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 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
YORK INT.CORPORATION PENSION PLAN NUMBER THIRTEEN

1b Three-digit plan number (PN) ▶ 013

1c Effective date of plan 01/01/1962

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
YORK INTERNATIONAL CORPORATION

5757 N GREEN BAY AVENUE
GLENDALE, WI 53209

2b Employer Identification Number (EIN)
13-3473472

2c Sponsor's telephone number
414-524-1200

2d Business code (see instructions)
333410

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.	10/12/2010	SHERRY WEINBERG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2010	SHERRY WEINBERG
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
EMPLOYEE BENEFITS POLICY COMMITTEE

5757 N GREEN BAY AVENUE
MILWAUKEE, WI 53209-4408

3b Administrator's EIN
38-3406010

3c Administrator's telephone number
414-524-1200

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	605
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	265
b	Retired or separated participants receiving benefits	**6b**	141
c	Other retired or separated participants entitled to future benefits	**6c**	159
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	565
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	16
f	Total. Add lines **6d** and **6e**	**6f**	581
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	5
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 Characteristic Codes in the instructions:
1A 1G 1I 3D 3H

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	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)	X	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)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	X	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **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
YORK INT.CORPORATION PENSION PLAN NUMBER THIRTEEN

B Three-digit plan number (PN) ▶ 013

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
YORK INTERNATIONAL CORPORATION

D Employer Identification Number (EIN)
13-3473472

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

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

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2009			
2	Assets:			
a	Market value	**2a**		16277510
b	Actuarial value	**2b**		17905261
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	157	5411588
b	For terminated vested participants	**3b**	134	1714596
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		240455
	(2) Vested benefits	**3c(2)**		4846959
	(3) Total active	**3c(3)**	314	5087414
d	Total	**3d**	605	12213598
4	If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		8.12 %
6	Target normal cost	**6**		72557

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

09/21/2010
Signature of actuary — Date

MARK K. FRIEDMAN
Type or print name of actuary — Most recent enrollment number

HEWITT ASSOCIATES — 847-295-5000
Firm name — Telephone number (including area code)

100 HALF DAY ROAD
LINCOLNSHIRE, IL 60069
Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	1346773	
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)		
9	Amount remaining (Item 7 minus item 8)	1346773	
10	Interest on item 9 using prior year's actual return of -25.06 %	-337501	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		
b	Interest on (a) using prior year's effective rate of 6.14 %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		
12	Reduction in balances due to elections or deemed elections		
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	1009272	

Part III Funding percentages

14	Funding target attainment percentage	14	138.34 %
15	Adjusted funding target attainment percentage	15	146.60 %
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	148.73 %
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)		18(c)

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 contribution from prior years.	19a	
b	Contributions made to avoid restrictions adjusted to valuation date	19b	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of Quarter of this plan year

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

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) **21b**

22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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	[X] No
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	[X] Yes	[ ] No
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	[X] Yes	[ ] No

27	If the plan is eligible for (and is using) 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 contribution for all prior years	**28**	
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	
30	Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31	Target normal cost, adjusted, if applicable (see instructions)	**31**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment		
b Waiver amortization installment		

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 (item 31 + item 32a + item 32b – item 33)	**34**	

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement			

36	Additional cash requirement (item 34 minus item 35)	**36**	
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	
38	Interest-adjusted excess contributions for current year (see instructions)	**38**	
39	Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	
40	Unpaid minimum required contribution for all years	**40**	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
YORK INT.CORPORATION PENSION PLAN NUMBER THIRTEEN

B Three-digit plan number (PN) ▶ 013

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

D Employer Identification Number (EIN)
13-3473472

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

HEWITT ASSOCIATES,LLC

36-2235791

(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	ACTUARY	38583	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
YORK INT.CORPORATION PENSION PLAN NUMBER THIRTEEN

B Three-digit plan number (PN) ▶ 013

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
YORK INTERNATIONAL CORPORATION

D Employer Identification Number (EIN)
13-3473472

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: JOHNSON CTRLS MASTER PENSION TRUST

b Name of sponsor of entity listed in (a): JOHNSON CONTROLS, INC.

