required by REA) | 65 or 5 years |

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

Benefits Paid Upon the Following Events

- | | |
|---|---|
| II. Formulas for monthly pensions for current actives: | |
| A. Normal retirement: | |
| Net per Year of Service | \$42.00* |
| B. 1. Disability retirement | Same as normal retirement, but based on Service and earnings to disability retirement, minimum of \$175 plus \$10 times service. |
| 2. Disability Supplements | If disability begins prior to age 62 and participant is not eligible for Social Security Disability Insurance, the supplement equals the greater of \$125 or \$6 times years of service (max 25 yrs.), continuing to age 62. In addition, GE age 60 benefit reduced by 12%, continuing to age 60. |
| C. 1. Early retirement: | |
| Same as normal retirement, but based on Service to early retirement, reduced for early commencement | ½% per month from age 60 to 55. |
| 2. Early retirement (retire after age 60): | |
| Temporary supplement (after age 60) | |
| i) to age | 62 |
| ii) amount | \$19 times service (30 year cap), plus \$210 per month |
| D. Vesting – Same as normal retirement, but based on Service to termination, reduced for early commencement | ½% per month from age 65 to 55. |
| E. Spousal death benefit | 50% of benefit, actuarially reduced for joint and 50% survivor coverage by 12% if benefit starts prior to age 60 plus 50% of GE benefit reduced by 12% if benefit starts prior to age 60, payable for life; if single, payable for 5 years. |

Accrued benefits under the plan were frozen effective December 31, 2020.

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

Plan Name:	The Trane Merged Hourly Pension Plan
EIN / PN:	25-0900465 / 023
Plan Sponsor:	Trane U.S. Inc.
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

III. Other features:

- | | |
|--|---|
| A. Averaging period for pay | Best 5 of final 10 |
| B. Bridging of Service (other than as required by ERISA) | No |
| C. Automatic Pre-Retirement Spouse's Option | A Joint and 50% survivorship actuarially reduced. |
| D. No Credited Service Before | 9/15/82 |
| E. Normal Form of Payment | Five Years Certain and Continuous |

IV. Changes in Provisions Since Last Actuarial Valuation

None.

Plan Name: The Trane Merged Hourly Pension Plan
EIN / PN: 25-0900465 / 023
Plan Sponsor: Trane U.S. Inc.
Valuation Date: Janaury 1, 2021

SCHEDULE SB ATTACHMENTS

THE TRANE MERGED HOURLY PENSION PLAN

UPG Hourly – Tyler (6532):

Eligibility for Benefits

- I. Age and/or Service eligibility:
 - A. Normal retirement 65
 - B. Disability retirement 10 years
 - C. 1. Early retirement 60/5 or 55/10
 - 2. Early retirement supplement 5 years
 - D. Retirement Supplement (commencing age 65) 5 years
 - E. Vesting - Any reason 5 years or 65
 - F. Spouse's benefit on death before retirement (other than as required by REA) 65 or 5 years

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

Benefits Paid Upon the Following Events

- II. Formulas for monthly pensions for current actives:
 - A. Normal retirement: Net per Year of Service \$42.50*
 - B. 1. Disability retirement Same as normal retirement, but based on Service and earnings to disability retirement, minimum of \$350.
 - 2. Disability Supplements If disability begins prior to age 62 and participant is not eligible for Social Security Disability Insurance, the supplement equals the greater of \$150 or \$7 times years of service (max 25 yrs.), continuing to age 62. In addition, GE age 60 benefit reduced by 12%, continuing to age 60.
 - C. 1. Early retirement: Same as normal retirement, but based on Service to early retirement, reduced for early commencement ½% per month from age 60 to 55.
 - 2. Early retirement (retire after age 60): Temporary supplement (after age 60)
 - i) to age 62
 - ii) amount \$26 times service (30 year cap), minimum of \$400
 - D. Retirement Supplement at age 65 \$30.00
 - E. Vesting – Same as normal retirement, but based on Service to termination, reduced for early commencement ½% per month from age 65 to 55.
 - F. Spousal death benefit 50% of benefit, actuarially reduced for joint and 50% survivor coverage plus 50% of GE benefit reduced by 12% if benefit starts prior to age 60, payable for life; if single, payable for 5 years.

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

Accrued benefits under the plan were frozen effective June 30, 2021.

Plan Name: The Trane Merged Hourly Pension Plan
EIN / PN: 25-0900465 / 023
Plan Sponsor: Trane U.S. Inc.
Valuation Date: Janaury 1, 2021

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

III. Other features:

- | | |
|--|---|
| A. Averaging period for pay | Best 5 of final 10 |
| B. Bridging of Service (other than as required by ERISA) | No |
| C. Automatic Post-Retirement Spouse's Option | A Joint and 50% survivorship actuarially reduced. |
| D. No Credited Service Before | 9/15/82 |
| E. Normal Form of Payment | Five Years Certain and Continuous |

IV. Changes in Provisions Since Last Actuarial Valuation

None.

Plan Name: The Trane Merged Hourly Pension Plan
EIN / PN: 25-0900465 / 023
Plan Sponsor: Trane U.S. Inc.
Valuation Date: Janaury 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 23 Information on Use of Multiple Mortality Tables

Different mortality tables were used for different populations. Substitute mortality tables are used for Annuitants and prescribed tables are used for Non-Annuitants:

Population description	Population size	Mortality table
Non-annuitants	5,690	Non-annuitant mortality (based on RP-2014 "Employees" sex-distinct tables, 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-2019)
Annuitants	9,371	Annuitants mortality (based on a substitute mortality table developed in accordance with IRC §430(h)(3)(c) and approved by the IRS having a base year 2014 and then projected forward with generational projection using Scale MP-2019)

Plan Name: The Trane Merged Hourly Pension Plan
EIN / PN: 25-0900465 / 023
Plan Sponsor: Trane U.S. Inc.
Valuation Date: Janaury 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 23 Information on Use of Substitute Mortality Tables

Substitute Mortality Tables were approved by the IRS in a letter ruling dated March 7, 2019. See Schedule SB, Part V, Statement of Actuarial Assumptions/Methods for sample rates.

Substitute mortality tables are used for the following plan populations: Male and Female Annuitants (including disabled participants)

Mortality ratio used to develop the table: 1.233039

Full or partial credibility: Partial

Partial credibility weighting factor: 0.951722

Prescribed tables are used for the following plan populations: Non-annuitants

The last plan year for which the IRS approval for the substitute mortality tables applies is: 2028

Plan Name:	The Trane Merged Hourly Pension Plan
EIN / PN:	25-0900465 / 023
Plan Sponsor:	Trane U.S. Inc.
Valuation Date:	January 1, 2021

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2021 This Form is Open to Public Inspection
---	--	---

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

► **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 THE TRANE MERGED HOURLY PENSION PLAN	B Three-digit plan number (PN) ►	023
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRANE U.S. INC.	D Employer Identification Number (EIN) 25-0900465	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>		
2	Assets:		
	a Market value	2a	1,092,539,640
	b Actuarial value	2b	983,285,676
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	9,371	637,179,974
	b For terminated vested participants	4,054	100,838,108
	c For active participants	1,636	141,836,989
	d Total	15,061	879,855,071
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	5.57%
6	Target normal cost		
	a Present value of current plan year accruals	6a	2,090,163
	b Expected plan-related expenses	6b	1,979,000
	c Total (line 6a + line 6b)	6c	4,069,163

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	Seamus A Doyle <i>SD</i> Signature of actuary Seamus A Doyle Type or print name of actuary Willis Towers Watson US LLC Firm name 75 Arlington Street Boston MA 02116 Address of the firm	10/7/2022 Date 2005809 Most recent enrollment number 617-638-3700 Telephone number (including area code)
------------------	--	---

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

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

Schedule SB (Form 5500) 2021
v. 201209

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 %	☐ 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 6c).....	31a	4,069,163	
b Excess assets, if applicable, but not greater than line 31a	31b	4,069,163	
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	0	
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 – Statement by Enrolled Actuary

Plan Sponsor	Trane U.S. Inc.
EIN/PN	25-0900465 / 023
Plan Name	The Trane Merged Hourly Pension Plan
Valuation Date	January 1, 2021
Enrolled Actuary	Seamus A Doyle
Enrollment Number	20-05809

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2021

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.