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)
39-0380010-024	M	18506246

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
YORK INT.CORPORATION PENSION PLAN NUMBER THIRTEEN

B Three-digit plan number (PN) ▶ 013

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

D Employer Identification Number (EIN)
13-3473472

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		154
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	16296621	18506246
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	16296621	18506400
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	19111	4962
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	19111	4962
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	16277510	18501438

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
	(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)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(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)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(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)		2969742
(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		2969742
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	686354	
(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)		686354
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)	38583	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	20877	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		59460
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		745814
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		2223928
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: COLEMAN & WILLIAMS, LTD. (2) EIN: 39-1658905

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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		20000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
YORK INT.CORPORATION PENSION PLAN NUMBER THIRTEEN

B Three-digit plan number (PN) ▶ 013

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

D Employer Identification Number (EIN)
13-3473472

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): 41-6571370

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** 1

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 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 **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 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(es). If no, check the "No" box. ..... ☐ **Increase** ☒ **Decrease** ☐ **Both** ☐ **No**

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 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 items 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 items 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 items 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 items 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 items 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 items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

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

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

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

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 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 items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

COLEMAN & WILLIAMS, LTD.
A Professional Services Firm

INDEPENDENT AUDITORS' REPORT

To the Participants and Administrator of the
Johnson Controls, Inc. Pension Plans:

We were engaged to audit the accompanying statements of net assets available for benefits of the Johnson Controls, Inc. Pension Plans (the "Plans" as defined in note 1) as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009 and the supplemental schedules as listed in the table of contents. These financial statements and supplemental schedules are the responsibility of the Plans' management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, the Plans' administrator instructed us not to perform, and we did not perform any auditing procedures with respect to the information summarized in Note 11 as of and for the years ended December 31, 2009 and 2008, which was certified by U.S. Bank, N.A., the "Trustee" of the Plans, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plans' administrator that the Trustee holds the Plans' investment assets and executes investment transactions. The Plans' administrator obtained certifications from the Trustee as of December 31, 2009 and 2008 and for the year ended December 31, 2009 that the information provided to the Plans' administrator by the Trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to and do not express an opinion on the accompanying financial statements taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended.

Coleman & Williams, Ltd.

Milwaukee, Wisconsin
September 15, 2010

316 North Milwaukee Street, Suite 350
Milwaukee, Wisconsin 53202
Telephone 414.278.0170
Facsimile 414.278.1169

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	The effective date of adoption is January 1, 1962.
Covered Employees	Frick Salaried, Fort Lauderdale, Frigid Coil West, and Imeco
Status of Plan	Benefits are frozen as of December 31, 2003.
Participation	No new entrants after December 31, 2003.
Normal Retirement	
Eligibility	Age 65.
Frick, Imeco, and Fort Lauderdale Benefit (Monthly)	The sum of (1), (2), and (3): (1) Accrued benefit as of January 1, 1989, if applicable. (2) 0.85% of monthly compensation for service after January 1, 1989 (December 31, 2001 for Imeco and Fort Lauderdale). (3) 0.65% of monthly compensation in excess of $500 for service after January 1, 1989 (December 31, 2001 for Imeco and Fort Lauderdale).
Frigid Coil West Benefit (Monthly)	The sum of (1) and (2): (1) $7.00 per month multiplied by years of credited service. (2) 1/12 of 1% of annual compensation in excess of $17,700 for each plan year during which the participant receives credit for a full or partial year of service.
Early Retirement	
Eligibility	For Frick employees with less than one hour of service on or after January 1, 2002, age 60 with ten years of service. For Frick employees with at least one hour of service on or after January 1, 2002 and for Frigid Coil West employees, age 55 with ten years of service.
Benefit	The normal retirement benefit based on service to date of retirement, but reduced 6.667% for the first five years, and if applicable, 3.333% for the next five years by which the early retirement date precedes the participant's normal retirement date.