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

x	Mid Year	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	55.5	0.050	1,000	1.00000	0.05000	2.7750
56	56.5	0.030	950	0.95000	0.02850	1.6103
57	57.5	0.030	922	0.92150	0.02765	1.5896
58	58.5	0.030	894	0.89386	0.02682	1.5687
59	59.5	0.030	867	0.86704	0.02601	1.5477
60	60.5	0.400	841	0.84103	0.33641	20.3529
61	61.5	0.250	505	0.50462	0.12615	7.7585
62	62.5	0.200	378	0.37846	0.07569	4.7308
63	63.5	0.200	303	0.30277	0.06055	3.8452
64	64.5	0.200	242	0.24222	0.04844	3.1246
65	65.5	0.250	194	0.19377	0.04844	3.1730
66	66.5	0.250	145	0.14533	0.03633	2.4161
67	67.5	0.250	109	0.10900	0.02725	1.8393
68	68.5	0.250	82	0.08175	0.02044	1.3999
69	69.5	0.250	61	0.06131	0.01533	1.0653
70	70	1.000	46	0.04598	0.04598	3.2188
Average age at retirement						62.0157
Participant Count Group A						186

Plan Name: The Trane Merged Hourly Pension Plan
 EIN / PN: 25-0900465 / 023
 Plan Sponsor: Trane U.S. Inc.
 Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Group B – Participants at least age 50 as of January 1, 2008

x	Mid Year	q_x^r	l_x	$_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	55.5	0.050	1,000,000	1.00000	0.05000	2.7750
56	56.5	0.030	950,000	0.95000	0.02850	1.6103
57	57.5	0.030	921,500	0.92150	0.02765	1.5896
58	58.5	0.030	893,855	0.89386	0.02682	1.5687
59	59.5	0.030	867,039	0.86704	0.02601	1.5477
60	60.5	0.200	841,028	0.84103	0.16821	10.1764
61	61.5	0.125	672,823	0.67282	0.08410	5.1723
62	62.5	0.100	588,720	0.58872	0.05887	3.6795
63	63.5	0.100	529,848	0.52985	0.05298	3.3645
64	64.5	0.100	476,863	0.47686	0.04769	3.0758
65	65.5	0.250	429,177	0.42918	0.10729	7.0278
66	66.5	0.250	321,883	0.32188	0.08047	5.3513
67	67.5	0.250	241,412	0.24141	0.06035	4.0738
68	68.5	0.250	181,059	0.18106	0.04526	3.1006
69	69.5	0.250	135,794	0.13579	0.03395	2.3594
70	70	1.000	101,846	0.10185	0.10185	7.1292
Average age at retirement						63.6019
Participant Count Group B						1,450

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

Weighted Average Age	63.4216
Rounded for Schedule SB item 22	63

Plan Name:	The Trane Merged Hourly Pension Plan
EIN / PN:	25-0900465 / 023
Plan Sponsor:	Trane U.S. Inc.
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 23 Information on Use of Multiple Mortality Tables

Different mortality tables were used for different populations. Substitute mortality tables are used for Annuitants and prescribed tables are used for Non-Annuitants:

Population description	Population size	Mortality table
Non-annuitants	5,690	Non-annuitant mortality (based on RP-2014 "Employees" sex-distinct tables, 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-2019)
Annuitants	9,371	Annuitants mortality (based on a substitute mortality table developed in accordance with IRC §430(h)(3)(c) and approved by the IRS having a base year 2014 and then projected forward with generational projection using Scale MP-2019)

Plan Name: The Trane Merged Hourly Pension Plan
EIN / PN: 25-0900465 / 023
Plan Sponsor: Trane U.S. Inc.
Valuation Date: Janaury 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 23 Information on Use of Substitute Mortality Tables

Substitute Mortality Tables were approved by the IRS in a letter ruling dated March 7, 2019. See Schedule SB, Part V, Statement of Actuarial Assumptions/Methods for sample rates.

Substitute mortality tables are used for the following plan populations: Male and Female Annuitants (including disabled participants)

Mortality ratio used to develop the table: 1.233039

Full or partial credibility: Partial

Partial credibility weighting factor: 0.951722

Prescribed tables are used for the following plan populations: Non-annuitants

The last plan year for which the IRS approval for the substitute mortality tables applies is: 2028

Plan Name:	The Trane Merged Hourly Pension Plan
EIN / PN:	25-0900465 / 023
Plan Sponsor:	Trane U.S. Inc.
Valuation Date:	January 1, 2021

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 rate

	Reflecting Corridors	Not Reflecting Corridors
First segment rate	4.75%	2.22%
Second segment rate	5.36%	3.38%
Third segment rate	6.11%	3.92%
Effective interest rate	5.57%	3.54%

Annual rates of increase

Compensation	N/A
Future Social Security wage bases	N/A
Statutory limits on compensation	N/A
Assumed cost of living adjustments	0.00%

Administrative expenses	\$1,979,000 of administrative expenses are assumed to be paid out of the trust in 2021 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.
--------------------------------	---

Plan Name:	The Trane Merged Hourly Pension Plan
EIN / PN:	25-0900465 / 023
Plan Sponsor:	Trane U.S. Inc.
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Future increases in Medicare Part B Costs

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

Year	Trend Rate
2016	6.85%
2017	6.45%
2018	6.05%
2019	5.65%
2020	5.25%
2021+	5.00%

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

Separate rates for non-annuitant (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-2019) and annuitants (based on a substitute mortality table developed in accordance with IRC §430(h)(3)(c) and approved by the IRS having a base year 2014 and then projected forward with generational projection using Scale MP-2019).

Sample Substitute Mortality Table Base Rates

Age	Male Annuitant	Female Annuitant
50	0.005166	0.003408
55	0.007235	0.004623
60	0.009829	0.006818
65	0.014127	0.010459
70	0.021590	0.016612
75	0.034904	0.027171
80	0.058838	0.046000
85	0.102546	0.081501
90	0.179202	0.144594
95	0.279289	0.235980
100	0.372663	0.329076
105	0.453277	0.415139
110	0.499911	0.471832
115	0.500000	0.500000
120	1.000000	1.000000

Plan Name: The Trane Merged Hourly Pension Plan
 EIN / PN: 25-0900465 / 023
 Plan Sponsor: Trane U.S. Inc.
 Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Termination

Representative Termination Rates

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

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%

Employees of the Lexington location are assumed to immediately terminate as of census date due to plant closure.

Disability

None

Retirement

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

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

Age	Current A	Current B
55	5.00%	5.00%
56	3.00%	3.00%
57	3.00%	3.00%
58	3.00%	3.00%
59	3.00%	3.00%
60	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%
68	25.00%	25.00%
69	25.00%	25.00%
70	100.00%	100.00%

Plan Name: The Trane Merged Hourly Pension Plan
EIN / PN: 25-0900465 / 023
Plan Sponsor: Trane U.S. Inc.
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Employees of the Lexington location are assumed to immediately terminate as of census date and retire at earliest eligibility due to plant closure

Benefit commencement date:

- Preretirement death benefit Upon death of the Active participant.
- Deferred vested benefit Terminated vested participants who are eligible for early commencement are assumed to commence pension benefit payments at age 62, or current age if greater. Terminated vested participants who are not eligible for early commencement are assumed to commence at age 65, or current age if greater. Terminated vested participants over age 65 and prior to age 70 as of the valuation date who have not commenced benefits under the plan were assumed to receive benefits actuarially increased from age 65 to the valuation date under the actuarial equivalence basis detailed in the plan document. Any participant over age 70 was valued without any increase to their benefit to reflect the probability that they are deceased, and those found to be deceased on a public death index were valued assuming half of their benefit would be paid to a beneficiary.
- Retirement benefit Upon termination of employment.
- Lexington Closure On October 4, 2018, IR announced the closing of its Trane manufacturing facility in Lexington, Kentucky which is expected to result in the termination of an estimated 182 employees participating in the plan before the end of 2021. For the purpose of this valuation, to capture the value of early retirement subsidies, retirement-eligible employees were assumed to be terminated on January 1, 2021 and to commence benefits immediately and non-retirement eligible employees were assumed to be terminated on January 1, 2021 and to commence benefits at earliest eligibility.

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

Plan Name: The Trane Merged Hourly Pension Plan
EIN / PN: 25-0900465 / 023
Plan Sponsor: Trane U.S. Inc.
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Percent married and spouse age Actual data is used for retired participants. For all other participants 70% of males and 55% females are assumed to be married at death. Females are assumed to be 2 years younger than their husbands.

Timing of benefit payments Annuity payments are payable monthly at the beginning of the month.

Methods

Valuation date First day of plan year

Funding target Present value of accrued benefits

Target normal cost Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

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.

Plan Name: The Trane Merged Hourly Pension Plan
EIN / PN: 25-0900465 / 023
Plan Sponsor: Trane U.S. Inc.
Valuation Date: Janaury 1, 2021

SCHEDULE SB ATTACHMENTS

Actuarial value of assets for determining minimum required contributions

Under this method, the valuation assets are equal to the average of three values (all determined without regard to receivable contributions), the result increased by the discounted present value of contributions expected to be made after the valuation date based on the prior plan year PPA effective interest rate. This amount is then subject to a 10% corridor around the market value of assets (including the discounted present value of receivable contributions) as of the valuation date. The three values used to develop the average value are: the market value of assets as of the current valuation date, the adjusted market value of assets as of the prior valuation date and the adjusted market value of assets as of the second prior valuation date. The adjusted market value as of a relevant valuation date is equal to the market value of assets as of the prior valuation date increased by actual plan contributions and assumed return on plan assets and decreased by actual plan disbursements after that date until the current valuation date. The assumed rate of return on plan assets for the prior plan year (pursuant to IRS Notice 2009-22) was 5.25%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 5.25%, and the applicable limitation for the plan year, equal to 5.94%. The assumed rate of return on plan assets for the second prior plan year (pursuant to IRS Notice 2009-22) was 6.00%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 6.00%, and the applicable limitation for the plan year, equal to 6.11%. The algebraically equivalent development of this method (pursuant to IRS Notice 2009-22) is shown in Section 2.3. Because expected investment returns under this method are limited under WRERA, over time it is more likely to produce an actuarial value that is expected to be less than the market value of assets.

Benefits not valued

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, 2021 is used to determine the maximum deductible contribution for the tax year ending December 31, 2021.

Plan Name:	The Trane Merged Hourly Pension Plan
EIN / PN:	25-0900465 / 023
Plan Sponsor:	Trane U.S. Inc.
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor, furnished participant data as of the census date. 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:

- Persons on temporary layoff subject to recall or on an approved leave of absence are treated as actively employed persons. In addition, terminated participants are assumed to be vested unless confirmed otherwise by Trane U.S. Inc.
- Persons with a Joint and Survivor form who were reported without beneficiary information, are assumed to have the same beneficiary information used in the prior year valuation. If prior year beneficiary information is not available, then beneficiary date of birth are set based on our assumption of spouse age difference and beneficiary sex is assumed to be opposite to the participant.
- 2 participants identified as deceased with unknown survivor benefit. Survivor benefit is set equal to 50% of the participant's accrued benefit. If beneficiary information is not available, then beneficiary date of birth are set based on our assumption of spouse age difference and beneficiary sex is assumed to be opposite to the participant.
- In cases where an accrued benefit was not provided for a terminated vested participant we have used the prior year accrued benefit where data is available to do so. If a prior year accrued benefit is not available, we have used an amount equal to the average accrued benefit for continuing terminated vested participants.

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

Plan Name:	The Trane Merged Hourly Pension Plan
EIN / PN:	25-0900465 / 023
Plan Sponsor:	Trane U.S. Inc.
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

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.
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 Economic Assumptions

Healthy Mortality	Assumptions for non-annuitant mortality used for funding purposes are as prescribed by IRC §430(h). Assumptions for annuitant mortality are based on an experience study, period January 1, 2012 through December 31, 2016, with a base year of 2014, as approved by the IRS and permitted under IRC §430(h)(3)(c).
Disabled Mortality	Same as healthy
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.

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.
------------------------	--

Plan Name:	The Trane Merged Hourly Pension Plan
EIN / PN:	25-0900465 / 023
Plan Sponsor:	Trane U.S. Inc.
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2019 to September 2020.
- The mortality projection scale used to calculate the funding target and target normal cost was updated from Scale MP-2018 to Scale MP-2019, as required by IRC §430.
- The assumed plan-related expenses added to the target normal cost were changed from \$3,968,000 for 2020 to \$1,979,000 for 2021.

Plan Name: The Trane Merged Hourly Pension Plan
EIN / PN: 25-0900465 / 023
Plan Sponsor: Trane U.S. Inc.
Valuation Date: Janaury 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Potters: Tiffin (1134), Trenton (1136)

Eligibility for Benefits

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

Benefits Paid Upon the Following Events

- II. Formulas for monthly pensions:
 - For Benefit Service prior to 5/1/2004
 - A. Normal retirement (Hired before 6/1/91):
 - 1. Present formula 1% of final average monthly earnings times Years of Service.
 - 2. Net Minimum per Year of Service \$18.00
 - B. Normal retirement (Hired on or after 6/1/91) Net per Year of Service (no 1% formula): \$18.00
 - For Benefit Service on or after 5/1/2004
 - C. Normal retirement: Net per Year of Service \$36.00*
 - D. Disability retirement:
 - 1. Regular Same as normal retirement, but based on Service and earnings to disability retirement \$225
 - 2. Special minimum
 - E. Early retirement:
 - 1. Voluntary reduced – Same as normal retirement, but based on Service and earnings to early retirement and reduced for early commencement 1/3% per month from age 62
 - 2. Shutdown:
 - a) Pension after age 65 Same as normal retirement, but based on Service and earnings to early retirement Same as after age 65.
 - b) Pension before age 65
 - 3. Voluntary unreduced:
 - a) Pension for life Same as II.A.
 - b) Temporary Supplement:
 - i) To age 62
 - ii) Amount \$175
 - F. Vesting – Same as normal retirement, but based on Service and earnings to termination, reduced for early commencement 1/3% per month from age 65
 - G. Spouse's monthly benefit payable until age 65 or remarriage \$100

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

Plan Name: The Trane Merged Hourly Pension Plan
EIN / PN: 25-0900465 / 023
Plan Sponsor: Trane U.S. Inc.
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Other Plan provisions

III. Other features:

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

IV. Changes in Provisions Since Last Actuarial Valuation

None.

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

Plan Name: The Trane Merged Hourly Pension Plan
EIN / PN: 25-0900465 / 023
Plan Sponsor: Trane U.S. Inc.
Valuation Date: Janaury 1, 2021

SCHEDULE SB ATTACHMENTS

THE TRANE MERGED HOURLY PENSION PLAN

Paintsville (1139):

Eligibility for Benefits

- | | |
|--|---------------------------|
| I. Age and/or Service eligibility: | |
| A. Normal retirement | 65 |
| B. Disability retirement | 10 years |
| C. Early retirement | |
| 1. Voluntary reduced | 55 and 10 |
| 2. Shutdown | 75/80 and 10 or 53 and 18 |
| 3. Voluntary unreduced | 62 and 10 or 58 and 30 |
| D. Vesting – Any reason | 5 years |
| E. Spouse's benefit on death before retirement (other than as required by REA) | 10 years |

Benefits Paid Upon the Following Events

- | | |
|---|--|
| II. Formulas for monthly pensions: | |
| A. Normal retirement: | |
| 1. Present formula | 1% of final average monthly earnings times Years of Service. |
| 2. Net Minimum per Year of Service | \$30.00 |
| B. Disability retirement: | |
| 1. Regular | Same as normal retirement, but based on Service and earnings to disability retirement. |
| 2. Special minimum | \$300 |
| C. Early retirement | |
| 1. Voluntary reduced – Same as normal retirement, but based on Service and earnings to early retirement and reduced for early commencement. | ¼% per month from age 62 |
| 2. Shutdown: | |
| a) Pension after age 65 | Same as normal retirement, but based on Service and earnings to early retirement. |
| b) Pension before age 65 | Same as after age 65 |
| 3. Voluntary unreduced: | |
| a) Pension for life | Same as II.A. |
| b) Temporary Supplement: | |
| i) To age | 62 |
| ii) Amount | \$375 |
| D. Vesting – Same as normal retirement, but based on Service and earnings to termination, reduced for early commencement | ¼% per month from age 65 |
| E. Spouse's monthly benefit payable until age 65 or remarriage | \$200 |

Plan Name: The Trane Merged Hourly Pension Plan
EIN / PN: 25-0900465 / 023
Plan Sponsor: Trane U.S. Inc.
Valuation Date: Janaury 1, 2021

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

III. Other features:

- | | |
|--|---|
| A. Averaging period for pay | Best 5 of final 15 |
| B. Bridging of Service (other than as required by ERISA) | No |
| C. Automatic Post-Retirement Spouse's Option | A Joint and 50% survivorship actuarially reduced at 80% rate equivalence. |
| D. No Credited Service Before | N/A |

IV. Changes in Provisions Since Last Actuarial Valuation

None.

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

Plan Name: The Trane Merged Hourly Pension Plan
EIN / PN: 25-0900465 / 023
Plan Sponsor: Trane U.S. Inc.
Valuation Date: Janaury 1, 2021

SCHEDULE SB ATTACHMENTS

THE TRANE MERGED HOURLY PENSION PLAN

Trane Hourly-LaCrosse (6501):

Eligibility for Benefits

- | | |
|--|-----------|
| I. Age and/or Service eligibility: | |
| A. Normal retirement | 65 |
| B. Disability retirement | 10 years |
| C. Early retirement | |
| 1. Reduced | 55 and 5 |
| 2. Unreduced supplement | 60 and 15 |
| D. Retirement Supplement (commencing age 65) | 5 years |
| E. Vesting - Any reason | 5 years |
| F. Spouse's benefit on death before retirement (other than as required by REA) | 5 years |

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

Benefits Paid Upon the Following Events

- | | |
|---|--|
| II. Formulas for monthly pensions for current actives: | |
| A. Normal retirement: | |
| Net per Year of Service | |
| 1. Local 44 | \$20.50 |
| 2. Lodge 21 & Lodge 1115 | \$43.00* |
| B. Disability retirement: | Same as normal retirement, but based on Service to disability retirement. |
| C. Early retirement | |
| 1. Reduced: | |
| Same as normal retirement, but based on Service to early retirement, reduced for early commencement | 2/12% per month from age 65 to 62. 5/12% per month from age 62 to 55. |
| 2. Unreduced supplement: | |
| a) To age | 62. |
| b) Amount | |
| i) Local 44 | \$475 |
| ii) Lodge 21 & Lodge 1115 | \$850 |
| D. Retirement Supplement at age 65: | |
| 1. Local 44 | \$20.00 |
| 2. Lodge 21 & Lodge 1115 | \$40.00 |
| E. Vesting – Same as normal retirement, but based on Service to termination, reduced for early commencement | 2/12% per month from age 65 to 62. 5/12% per month from age 62 to 55. |
| F. Spouse's benefit | 50% of benefit as for early retirement actuarially reduced for joint & 50% survivor. |

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

Accrued benefits under the plan were frozen effective December 31, 2019.

Plan Name:	The Trane Merged Hourly Pension Plan
EIN / PN:	25-0900465 / 023
Plan Sponsor:	Trane U.S. Inc.
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

III. Other features:

- | | |
|--|---|
| A. Rate of Accrual of Benefit Service | One-tenth of a year for each 170 hours |
| B. Bridging of Service (other than as required by ERISA) | No |
| C. Automatic Post-Retirement Spouse's Option | A Joint and 50% survivorship actuarially reduced. |
| D. No Credited Service Before | N/A |

IV. Changes in Provisions Since Last Actuarial Valuation

None.