Total and Permanent Disability Retirement	
Eligibility	Ten years of service.
Benefit	Normal retirement benefit based on service to date of disability.
Deferred Vested	
Eligibility	Five years of service.
Benefit	The accrued normal retirement benefit payable at age 65. Benefits are reduced for early commencement.
Preretirement Surviving Spouse Benefit	
Eligibility	Eligible for a vested benefit.
Benefit	Early Retirement Eligible—50% of the benefit the participant was entitled to receive under the early retirement provisions had he terminated employment as of the date of death and elected payment in the form of a 50% joint and survivor annuity. This benefit is payable for the life of the spouse. Not Early Retirement Eligible—50% of the benefit to which the participant was entitled under the plan provisions had the participant terminated employment on the date of death, survived to his earliest retirement age, and elected payment in the form of a 50% joint and survivor annuity. This benefit is payable for the remaining lifetime of the spouse, beginning at the participant's earliest retirement date.
Optional Payment Form Conversion	See Table 1.
Definitions	
Credited Service	Elapsed time method. Credited service is frozen as of December 31, 2003.
Vesting Service	One year of vesting service is credited for each year a participant completes 1,000 or more hours of service.

Compensation	For Frick employees, rate of base pay in effect on the first day of the plan year, excluding overtime and commissions plus elective contributions under Section 125. For Frigid Coil West employees, the amount of earnings subject to federal income tax plus elective contributions under Section 125. For hourly employees, the participant's hourly rate of pay in effect on the first day of the plan year multiplied by 2,080 hours. Compensation is frozen as of December 31, 2003.
Normal Form of Payment	
Single Participant	Life Annuity.
Married Participant	50% Joint and Survivor Annuity. This benefit is the actuarial equivalent of t he benefit payable as a life annuity.

Table 1
Optional Form Factors

Participant Retirement Age (NBD)	5 C&C	10 C&C	15 C&C	QJSA 50% J&S	66-2/3% J&S	75% J&S	100% J&S
70+	.9500	.8750	.8000	.9000	.8667	.8500	.8000
69	.9550	.8850	.8150	.9025	.8700	.8540	.8050
68	.9600	.8950	.8300	.9050	.8733	.8580	.8100
67	.9650	.9050	.8450	.9075	.8767	.8520	.8150
66	.9700	.9150	.8600	.9100	.8800	.8660	.8200
65	.9750	.9250	.8750	.9125	.8833	.8700	.8250
64	.9775	.9300	.8825	.9150	.8867	.8740	.8300
63	.9800	.9350	.8900	.9175	.8900	.8780	.8350
62	.9825	.9400	.8975	.9200	.8933	.8820	.8400
61	.9850	.9450	.9050	.9225	.8967	.8860	.8450
60	.9875	.9500	.9125	.9250	.9000	.8900	.8500
59	.9900	.9550	.9200	.9275	.9033	.8940	.8550
58	.9900	.9600	.9275	.9300	.9067	.8980	.8600
57	.9900	.9650	.9350	.9325	.9100	.9020	.8650
56	.9900	.9700	.9425	.9350	.9133	.9060	.8700
55 or younger	.9900	.9750	.9500	.9375	.9167	.9100	.8750
Adjustment to J&S for Age Difference of Participant and Survivor:							
(Add for each whole year survivor is older) (Subtract for each year survivor is younger)				.0050	.0050	.0060	.0075
Maximum Factor	.9900	.9750	.9500	.9750	.9667	.9625	.9500
Minimum Factor	.9500	.8750	.8000	.8000	.7667	.7500	.7000

York International Corporation Miller-Picking Pension Plan
Plan # 013, EIN # 13-3473472
Schedule H Line 4i- Schedule of Assets (Held at end of Year)
December 31, 2009

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Par or Maturity Value)	Current Value
Master Trust	Johnson Controls Master Pension Trust	$ 18,506,246
Total investments		$ 18,506,246

* Indicates party-in-interest.