Plan Name: The Trane Merged Hourly Pension Plan
EIN / PN: 25-0900465 / 023
Plan Sponsor: Trane U.S. Inc.
Valuation Date: Janaury 1, 2021

SCHEDULE SB ATTACHMENTS

THE TRANE MERGED HOURLY PENSION PLAN

Rushville (6505):

Eligibility for Benefits

- I. Age and/or Service eligibility:
 - A. Normal retirement 65
 - B. Disability retirement 15 years
 - C. 1. Early retirement (reduced) 55 and 10
 - 2. Early retirement (unreduced) 60 and 15
 - D. Retirement Supplement (commencing age 65) 5 years
 - E. Vesting - Any reason 5 years
 - F. Spouse's benefit on death before retirement (other than as required by REA) 5 years

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

Benefits Paid Upon the Following Events

- II. Formulas for monthly pensions for current actives:
 - A. Normal retirement:
 - Net per Year of Service \$38.50*
 - B. Disability retirement Same as normal retirement, but based on Service to disability retirement.
 - C. Early retirement:
 - 1. Reduced
 - Same as normal retirement, but based on Service to early retirement, reduced for early commencement 2/12% per month from age 65 to 62. 5/12% per month from age 62 to 55.
 - 2. Unreduced supplement:
 - (a) From age 60 to age 62
 - (b) Amount \$400 per month
 - D. Retirement Supplement at age 65 \$30.00
 - E. Vesting – Same as normal retirement, but based on Service to termination, reduced for early commencement 2/12% per month from age 65 to 62. 5/12% per month from age 62 to 55.
 - F. Elective spouse's benefit 50% of benefit as for early retirement actuarially reduced for joint & 50% survivor and pre-retirement coverage (1/24% per month), reduced for early commencement – same as early retirement reduction, plus 4/12% per month between ages 45-55

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

Accrued benefits under the plan were frozen effective December 31, 2019

Plan Name: The Trane Merged Hourly Pension Plan
EIN / PN: 25-0900465 / 023
Plan Sponsor: Trane U.S. Inc.
Valuation Date: Janaury 1, 2021

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

III. Other features:

- | | |
|--|---|
| A. Rate of Accrual of Benefit Service | One-tenth of a year for each 170 hours |
| B. Bridging of Service (other than as required by ERISA) | No |
| C. Automatic Post-Retirement Spouse's Option | A Joint and 50% survivorship actuarially reduced. |
| D. No Credited Service Before | N/A |

IV. Changes in Provisions Since Last Actuarial Valuation None.

Plan Name: The Trane Merged Hourly Pension Plan
EIN / PN: 25-0900465 / 023
Plan Sponsor: Trane U.S. Inc.
Valuation Date: Janaury 1, 2021

SCHEDULE SB ATTACHMENTS

THE TRANE MERGED HOURLY PENSION PLAN

Lexington (6522):

Eligibility for Benefits

- | | |
|--|-----------|
| I. Age and/or Service eligibility: | |
| A. Normal retirement | 65 |
| B. Disability retirement | 10 years |
| C. 1. Early retirement (reduced) | 55 and 10 |
| 2. Early retirement (unreduced) | 60 and 15 |
| D. Retirement Supplement (commencing age 65) | 5 years |
| E. Vesting - Any reason | 5 years |
| F. Spouse's benefit on death before retirement (other than as required by REA) | 5 years |

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

Benefits Paid Upon the Following Events

- | | |
|---|--|
| II. Formulas for monthly pensions for current actives: | |
| A. Normal retirement: | |
| Net per Year of Service | \$42.00* |
| B. Disability retirement | Same as normal retirement, but based on Service to disability retirement. |
| C. 1. Early retirement: | |
| Same as normal retirement, but based on Service to early retirement, reduced for early commencement | 2/12% per month from age 65 to 62. 5/12% per month from age 62 to 55. |
| 2. Early (unreduced): | |
| Temporary supplement | |
| i) to age | 62 |
| ii) amount | \$800 |
| D. Retirement Supplement at age 65 | \$32.00 |
| E. Vesting – Same as normal retirement, but based on Service to termination, reduced for early commencement | 2/12% per month from age 65 to 62. 5/12% per month from age 62 to 55. |
| F. Elective spouse's benefit | 50% of benefit as for early retirement actuarially reduced for joint & 50% survivor. |

Accrued benefits under the plan were frozen effective December 31, 2020.

On October 4, 2018, IR announced the closing of its Trane manufacturing facility in Lexington which is expected to result in the termination of all remaining Lexington employees participating in the plan before the end of 2021.

Other Plan Provisions

- | | |
|--|---|
| III. Other features: | |
| A. Rate of Accrual of Benefit Service | One-tenth of a year for each 170 hours |
| B. Bridging of Service (other than as required by ERISA) | No |
| C. Automatic Post-Retirement Spouse's Option | A Joint and 50% survivorship actuarially reduced. |
| D. No Credited Service Before | N/A |
| IV. Changes in Provisions Since Last Actuarial Valuation | None. |

* Increased to \$42.00 effective 3/1/2011.

Plan Name:	The Trane Merged Hourly Pension Plan
EIN / PN:	25-0900465 / 023
Plan Sponsor:	Trane U.S. Inc.
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

THE TRANE MERGED HOURLY PENSION PLAN

Trane Hourly - Clarksville (6523):

Eligibility for Benefits

- I. Age and/or Service eligibility:
 - A. Normal retirement 65
 - B. Disability retirement 10 years
 - C. 1. Early retirement (reduced) 55 and 5
 - 2. Early retirement (unreduced) 60 and 15
 - D. Retirement Supplement (commencing age 65) 5 years
 - E. Vesting - Any reason 5 years
 - F. Spouse's benefit on death before retirement (other than as required by REA) 5 years

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

Benefits Paid Upon the Following Events

- II. Formulas for monthly pensions for current actives:
 - A. Normal retirement:
 - Net per Year of Service \$43.00*
 - B. Disability retirement Same as normal retirement, but based on Service to disability retirement.
 - C. 1. Early retirement:
 - Same as normal retirement, but based on Service to early retirement, reduced for early commencement 2/12% per month from age 65 to 62. 1/3% per month from age 62 to 55.
 - 2. Early (unreduced):
 - Temporary supplement
 - i) to age 62
 - ii) amount \$700**
 - D. Retirement Supplement at age 65 \$72.50
 - E. Vesting – Same as normal retirement, but based on Service to termination, reduced for early commencement 2/12% per month from age 65 to 62. 1/3% per month from age 62 to 55.

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

** Accrued benefits under the plan will be frozen effective December 31, 2021.

Plan Name: The Trane Merged Hourly Pension Plan
EIN / PN: 25-0900465 / 023
Plan Sponsor: Trane U.S. Inc.
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

III. Other features:

- | | |
|--|---|
| A. Rate of Accrual of Benefit Service | One-tenth of a year for each 170 hours |
| B. Bridging of Service (other than as required by ERISA) | No |
| C. Automatic Pre-Retirement Spouse's Option | A Joint and 50% survivorship actuarially reduced for joint & 50% survivor and early retirement. |
| D. Automatic Post-Retirement Spouse's Option | A Joint and 50% survivorship actuarially reduced. |
| E. No Credited Service Before | N/A |

IV. Changes in Provisions Since Last Actuarial Valuation

None.

Plan Name: The Trane Merged Hourly Pension Plan
EIN / PN: 25-0900465 / 023
Plan Sponsor: Trane U.S. Inc.
Valuation Date: Janaury 1, 2021

SCHEDULE SB ATTACHMENTS

THE TRANE MERGED HOURLY PENSION PLAN

UPG Hourly – Fort Smith (6530):

Eligibility for Benefits

- | | |
|--|---------------|
| I. Age and/or Service eligibility: | |
| A. Normal retirement | 65 |
| B. Disability retirement | 5 years |
| C. 1. Early retirement | 60/5 or 55/10 |
| 2. Early retirement supplement | 5 years |
| D. Retirement Supplement (commencing at 65) | 5 years |
| E. Vesting - Any reason | 5 years or 65 |
| F. Spouse's benefit on death before retirement (other than as required by REA) | 65 or 5 years |

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

The Fort Smith plant was closed and all employees terminated during 2017.

Benefits Paid Upon the Following Events

- | | |
|---|---|
| II. Formulas for monthly pensions for current actives: | |
| A. Normal retirement: | |
| Net per Year of Service | \$42.00* |
| B. 1. Disability retirement | Same as normal retirement, but based on Service and earnings to disability retirement, a minimum benefit of the greater of \$320 or \$15 times service. If disability begins prior to age 62 and participant is not eligible for Social Security Disability Insurance, the supplement equals the greater of \$125 or \$6 times years of service (max 25 yrs.), continuing to age 62. In addition, GE age 60 benefit reduced by 12%, continuing to age 60. |
| 2. Disability Supplements | |
| C. 1. Early retirement: | |
| Same as normal retirement, but based on Service to early retirement, reduced for early commencement | ½% per month from age 60 to 55. |
| 2. Early retirement (retire after age 60): | |
| Temporary supplement (after age 60) | |
| i) to age | 62 |
| ii) amount | \$30.00 times service (30 year cap), min. \$475 |
| D. Retirement supplement at age 65 | \$80.00 |
| E. Vesting – Same as normal retirement, but based on Service to termination, reduced for early commencement | ½% per month from age 65 to 55. |
| F. Spousal death benefit | 50% of benefit, actuarially reduced for joint and 50% survivor coverage by 12% if benefit starts prior to age 60 plus 50% of GE benefit reduced by 12% if benefit starts prior to age 60, payable for life; if single, payable for 5 years. |

Plan Name:	The Trane Merged Hourly Pension Plan
EIN / PN:	25-0900465 / 023
Plan Sponsor:	Trane U.S. Inc.
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

III. Other features:

- | | |
|--|---|
| A. Averaging period for pay | Best 5 of final 10 |
| B. Bridging of Service (other than as required by ERISA) | No |
| C. Automatic Pre-Retirement Spouse's Option | A Joint and 50% survivorship actuarially reduced. |
| D. No Credited Service Before | 9/15/82 |
| E. Normal Form of Payment | Five Years Certain and Continuous |

IV. Changes in Provisions Since Last Actuarial Valuation

None.

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

Plan Name: The Trane Merged Hourly Pension Plan
EIN / PN: 25-0900465 / 023
Plan Sponsor: Trane U.S. Inc.
Valuation Date: Janaury 1, 2021

SCHEDULE SB ATTACHMENTS

THE TRANE MERGED HOURLY PENSION PLAN

UPG Hourly – Trenton (6531):

Eligibility for Benefits

- | | |
|--|---------------|
| I. Age and/or Service eligibility: | |
| A. Normal retirement | 65 |
| B. Disability retirement | 10 years |
| C. 1. Early retirement | 60/5 or 55/10 |
| 2. Early retirement supplement | 5 years |
| D. Vesting - Any reason | 5 years or 65 |
| E. Spouse's benefit on death before retirement (other than as required by REA) | 65 or 5 years |

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

Benefits Paid Upon the Following Events

- | | |
|---|---|
| II. Formulas for monthly pensions for current actives: | |
| A. Normal retirement: | |
| Net per Year of Service | \$42.00* |
| B. 1. Disability retirement | Same as normal retirement, but based on Service and earnings to disability retirement, minimum of \$175 plus \$10 times service. |
| 2. Disability Supplements | If disability begins prior to age 62 and participant is not eligible for Social Security Disability Insurance, the supplement equals the greater of \$125 or \$6 times years of service (max 25 yrs.), continuing to age 62. In addition, GE age 60 benefit reduced by 12%, continuing to age 60. |
| C. 1. Early retirement: | |
| Same as normal retirement, but based on Service to early retirement, reduced for early commencement | ½% per month from age 60 to 55. |
| 2. Early retirement (retire after age 60): | |
| Temporary supplement (after age 60) | |
| i) to age | 62 |
| ii) amount | \$19 times service (30 year cap), plus \$210 per month |
| D. Vesting – Same as normal retirement, but based on Service to termination, reduced for early commencement | ½% per month from age 65 to 55. |
| E. Spousal death benefit | 50% of benefit, actuarially reduced for joint and 50% survivor coverage by 12% if benefit starts prior to age 60 plus 50% of GE benefit reduced by 12% if benefit starts prior to age 60, payable for life; if single, payable for 5 years. |

Accrued benefits under the plan were frozen effective December 31, 2020.

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

Plan Name:	The Trane Merged Hourly Pension Plan
EIN / PN:	25-0900465 / 023
Plan Sponsor:	Trane U.S. Inc.
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

III. Other features:

- | | |
|--|---|
| A. Averaging period for pay | Best 5 of final 10 |
| B. Bridging of Service (other than as required by ERISA) | No |
| C. Automatic Pre-Retirement Spouse's Option | A Joint and 50% survivorship actuarially reduced. |
| D. No Credited Service Before | 9/15/82 |
| E. Normal Form of Payment | Five Years Certain and Continuous |

IV. Changes in Provisions Since Last Actuarial Valuation

None.

Plan Name: The Trane Merged Hourly Pension Plan
EIN / PN: 25-0900465 / 023
Plan Sponsor: Trane U.S. Inc.
Valuation Date: Janaury 1, 2021

SCHEDULE SB ATTACHMENTS

THE TRANE MERGED HOURLY PENSION PLAN

UPG Hourly – Tyler (6532):

Eligibility for Benefits

- I. Age and/or Service eligibility:
 - A. Normal retirement 65
 - B. Disability retirement 10 years
 - C. 1. Early retirement 60/5 or 55/10
 - 2. Early retirement supplement 5 years
 - D. Retirement Supplement (commencing age 65) 5 years
 - E. Vesting - Any reason 5 years or 65
 - F. Spouse's benefit on death before retirement (other than as required by REA) 65 or 5 years

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

Benefits Paid Upon the Following Events

- II. Formulas for monthly pensions for current actives:
 - A. Normal retirement:
 - Net per Year of Service \$42.50*
 - B. 1. Disability retirement
 - Same as normal retirement, but based on Service and earnings to disability retirement, minimum of \$350.
 - 2. Disability Supplements
 - If disability begins prior to age 62 and participant is not eligible for Social Security Disability Insurance, the supplement equals the greater of \$150 or \$7 times years of service (max 25 yrs.), continuing to age 62. In addition, GE age 60 benefit reduced by 12%, continuing to age 60.
 - C. 1. Early retirement:
 - Same as normal retirement, but based on Service to early retirement, reduced for early commencement ½% per month from age 60 to 55.
 - 2. Early retirement (retire after age 60):
 - Temporary supplement (after age 60)
 - i) to age 62
 - ii) amount \$26 times service (30 year cap), minimum of \$400
 - D. Retirement Supplement at age 65 \$30.00
 - E. Vesting – Same as normal retirement, but based on Service to termination, reduced for early commencement ½% per month from age 65 to 55.
 - F. Spousal death benefit
 - 50% of benefit, actuarially reduced for joint and 50% survivor coverage plus 50% of GE benefit reduced by 12% if benefit starts prior to age 60, payable for life; if single, payable for 5 years.

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

Accrued benefits under the plan were frozen effective June 30, 2021.

Plan Name: The Trane Merged Hourly Pension Plan
EIN / PN: 25-0900465 / 023
Plan Sponsor: Trane U.S. Inc.
Valuation Date: Janaury 1, 2021

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

III. Other features:

- | | |
|--|---|
| A. Averaging period for pay | Best 5 of final 10 |
| B. Bridging of Service (other than as required by ERISA) | No |
| C. Automatic Post-Retirement Spouse's Option | A Joint and 50% survivorship actuarially reduced. |
| D. No Credited Service Before | 9/15/82 |
| E. Normal Form of Payment | Five Years Certain and Continuous |

IV. Changes in Provisions Since Last Actuarial Valuation

None.

Plan Name: The Trane Merged Hourly Pension Plan
EIN / PN: 25-0900465 / 023
Plan Sponsor: Trane U.S. Inc.
Valuation Date: Janaury 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 - Schedule of Active Participant Data as of January 1, 2021

Number distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	6	5	0	0	0	0	0	11
35-39	0	0	0	23	46	2	0	0	0	0	71
40-44	0	0	0	17	65	58	8	0	0	0	148
45-49	0	0	2	12	48	93	171	0	0	0	326
50-54	0	0	0	16	46	79	153	36	3	0	333
55-59	0	0	0	7	56	81	132	60	41	10	387
60-64	0	0	2	12	32	36	61	24	48	36	251
65-69	0	0	0	0	10	12	17	8	27	4	78
70 & over	0	0	0	1	4	4	3	0	16	3	31
Total	0	0	4	94	312	365	545	128	135	53	1,636

Plan Name: The Trane Merged Hourly Pension Plan
 EIN / PN: 25-0900465 / 023
 Plan Sponsor: Trane U.S. Inc.
 Valuation Date: Janaury 1, 2021

Trane Merged Hourly Pension Plan
Financial Statements and Supplemental Schedules
December 31, 2021 and 2020

Trane Merged Hourly Pension Plan
Table of Contents

	Page
Independent Auditors' Report	<u>1</u>
Financial Statements	
Statements of Net Assets Available for Benefits as of December 31, 2021 and 2020	<u>5</u>
Statements of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2021 and 2020	<u>6</u>
Statement of Accumulated Plan Benefits December 31, 2020	<u>7</u>
Statement of Changes in Accumulated Plan Benefits Year Ended December 31, 2020	<u>8</u>
Notes to Financial Statements	<u>9</u>
Supplemental Schedules	
Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)	<u>19</u>
Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions	20

Independent Auditor's Report

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

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of the Trane Merged Hourly Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, the statement of accumulated plan benefits as of December 31, 2020, the related statement of changes in accumulated plan benefits for the year ended December 31, 2020 and the related notes to the financial statements ("2021 Financial Statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained a certification from JP Morgan Chase Bank, N.A. as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section:

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("GAAP").
- the information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the 2021 financial statements in accordance with GAAP, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the 2021 financial statements.

In preparing the 2021 financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that these financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the 2021 financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the 2021 financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the 2021 financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2021 financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at the end of the year) as of December 31, 2021 and schedule of reportable transactions for the year ended December 31, 2021 listed in the table of contents are presented for purposes of additional analysis and are not a required part of the 2021 financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2021 financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the 2021 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2021 financial statements or to the 2021 financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 15, 2021 we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations under ERISA.