Schedule SB Attachment (Form 5500)—2009 Plan Year
York Plan 13
EIN: 13-3473472 PN: 013

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2009

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29	1	2								
30-34	2	10	9	1						
35-39		14	12	2						
40-44		12	10	8	3					
45-49	4	31	8	9	4	1				
50-54	3	29	14	5	9	10	4			
55-59	9	19	4	9	2	2	5			
60-64	6	10	4	6	1	4	6			1
65-69		1	1		1	1	2	1		
70+		1				1				

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Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates	Based on the full Yield Curve with a two month lookback (October 2008 yield curve), with sample rates as follows:
Yield Curve	Duration 0.5 - 5.45% Duration 5.5 - 8.25% Duration 10.5 - 8.87% Duration 15.5 - 8.65% Duration 20.5 - 8.11% Duration 25.5 - 7.71% Duration 30.5 - 7.46%
Optional Payment Form Election Percentage	50% Life Annuity. 50% Joint and 75% Survivor.
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	65.
Mortality Rates	
Healthy and Disabled	2009 Static Mortality Table for Annuitants and Non-Annuitants Per §1.430(h)(3)-1(e).
Withdrawal Rates	See Table 2.
Disability Rates	None.
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation of Plan Assets	Averaged fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Trustee Expenses Included in Target Normal Cost (Equal to prior year actual administrative expenses)	$72,557
Expected Return on Assets	
2007 Plan Year	6.09%
2008 Plan Year	6.43%
Actuarial Method	Standard Unit Credit Cost Method.
Valuation Date	January 1, 2009.

Table 1
Retirement Rates

Age	Rate
55	5.00%
56	1.00%
57	1.00%
58	1.00%
59	1.00%
60	5.00%
61	3.00%
62	25.00%
63	15.00%
64	10.00%
65	70.00%
66	50.00%
67	50.00%
68	50.00%
69	50.00%
70+	100.00%

Table 2—Page 1 of 4
Termination Rates—Male

	Years of Service			
Age	**0**	**1**	**2-3**	**4+**
20	73.50%	58.80%	44.10%	29.40%
21	63.50%	50.80%	38.10%	25.40%
22	53.50%	42.80%	32.10%	21.40%
23	48.00%	38.40%	28.80%	19.20%
24	42.50%	34.00%	25.50%	17.00%
25	37.00%	29.60%	22.20%	14.80%
26	31.50%	25.20%	18.90%	12.60%
27	26.00%	20.80%	15.60%	10.40%
28	24.50%	19.60%	14.70%	9.80%
29	23.00%	18.40%	13.80%	9.20%
30	21.50%	17.20%	12.90%	8.60%
31	20.00%	16.00%	12.00%	8.00%
32	18.50%	14.80%	11.10%	7.40%
33	17.50%	14.00%	10.50%	7.00%
34	16.50%	13.20%	9.90%	6.60%
35	15.50%	12.40%	9.30%	6.20%
36	14.50%	11.60%	8.70%	5.80%
37	13.50%	10.80%	8.10%	5.40%
38	12.50%	10.00%	7.50%	5.00%
39	11.50%	9.20%	6.90%	4.60%
40	10.50%	8.40%	6.30%	4.20%
41	4.75%	3.80%	2.85%	1.90%
42	4.50%	3.60%	2.70%	1.80%
43	4.25%	3.40%	2.55%	1.70%
44	4.00%	3.20%	2.40%	1.60%
45	3.75%	3.00%	2.25%	1.50%
46	3.50%	2.80%	2.10%	1.40%
47	3.25%	2.60%	1.95%	1.30%
48	3.00%	2.40%	1.80%	1.20%
49	2.75%	2.20%	1.65%	1.10%