FORVIS, LLP

**Charlotte, NC
October 17, 2022**

Trane Merged Hourly Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2021 and 2020

	2021	2020
Assets		
Investments, at fair value:		
Money market and other short-term investments	\$ —	\$ 9,230,511
Commingled funds - equity	—	282,173,675
Registered mutual funds	—	91,368,789
Asset-backed and mortgage-backed securities	—	4,597,483
Corporate bonds	—	502,509,481
U.S. government and agency obligations	—	168,233,509
Annuity contracts	28,099,746	27,120,881
Derivatives	—	651,567
Plan's gross interest in Collective Trust, at fair value (Note 5)	1,031,798,995	—
Total investments	1,059,898,741	1,085,885,896
Employer contributions receivable	—	1,000,000
Interest and dividends receivable	—	5,348,454
Due from broker	—	10,827,793
Total Assets	1,059,898,741	1,103,062,143
Liabilities		
Due to broker	92,772	11,649,891
Accrued expenses	225,033	—
Total Liabilities	317,805	11,649,891
Net assets available for benefits	<u>\$ 1,059,580,936</u>	<u>\$ 1,091,412,252</u>

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

Trane Merged Hourly Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2021 and 2020

	2021	2020
Additions to net assets attributable to:		
Net (depreciation) appreciation in fair value of investments	\$ (51,192,403)	\$ 127,983,724
Plan's interest in income of the		
Collective Trust (Note 5)	68,663,898	—
Investment and dividend income	19,499,602	25,332,318
Other income - annuity contracts	1,058,069	1,378,850
Employer contributions	—	1,000,000
Total additions	<u>38,029,166</u>	<u>155,694,892</u>
Deductions from net assets attributable to:		
Benefit payments to pensioners and beneficiaries	65,997,184	65,833,714
Administrative expenses	<u>3,863,298</u>	<u>5,839,659</u>
Total deductions	<u>69,860,482</u>	<u>71,673,373</u>
Net (decrease) increase	(31,831,316)	84,021,519
Net assets available for benefits		
Beginning of year	<u>1,091,412,252</u>	<u>1,007,390,733</u>
End of year	<u>\$ 1,059,580,936</u>	<u>\$ 1,091,412,252</u>

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

Trane Merged Hourly Pension Plan
Statement of Accumulated Plan Benefits
December 31, 2020*

Actuarial present value of accumulated plan benefits (Note 2)

Vested benefits

Participants currently receiving payments	\$ 679,551,560
---	----------------

Other participants	290,284,748
--------------------	-------------

Total vested benefits	969,836,308
-----------------------	-------------

Non-vested benefits	4,587,308
---------------------	-----------

Total actuarial present value of accumulated plan benefits	\$ 974,423,616
---	-----------------------

*Based on the latest actuarial valuation at January 1, 2021.

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

Trane Merged Hourly Pension Plan
Statement of Changes in Accumulated Plan Benefits
Year Ended December 31, 2020*

Actuarial present value of accumulated plan benefits at January 1, 2020	<u>\$ 917,477,110</u>
Increase (decrease) during the year attributable to:	
Increase for interest due to a decrease in the discount period	46,660,442
Benefits accumulated	4,193,185
Net actuarial gains	4,420,028
Benefits paid	(65,833,714)
Assumption changes	<u>67,506,565</u>
Net increase during the year	<u>56,946,506</u>
Actuarial present value of accumulated plan benefits at December 31, 2020	<u><u>\$ 974,423,616</u></u>

*Based on the latest actuarial valuation at January 1, 2021.

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

Trane Merged Hourly Pension Plan
Notes to Financial Statements
December 31, 2021 and 2020

1. Description of the Plan

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

General

The Plan is a defined benefit plan covering collectively bargained employees of Trane U.S. Inc. (the Company), who commenced employment prior to a date set forth in the applicable labor agreement and the Plan. Employees who commenced or re-commenced employment after such date described in the applicable labor agreement are not eligible. The employees hired after such dates are eligible to participate in either the Trane Pension Plan or the Trane 401(k) and Thrift Plan. Further, pursuant to the labor agreements between the Company and the respective unions at the Company's Trenton, Rushville, Lexington, Tyler, Clarksville and LaCrosse facilities, current bargained employees will no longer be eligible to receive additional benefits related to service performed after the dates set forth in the respective labor 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 labor agreement related to the permanent plant shutdown in 2017. The Plan also covers certain non-bargained former employees who were participants in legacy plans that merged with and into 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.

Pension Benefits

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

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

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

Beginning October 1, 2021, the majority of the Plan's investments are held in the Trane Technologies Collective Trust (Trust), a master trust administered by the JPMorgan Chase Bank N.A. (the Trustee). The Trust provides unified investment management for certain U.S. tax qualified pension plans of Trane Technologies plc and its domestic subsidiaries.

The Trust maintains separate accounts at fair value for each participating defined benefit plan. Each account records contributions, benefit payments and direct plan disbursements and receipts, and a pro rata share of indirect expenses, realized and unrealized gains or losses, interest and dividend income. Pro rated items are allocated monthly to each account based on each participating Plan's beginning of month asset value in relation to the total Trust assets.

Trane Merged Hourly Pension Plan
Notes to Financial Statements
December 31, 2021 and 2020

Investments in the Trust 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 Notes 3 and 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 pro-rata share of net realized and unrealized gains and losses on the Trust's investments.

Prior to October 1, 2021, Bank of New York Mellon was the trustee of the Plan. Purchases and sales of securities were recorded on a trade-date basis. Interest income was recorded on the accrual basis. Dividends were recorded on the ex-dividend date. Net appreciation 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 2021 and 2020. The Company made no contributions during 2021. The Company made contribution of \$1,000,000 during 2020. The amounts over the minimum required contributions were discretionary.

Expenses

The Plan pays many expenses incurred with administrating the Plan and a pro rata share of certain Trust expenses. The Plan's actuarial cost method includes a factor to fund such expenses through employer contributions. Fees paid by the Plan include various professional fees, investment fees, Pension Benefit Guaranty Corporation (PBGC) fees and any other costs of administering the Plan. The PBGC requires the Plan to pay an annual 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 17, 2022, in connection with the preparation of these financial statements, which is the date the financial statements were available to be issued. No additional 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 alternate 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, 2021 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.

Trane Merged Hourly Pension Plan
Notes to Financial Statements
December 31, 2021 and 2020

The significant actuarial assumptions used in the valuation at January 1, 2021 and 2020 were as follows:

- Mortality assumptions:

	January 1, 2021	January 1, 2020
Healthy	Base Mortality Table - RP-2006 sex distinct blue collar employee and annuitant base tables projected to 2014 base year using MP-2017 and set forward 1 year. Mortality Projection Scale - MP-2020 sex distinct projection scales.	Base Mortality Table - RP-2006 sex distinct blue collar employee and annuitant base tables projected to 2014 base year using MP-2017 and set forward 1 year. Mortality Projection Scale - MP-2019 sex distinct projection scales.
Disabled	Same as healthy	Same as healthy

- 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 \$1,979,000 and \$3,968,000 for 2021 and 2020, respectively.
- Average interest rate, which is assumed to be 4.50% and 5.25% in 2021 and 2020 for funding, 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 as may be required under applicable laws.

3. Unaudited Information Certified by Bank of New York Mellon

Prior to October 1, 2021, Bank of New York Mellon, held the Plan's investments and executed its transactions. Bank of New York Mellon has prepared certain information included in the accompanying financial statements as of December 31, 2021 and 2020 and for the years then ended and has furnished it to the plan administrator together with a certification that such information is complete and accurate. Such certifications are required under the method of compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 elected by the plan administrator.

Trane Merged Hourly Pension Plan
Notes to Financial Statements
December 31, 2021 and 2020

The accompanying financial statements include the following unaudited information as of and for the years ended December 31, 2021 and 2020 which was obtained from data prepared and certified as complete and accurate by the Bank of New York Mellon:

	2021	2020
Money market and other short-term investments	\$ —	\$ 9,230,511
Commingled fund - equity	\$ —	\$ 282,173,675
Corporate bonds	\$ —	\$ 502,509,481
Asset-backed and mortgage-backed securities	\$ —	\$ 4,597,483
U.S. government securities and agencies	\$ —	\$ 168,233,509
Mutual funds	\$ —	\$ 91,368,789
Other investments	\$ —	\$ 651,567
Due from broker	\$ —	\$ 10,827,793
Interest and dividends receivable	\$ —	\$ 5,348,454
Due to broker	\$ —	\$ 11,649,891
Interest and dividend income	\$ 19,517,466	\$ 25,332,318
Net (depreciation) appreciation in fair value of investments	\$ (51,192,403)	\$ 127,983,724

* All information contained in Note 4.

Schedule H, Part, IV, Line 4j –Schedule of Reportable Transactions

4. 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

Trane Merged Hourly Pension Plan
Notes to Financial Statements
December 31, 2021 and 2020

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, 2021 and 2020.

Commingled funds: The investments are public investment vehicles valued using their daily Net Asset Value (NAV) per share or the equivalent. NAV per share or the equivalent is used for fair value purposes as a practical expedient. NAVs are calculated by the investment manager or sponsor of the fund. The NAV is a reasonable exit price, but it is quoted in a market that is not active. As a result, these funds are not subject to leveling.

U.S. government securities and agency obligations: Quoted market prices are not available for these securities. Fixed income securities are valued through a market approach with inputs including, but not limited to, benchmark yields, reported trades, broker quotes and issuer spreads. Such securities are classified as Level 2.

Corporate and foreign bonds: Quoted market prices are not available for these securities. Fixed income securities are valued through a market approach with inputs including, but not limited to, benchmark yields, reported trades, broker quotes and issuer spreads. Such securities are classified as Level 2 and Level 3.

Mortgage-backed securities, collateralized mortgage obligations and other asset backed securities: Prices are based on a compilation of primarily observable market information or a broker quote in a non-active market. Fixed income securities are valued through a market approach with inputs including, but not limited to, benchmark yields, reported trades, broker quotes and issuer spreads. Such securities are classified as Level 2.

Registered mutual fund - equity specialty: 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. The Company has elected to report fair value of its registered mutual fund holdings based on NAV per share. As a result, these funds are not subject to leveling.

Registered mutual fund - fixed income specialty: The shares of registered investment companies are valued at quoted market prices in a closed exchange. 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 underlying assets of the fund divided by total number of shares outstanding. The Company has elected to report fair value of its registered mutual fund holdings based on NAV per share. As a result, these funds are not subject to leveling.

Cash and cash equivalents: The investments are valued using a market approach with inputs including quoted market prices for either identical or similar instruments. As these investments are not traded on active markets, these investments are classified as Level 2.