Table 2—Page 2 of 4
Termination Rates—Male

	Years of Service			
Age	**0**	**1**	**2-3**	**4+**
50	2.50%	2.00%	1.50%	1.00%
51	2.25%	1.80%	1.35%	0.90%
52	2.00%	1.60%	1.20%	0.80%
53	1.75%	1.40%	1.05%	0.70%
54	1.50%	1.20%	0.90%	0.60%
55	1.25%	1.00%	0.75%	0.50%
56	1.00%	0.80%	0.60%	0.40%
57	0.75%	0.60%	0.45%	0.30%
58	0.50%	0.40%	0.30%	0.20%
59	0.25%	0.20%	0.15%	0.10%
60+	0.00%	0.00%	0.00%	0.00%

Table 2—Page 3 of 4
Termination Rates—Female

	Years of Service			
Age	**0**	**1**	**2-3**	**4+**
20	99.00%	98.40%	73.80%	49.20%
21	99.00%	90.00%	67.50%	45.00%
22	99.00%	81.60%	61.20%	40.80%
23	91.50%	73.20%	54.90%	36.60%
24	81.00%	64.80%	48.60%	32.40%
25	70.50%	56.40%	42.30%	28.20%
26	60.00%	48.00%	36.00%	24.00%
27	49.50%	39.60%	29.70%	19.80%
28	48.00%	38.40%	28.80%	19.20%
29	46.50%	37.20%	27.90%	18.60%
30	45.00%	36.00%	27.00%	18.00%
31	43.50%	34.80%	26.10%	17.40%
32	42.00%	33.60%	25.20%	16.80%
33	40.50%	32.40%	24.30%	16.20%
34	39.00%	31.20%	23.40%	15.60%
35	37.50%	30.00%	22.50%	15.00%
36	36.00%	28.80%	21.60%	14.40%
37	34.50%	27.60%	20.70%	13.80%
38	33.00%	26.40%	19.80%	13.20%
39	31.50%	25.20%	18.90%	12.60%
40	30.00%	24.00%	18.00%	12.00%
41	14.25%	11.40%	8.55%	5.70%
42	13.50%	10.80%	8.10%	5.40%
43	12.75%	10.20%	7.65%	5.10%
44	12.00%	9.60%	7.20%	4.80%
45	11.25%	9.00%	6.75%	4.50%
46	10.50%	8.40%	6.30%	4.20%
47	9.75%	7.80%	5.85%	3.90%
48	9.00%	7.20%	5.40%	3.60%
49	8.25%	6.60%	4.95%	3.30%

Table 2—Page 4 of 4
Termination Rates—Female

	Years of Service			
Age	**0**	**1**	**2-3**	**4+**
50	7.50%	6.00%	4.50%	3.00%
51	6.75%	5.40%	4.05%	2.70%
52	6.00%	4.80%	3.60%	2.40%
53	5.25%	4.20%	3.15%	2.10%
54	4.50%	3.60%	2.70%	1.80%
55	3.75%	3.00%	2.25%	1.50%
56	3.00%	2.40%	1.80%	1.20%
57	2.25%	1.80%	1.35%	0.90%
58	1.50%	1.20%	0.90%	0.60%
59	0.75%	0.60%	0.45%	0.30%
60+	0.00%	0.00%	0.00%	0.00%

Schedule SB, line 25—Change in Funding Method

Method Changes

- A change in the asset valuation method from a one month (2-point) Average Value method to a two year (3-point) Average Value method as of January 1, 2009.

- A change in the interest rate assumption from the January segment rates to the full yield curve with a two month lookback (October yield curve).

- An addition to the Target Normal Cost of assumed expenses payable from the trust, as required by WRERA.

These changes have automatic approval under final regulations, Notice 2009-22 or other IRS guidance.