Real estate limited partnerships: Investments in real estate take the form of direct investment in real estate funds. Private real estate fund values are reported by the fund manager and are based on valuation or appraisal of the underlying investments. As the investments are infrequently traded and may not have available comparables, these investments are classified as Level 3.

Derivatives: Derivative contracts are valued using models that use as their basis readily observable market parameters, which are actively quoted in the market and can be validated through external sources. Depending on the types and contractual terms of derivatives, fair value can be modeled using a series of techniques, such as the

Trane Merged Hourly Pension Plan
Notes to Financial Statements
December 31, 2021 and 2020

Black-Scholes option pricing model, simulation models or a combination of various models, which are consistently applied. Most of the inputs for this valuation are readily observable from actively quoted markets. Such instruments are generally classified as Level 2.

Guaranteed Interest Contracts (GIC): The value is reported based upon observable inputs, including the insurance company's assumptions as to what market participants would use in pricing such instruments. GICs are classified as Level 3.

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

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

Note 5 summarizes the classification of the underlying investments within the Master Trust by classification and method of valuation as of December 31, 2021.

The following table sets forth by level, with the fair value hierarchy, the Plan's assets held outside of the Master Trust at fair value as of December 31, 2021:

	Level 1	Level 2	Level 3	Net Asset Value	Total
Annuity contracts	—	—	28,099,746	—	28,099,746

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

	Level 1	Level 2	Level 3	Net Asset Value	Total
Money market and other short-term investments	\$ —	\$ 9,230,511	\$ —	\$ —	\$ 9,230,511
Registered mutual funds:					
Equity specialty	—	—	—	35,820,524	35,820,524
Fixed income specialty	—	—	—	55,548,265	55,548,265
Asset-backed and mortgage-backed securities	—	4,597,483	—	—	4,597,483
Corporate bonds	—	502,509,481	—	—	502,509,481
U.S. government and agency obligations	—	168,233,509	—	—	168,233,509
Commingled funds - equity specialty	—	—	—	282,173,675	282,173,675
Annuity contracts	—	—	27,120,881	—	27,120,881
Derivatives	—	651,567	—	—	651,567
Total investments, at fair value	<u>\$ —</u>	<u>\$ 685,222,551</u>	<u>\$ 27,120,881</u>	<u>\$ 373,542,464</u>	<u>\$ 1,085,885,896</u>

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

5. Investments in the Trane Technologies Collective Trust (Master Trust)

The Plan was moved to the Master Trust October 1, 2021. The Trust, which was established for the investment of assets of the Plan and certain other Company sponsored U.S. tax qualified retirement plans. As the Plans in the Trust have differing investment policies as set by the Company, certain assets are identified as specifically belonging to each Plan and certain assets are allocated between the Plans based on the participation in the Trust. At December 31, 2021, the Plan's interest in these shared net assets was approximately 47.15%. The Plan began the year with a 24% equity target and lowered the target to 17% by year end. The majority of the Plan's assets are invested in fixed income.

The following investments and net appreciation (depreciation) in fair value of investments, interest, and dividend income and other receipts of the Trust are certified by the Trustee to be complete and accurate. The Trustee has also certified the Plan's proportionate share of such items to be complete and accurate. The Trust financial statements are prepared on the modified cash basis of accounting, while the Plan's financial statements are prepared on the accrual basis of accounting.

Trane Merged Hourly Pension Plan
Notes to Financial Statements
December 31, 2021 and 2020

	2021	
	Master Trust Balances	Plan's interest in Master Trust Balances
Investments, at fair value		
Cash and cash equivalents	\$ 44,638,060	\$ 27,264,928
Commingled funds	256,382,073	120,887,775
U.S. government and agency obligations	551,424,604	209,335,469
Corporate and foreign bonds	1,008,253,359	544,305,069
Asset-backed and mortgage-backed securities	63,736,710	3,760,245
Registered mutual funds - fixed income specialty	162,950,154	79,145,969
Registered mutual funds - equity specialty	105,326,650	49,663,006
Other investments (including real estate limited partnerships, derivatives, and guaranteed interest contracts)	992,358	—
Total investments	<u>2,193,703,968</u>	<u>1,034,362,461</u>
Receivables		
Accrued interest and dividends	11,401,663	5,376,045
Securities sold	100,199,395	47,245,433
Other receivables	101,925	48,059
Total receivables	<u>111,702,983</u>	<u>52,669,537</u>
Total assets	<u>2,305,406,951</u>	<u>1,087,031,998</u>
Liabilities		
Due to broker for securities purchased	117,139,651	55,233,003
Total liabilities	<u>117,139,651</u>	<u>55,233,003</u>
Net assets available for benefits	<u>\$ 2,188,267,300</u>	<u>\$ 1,031,798,995</u>

Trane Merged Hourly Pension Plan
Notes to Financial Statements
December 31, 2021 and 2020

Net appreciation (depreciation) of investments and interest and dividend income for the Trust for the year ended December 31, was as follows:

2021

Investment income:

Net appreciation (depreciation) in fair value of investments

Commingled funds	\$ 92,463,221
U.S Government and agency obligations	(7,122,168)
Corporate and foreign bonds	21,829,359
Asset-backed and mortgage-backed securities	(1,883,049)
Mutual funds	3,201,401
Common and preferred stocks	133,316
Other investments	238,317
	<u>108,860,397</u>

Interest and dividend income

37,122,778

Total investment income (loss)

\$ 145,983,175

The following summarizes the classification of the underlying investments within the Trust by classification and method of valuation as of December 31, 2021:

	Level 1	Level 2	Level 3	Net Asset Value	Total
Collective Trust:					
Cash and cash equivalents	\$ —	\$ 44,638,060	\$ —	\$ —	\$ 44,638,060
Commingled funds - equity specialty	—	—	—	256,382,073	256,382,073
U.S. government and agency obligations	—	551,424,604	—	—	551,424,604
Corporate and foreign bonds	—	1,008,253,359	—	—	1,008,253,359
Asset backed and mortgage-backed securities	—	63,736,710	—	—	63,736,710
Registered mutual funds - fixed income specialty	—	—	—	162,950,154	162,950,154
Registered mutual funds - equity specialty	—	—	—	105,326,650	105,326,650
Other investments	—	(487,042)	1,479,400	—	992,358
Total investments, at fair value	<u>\$ —</u>	<u>\$ 1,667,565,691</u>	<u>\$ 1,479,400</u>	<u>\$ 524,658,877</u>	<u>\$ 2,193,703,968</u>

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

6. Plan Termination

Subject to the applicable collective bargaining agreements, 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.

Trane Merged Hourly Pension Plan
Notes to Financial Statements
December 31, 2021 and 2020

Title IV of ERISA allows a plan sponsor to terminate a fully funded plan in a standard termination. If the Plan terminates in a standard termination, the Plan must pay out all benefits, either as a lump sum or by buying an annuity for each Plan participant.

In the event the Plan is terminated in a termination other than a standard termination, 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 in a termination other than a standard termination. 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 in a termination other than a standard termination 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. Typically, only a company that in bankruptcy may terminate a pension plan without fully funding the plan.

7. Contracts with Insurance Companies

The Plan invests in Immediate Participation Guarantee contracts. Plan assets of \$28,099,746 and \$27,120,881 at December 31, 2021 and 2020, respectively, were held by MetLife Insurance Company of Connecticut, AXA Equitable Life Insurance Company and John Hancock Life Insurance Company. The average crediting interest rates at December 31, 2021 and 2020 for the contracts ranged from 0.51% to 4.52% and 0.48% to 6.75%, respectively.

8. Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated June 2, 2017, 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, 2021 and 2020, 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.

9. 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 its 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.

Trane Merged Hourly Pension Plan
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2021

Plan name: Trane Merged Hourly Pension Plan
 EIN: #25-0900465
 Plan number: #023

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)
MET LIFE GROUP ANNUITY	Insurance contract	\$ 26,999,328	\$ 28,009,970
MET LIFE GROUP ANNUITY	Insurance contract	78,363	59,850
AXA EQUITABLE LIFE INSURANCE	Insurance contract	13,454	11,395
AXA EQUITABLE LIFE INSURANCE	Insurance contract	29,736	18,531
	Total Annuity Contracts	<u>27,120,881</u>	<u>28,099,746</u>
Plan's gross interest in Collective Trust	Master Trust, 47.15% participation	<u>n/a</u>	<u>1,031,798,995</u>
Total investments		<u><u>\$ 27,120,881</u></u>	<u><u>\$ 1,059,898,741</u></u>

Trane Merged Hourly Pension Plan
Schedule H, Line 4(j) - Schedule of Reportable Transactions
For the Year Ended December 31, 2021

Plan name: Trane Merged Hourly Pension Plan
 EIN: #25-0900465
 Plan number: #023

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain or (loss) on each transaction
PAPS LONG DURATION CREDIT BOND PORTFOLIO	4,016,951.141 SHARES	\$ —	\$ 53,626,298	\$ 49,126,144	\$ 49,126,144	\$ 4,500,154
TRANE MERGED HOURLY PENSION VANGUARD INSTL TOTAL STK MKT	358,395.801 SHARES	64,271,119	—	—	64,271,119	—
BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	68,126,345.040 SHARES	68,126,345	—	—	68,126,345	—
BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	68,125,638.180 SHARES	—	68,125,638	68,125,638	68,125,638	—
EB TEMP INV FD VAR RT 12/31/49 DD 04/02/10	65,000,000.000 SHARES	65,000,000	—	—	65,000,000	—
EB TEMP INV FD VAR RT 12/31/49 DD 04/02/10	65,000,000.000 SHARES	—	65,000,000	65,000,000	65,000,000	—
EB TEMP INV FD VAR RT 12/31/49 DD 04/02/10	68,219,236.390 SHARES	68,219,236	—	—	68,219,236	—
EB TEMP INV FD VAR RT 12/31/49 DD 04/02/10	72,391,575.240 SHARES	—	72,391,575	72,391,575	72,391,575	—
NORTHERN TRUST RUSSELL 3000 INDEX FUND	985,543.300 SHARES	—	68,138,174	17,519,112	17,519,112	50,619,062
PIMCO FDS SHORT TERM FLTG NAV PORT II	4,633,885.090 SHARES	—	46,399,860	46,401,324	46,401,324	(1,464)
PIMCO FDS SHORT TERM FLTG NAV PORT II	3,915,432.410 SHARES	39,206,583	—	—	39,206,583	—
PAPS LONG DURATION CREDIT BOND PORTFOLIO	649,051.790 SHARES	8,677,196	—	—	8,677,196	—
PAPS LONG DURATION CREDIT BOND PORTFOLIO	4,212,329.610 SHARES	—	56,258,046	51,512,219	51,512,219	4,745,827

Trane Merged Hourly Pension Plan
Schedule H, Line 4(j) - Schedule of Reportable Transactions
For the Year Ended December 31, 2021

Page 2

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain or (loss) on each transaction
TRANE MERGED HOURLY PENSION VANGUARD INSTL TOTAL STK MKT	673,220.120 SHARES	\$ 67,471,119	\$ —	\$ —	\$ 67,471,119	\$ —
TRANE MERGED HOURLY PENSION VANGUARD INSTL TOTAL STK MKT	438,926.470 SHARES	\$ —	\$ 71,000,000	\$ 21,540,704	\$ 21,540,704	\$ 49,459,296
US TREASURY BOND 1.375% 08/15/2050 DD 08/15/20	61,680,000.000 SHARES	\$ —	\$ 53,240,959	\$ 54,039,945	\$ 54,039,945	\$ (798,986)
US TREASURY BOND 1.375% 08/15/2050 DD 08/15/20	54,870,000.000 SHARES	\$ 47,643,340	\$ —	\$ —	\$ 47,643,340	\$ —
US TREASURY BOND 1.625% 11/15/2050 DD 11/15/20	62,921,000.000 SHARES	\$ —	\$ 53,833,289	\$ 54,113,622	\$ 54,113,622	\$ (280,333)
US TREASURY BOND 1.625% 11/15/2050 DD 11/15/20	76,786,000.000 SHARES	\$ 65,976,173	\$ —	\$ —	\$ 65,976,173	\$ —
US TREASURY BOND 1.875% 02/15/2051 DD 02/15/21	43,025,000.000 SHARES	\$ 40,613,005	\$ —	\$ —	\$ 40,613,005	\$ —
US TREASURY BOND 1.875% 02/15/2051 DD 02/15/21	33,970,000.000 SHARES	\$ —	\$ 32,527,675	\$ 31,788,768	\$ 31,788,768	\$ 738,907
BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	102,993,352.620 SHARES	\$ 102,993,353	\$ —	\$ —	\$ 102,993,353	\$ —
BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	102,994,485.510 SHARES	\$ —	\$ 102,994,486	\$ 102,994,486	\$ 102,994,486	\$ —
EB TEMP INV FD VAR RT 12/31/49 DD 04/02/10	313,484,809.250 SHARES	\$ 313,484,809	\$ —	\$ —	\$ 313,484,809	\$ —
EB TEMP INV FD VAR RT 12/31/49 DD 04/02/10	317,140,818.560 SHARES	\$ —	\$ 317,140,819	\$ 317,140,819	\$ 317,140,819	\$ —
NORTHERN TRUST RUSSELL 3000 INDEX FUND	1,940,329.560 SHARES	\$ —	\$ 127,138,174	\$ 34,491,481	\$ 34,491,481	\$ 92,646,693

Trane Merged Hourly Pension Plan
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2021

Plan name: Trane Merged Hourly Pension Plan
 EIN: #25-0900465
 Plan number: #023

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)
MET LIFE GROUP ANNUITY	Insurance contract	\$ 26,999,328	\$ 28,009,970
MET LIFE GROUP ANNUITY	Insurance contract	78,363	59,850
AXA EQUITABLE LIFE INSURANCE	Insurance contract	13,454	11,395
AXA EQUITABLE LIFE INSURANCE	Insurance contract	29,736	18,531
	Total Annuity Contracts	<u>27,120,881</u>	<u>28,099,746</u>
Plan's gross interest in Collective Trust	Master Trust, 47.15% participation	<u>n/a</u>	<u>1,031,798,995</u>
Total investments		<u>\$ 27,120,881</u>	<u>\$ 1,059,898,741</u>

Trane Merged Hourly Pension Plan
Schedule H, Line 4(j) – Schedule of Reportable Transactions
For the Year Ended December 31, 2021

Plan name: Trane Merged Hourly Pension Plan
 EIN: #25-0900465
 Plan number: #023

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain or (loss) on each transaction
PAPS LONG DURATION CREDIT BOND PORTFOLIO	4,016,951.141 SHARES	\$ —	\$ 53,626,298	\$ 49,126,144	\$ 49,126,144	\$ 4,500,154
TRANE MERGED HOURLY PENSION VANGUARD INSTL TOTAL STK MKT	358,395.801 SHARES	64,271,119	—	—	64,271,119	—
BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	68,126,345.040 SHARES	68,126,345	—	—	68,126,345	—
BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	68,125,638.180 SHARES	—	68,125,638	68,125,638	68,125,638	—
EB TEMP INV FD VAR RT 12/31/49 DD 04/02/10	65,000,000.000 SHARES	65,000,000	—	—	65,000,000	—
EB TEMP INV FD VAR RT 12/31/49 DD 04/02/10	65,000,000.000 SHARES	—	65,000,000	65,000,000	65,000,000	—
EB TEMP INV FD VAR RT 12/31/49 DD 04/02/10	68,219,236.390 SHARES	68,219,236	—	—	68,219,236	—
EB TEMP INV FD VAR RT 12/31/49 DD 04/02/10	72,391,575.240 SHARES	—	72,391,575	72,391,575	72,391,575	—
NORTHERN TRUST RUSSELL 3000 INDEX FUND	985,543.300 SHARES	—	68,138,174	17,519,112	17,519,112	50,619,062
PIMCO FDS SHORT TERM FLTG NAV PORT II	4,633,885.090 SHARES	—	46,399,860	46,401,324	46,401,324	(1,464)
PIMCO FDS SHORT TERM FLTG NAV PORT II	3,915,432.410 SHARES	39,206,583	—	—	39,206,583	—
PAPS LONG DURATION CREDIT BOND PORTFOLIO	649,051.790 SHARES	8,677,196	—	—	8,677,196	—
PAPS LONG DURATION CREDIT BOND PORTFOLIO	4,212,329.610 SHARES	—	56,258,046	51,512,219	51,512,219	4,745,827

Trane Merged Hourly Pension Plan
Schedule H, Line 4(j) – Schedule of Reportable Transactions
For the Year Ended December 31, 2021

Page 2

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain or (loss) on each transaction
TRANE MERGED HOURLY PENSION VANGUARD INSTL TOTAL STK MKT	673,220.120 SHARES	\$ 67,471,119	\$ —	\$ —	\$ 67,471,119	\$ —
TRANE MERGED HOURLY PENSION VANGUARD INSTL TOTAL STK MKT	438,926.470 SHARES	\$ —	\$ 71,000,000	\$ 21,540,704	\$ 21,540,704	\$ 49,459,296
US TREASURY BOND 1.375% 08/15/2050 DD 08/15/20	61,680,000.000 SHARES	\$ —	\$ 53,240,959	\$ 54,039,945	\$ 54,039,945	\$ (798,986)
US TREASURY BOND 1.375% 08/15/2050 DD 08/15/20	54,870,000.000 SHARES	\$ 47,643,340	\$ —	\$ —	\$ 47,643,340	\$ —
US TREASURY BOND 1.625% 11/15/2050 DD 11/15/20	62,921,000.000 SHARES	\$ —	\$ 53,833,289	\$ 54,113,622	\$ 54,113,622	\$ (280,333)
US TREASURY BOND 1.625% 11/15/2050 DD 11/15/20	76,786,000.000 SHARES	\$ 65,976,173	\$ —	\$ —	\$ 65,976,173	\$ —
US TREASURY BOND 1.875% 02/15/2051 DD 02/15/21	43,025,000.000 SHARES	\$ 40,613,005	\$ —	\$ —	\$ 40,613,005	\$ —
US TREASURY BOND 1.875% 02/15/2051 DD 02/15/21	33,970,000.000 SHARES	\$ —	\$ 32,527,675	\$ 31,788,768	\$ 31,788,768	738,907
BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	102,993,352.620 SHARES	\$ 102,993,353	\$ —	\$ —	\$ 102,993,353	\$ —
BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	102,994,485.510 SHARES	\$ —	\$ 102,994,486	\$ 102,994,486	\$ 102,994,486	\$ —
EB TEMP INV FD VAR RT 12/31/49 DD 04/02/10	313,484,809.250 SHARES	\$ 313,484,809	\$ —	\$ —	\$ 313,484,809	\$ —
EB TEMP INV FD VAR RT 12/31/49 DD 04/02/10	317,140,818.560 SHARES	\$ —	\$ 317,140,819	\$ 317,140,819	\$ 317,140,819	\$ —
NORTHERN TRUST RUSSELL 3000 INDEX FUND	1,940,329.560 SHARES	\$ —	\$ 127,138,174	\$ 34,491,481	\$ 34,491,481	\$ 92,646,693