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	1.00%	0.9500	0.54
57.5	1.00%	0.9405	0.54
58.5	1.00%	0.9311	0.54
59.5	1.00%	0.9218	0.55
60.5	5.00%	0.9126	2.76
61.5	3.00%	0.8669	1.60
62.5	25.00%	0.8409	13.14
63.5	15.00%	0.6307	6.01
64.5	10.00%	0.5361	3.46
65.5	70.00%	0.4825	22.12
66.5	50.00%	0.1447	4.81
67.5	50.00%	0.0724	2.44
68.5	50.00%	0.0362	1.24
69.5	50.00%	0.0181	0.63
70	100.00%	0.0090	0.63
		Weighted Average	63.79



COLEMAN & WILLIAMS, LTD.
A Professional Services Firm

JOHNSON CONTROLS, INC.
PENSION PLANS

FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2009 AND 2008

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JOHNSON CONTROLS, INC.
PENSION PLANS
FINANCIAL STATEMENTS
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*Note: Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income and Security Act of 1974 as amended have been omitted because they are not applicable.

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INDEPENDENT AUDITORS' REPORT

To the Participants and Administrator of the
Johnson Controls, Inc. Pension Plans:

We were engaged to audit the accompanying statements of net assets available for benefits of the Johnson Controls, Inc. Pension Plans (the "Plans" as defined in note 1) as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009 and the supplemental schedules as listed in the table of contents. These financial statements and supplemental schedules are the responsibility of the Plans' management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, the Plans' administrator instructed us not to perform, and we did not perform any auditing procedures with respect to the information summarized in Note 11 as of and for the years ended December 31, 2009 and 2008, which was certified by U.S. Bank, N.A., the "Trustee" of the Plans, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plans' administrator that the Trustee holds the Plans' investment assets and executes investment transactions. The Plans' administrator obtained certifications from the Trustee as of December 31, 2009 and 2008 and for the year ended December 31, 2009 that the information provided to the Plans' administrator by the Trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to and do not express an opinion on the accompanying financial statements taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended.

Coleman & Williams, Ltd.

Milwaukee, Wisconsin
September 15, 2010

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JOHNSON CONTROLS, INC.
PENSION PLANS
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009

	Johnson Controls Pension (001)	Battery Division Hourly (016)	Battery Division Owosso UAW (017)	Cadiz (030)	Greenfield (032)	Techno Trim (046)	Shelbyville (053)
ASSETS							
Investment in Johnson Controls, Inc. Master Pension Trust	$ 1,364,736,855	$ 242,387,474	$ 129,508,465	$ -	$ -	$ 3,206,419	$ -
Employer contribution receivable	136,000,000	26,650,000	13,560,000	-	-	10,000	-
Pension overpayments receivable	13,777	3,779	14,020	-	-	-	-
Total assets	1,500,750,632	269,041,253	143,082,485	-	-	3,216,419	-
LIABILITIES							
Accrued administrative expenses	393,504	42,084	57,951	-	-	3,712	-
Total liabilities	393,504	42,084	57,951	-	-	3,712	-
Net assets available for benefits	$ 1,500,357,128	$ 268,999,169	$ 143,024,534	$ -	$ -	$ 3,212,707	$ -

See the notes to the financial statements.

JOHNSON CONTROLS, INC.
PENSION PLANS
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009

	ASG Production (006)	West Carrollton (130)	York Plan 4 (018)	York Plan 6 (019)	York Plan 7 (020)	York Plan 12 (023)	York Plan 13 (024)
ASSETS							
Investment in Johnson Controls, Inc. Master Pension Trust	$ 3,761,927	$ -	$ 82,331,651	$ 2,071,597	$ 19,428,930	$ 6,443,518	$ 18,506,246
Employer contribution receivable	200,000	-	5,100,000	450,000	1,050,000	1,450,000	-
Pension overpayments receivable	-	-	3,854	-	343	-	154
Total assets	3,961,927	-	87,435,505	2,521,597	20,479,273	7,893,518	18,506,400
LIABILITIES							
Accrued administrative expenses	7,554	-	10,352	2,662	8,940	3,902	4,962
Total liabilities	7,554	-	10,352	2,662	8,940	3,902	4,962
Net assets available for benefits	$ 3,954,373	$ -	$ 87,425,153	$ 2,518,935	$ 20,470,333	$ 7,889,616	$ 18,501,438

See the notes to the financial statements

JOHNSON CONTROLS, INC.
PENSION PLANS
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009

	York Plan 14 (025)	York Plan 15 (026)	York Plan 18 (028)	York Plan 19 (029)	York Plan 23 (031)	Participating Plans' Total
ASSETS						
Investment in Johnson Controls, Inc. Master Pension Trust	$ 3,756,553	$ 11,880,539	$ 11,517,609	$ 12,903,013	$ 6,859,725	$ 1,919,300,521
Employer contribution receivable	620,000	1,925,000	675,000	2,100,000	1,390,000	191,180,000
Pension overpayments receivable	-	26	-	-	-	35,953
Total assets	4,376,553	13,805,565	12,192,609	15,003,013	8,249,725	2,110,516,474
LIABILITIES						
Accrued administrative expenses	4,493	4,394	2,858	12,176	3,725	563,269
Total liabilities	4,493	4,394	2,858	12,176	3,725	563,269
Net assets available for benefits	$ 4,372,060	$ 13,801,171	$ 12,189,751	$ 14,990,837	$ 8,246,000	$ 2,109,953,205

See the notes to the financial statements.

JOHNSON CONTROLS, INC.
PENSION PLANS
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2008

	Johnson Controls Pension (001)	Battery Division Hourly (016)	Battery Division Owosso UAW (017)	Cadiz (030)	Greenfield (032)	Techno Trim (046)	Shelbyville (053)
ASSETS							
Investment in Johnson Controls, Inc. Master Pension Trust	$ 1,089,592,804	$ 199,984,904	$ 90,584,037	$ 14,988,219	$ 12,039,999	$ 2,730,231	$ 786,378
Employer contribution receivable	65,000,000	15,000,000	-	-	-	-	-
Pension overpayments receivable	3,262	-	749	-	-	-	-
Total assets	1,154,596,066	214,984,904	90,584,786	14,988,219	12,039,999	2,730,231	786,378
LIABILITIES							
Accrued administrative expenses	852,989	142,987	144,293	31,468	25,620	6,051	7,670
Total liabilities	852,989	142,987	144,293	31,468	25,620	6,051	7,670
Net assets available for benefits	$ 1,153,743,077	$ 214,841,917	$ 90,440,493	$ 14,956,751	$ 12,014,379	$ 2,724,180	$ 778,708

See the notes to the financial statements

JOHNSON CONTROLS, INC.
PENSION PLANS
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2008

	ASG Production (006)	West Carrollton (130)	York Plan 4 (018)	York Plan 6 (019)	York Plan 7 (020)	York Plan 12 (023)	York Plan 13 (024)
ASSETS							
Investment in Johnson Controls, Inc. Master Pension Trust	$ 3,108,575	$ 2,222,847	$ 69,383,228	$ 1,902,808	$ 14,630,080	$ 5,369,326	$ 16,296.621
Employer contribution receivable	-	-	7,000,000	-	2,000,000	-	-
Pension overpayments receivable	-	-	165	-	-	-	-
Total assets	3,108,575	2,222,847	76,383,393	1,902,808	16,630,080	5,369,326	16,296,621
LIABILITIES							
Accrued administrative expenses	24,561	15,287	31,076	11,775	31,151	15,533	19,111
Total liabilities	24,561	15,287	31,076	11,775	31,151	15,533	19,111
Net assets available for benefits	$ 3,084,014	$ 2,207,560	$ 76,352,317	$ 1,891,033	$ 16,598,929	$ 5,353,793	$ 16,277,510

See the notes to the financial statements.

JOHNSON CONTROLS, INC.
PENSION PLANS
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2008

	York Plan 14 (025)	York Plan 15 (026)	York Plan 18 (028)	York Plan 19 (029)	York Plan 23 (031)	Participating Plans' Total
ASSETS						
Investment in Johnson Controls, Inc. Master Pension Trust	$ 3,092,437	$ 10,205,063	$ 8,936,676	$ 10,608,272	$ 5,780,474	$ 1,562,242,979
Employer contribution receivable	-	-	1,000,000	-	-	90,000,000
Pension overpayments receivable	-	1,246	-	-	-	5,422
Total assets	3,092,437	10,206,309	9,936,676	10,608,272	5,780,474	1,652,248,401
LIABILITIES						
Accrued administrative expenses	17,438	17,051	12,323	41,295	15,081	1,462,760
Total liabilities	17,438	17,051	12,323	41,295	15,081	1,462,760
Net assets available for benefits	$ 3,074,999	$ 10,189,258	$ 9,924,353	$ 10,566,977	$ 5,765,393	$ 1,650,785,641

See the notes to the financial statements.

JOHNSON CONTROLS, INC.
PENSION PLANS
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2009

	Johnson Controls Pension (001)	Battery Division Hourly (016)	Battery Division Owosso UAW (017)	Cadiz (030)	Greenfield (032)	Techno Trim (046)	Shelbyville (053)
ADDITIONS							
Additions to plan assets attributed to:							
Investment Income							
Plan interest in Johnson Controls, Inc. Master Pension Trust	$ 211,515,007	$ 36,410,659	$ 12,800,571	$ 2,640,403	$ 1,934,399	$ 563,017	$ 130,152
Employer contributions	200,000,000	30,650,000	13,760,000	350,000	150,000	60,000	-
Total additions	411,515,007	67,060,659	26,560,571	2,990,403	2,084,399	623,017	130,152
DEDUCTIONS							
Deductions from plan assets attributed to:							
Benefits paid to participants	62,213,791	12,439,349	6,661,257	866,466	638,456	112,762	67,266
Administrative expenses	3,504,283	464,058	473,633	86,197	46,531	21,728	24,476
Total deductions	65,718,074	12,903,407	7,134,890	952,663	684,987	134,490	91,742
Transfer from (to) other plan	817,118	-	33,158,360	(16,994,491)	(13,413,791)	-	(817,118)
Net increase (decrease)	346,614,051	54,157,252	52,584,041	(14,956,751)	(12,014,379)	488,527	(778,708)
Net assets available for benefits, beginning of year	1,153,743,077	214,841,917	90,440,493	14,956,751	12,014,379	2,724,180	778,708
Net assets available for benefits, end of year	$ 1,500,357,128	$ 268,999,169	$ 143,024,534	$ -	$ -	$ 3,212,707	$ -

See the notes to the financial statements.

JOHNSON CONTROLS, INC.
PENSION PLANS
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2009

	ASG Production (006)	West Carrollton (130)	York Plan 4 (018)	York Plan 6 (019)	York Plan 7 (020)	York Plan 12 (023)	York Plan 13 (024)
ADDITIONS							
Additions to plan assets attributed to:							
Investment Income							
Plan interest in Johnson Controls, Inc. Master Pension Trust	$ 604,794	$ 519,985	$ 13,544,463	$ 336,735	$ 3,048,942	$ 1,070,185	$ 2,969,742
Employer contributions	400,000	250,000	5,400,000	450,000	1,450,000	1,650,000	-
Total additions	1,004,794	769,985	18,944,463	786,735	4,498,942	2,720,185	2,969,742
DEDUCTIONS							
Deductions from plan assets attributed to:							
Benefits paid to participants	48,288	186,321	7,755,446	125,880	522,395	135,182	686,354
Administrative expenses	86,147	41,146	116,181	32,953	105,143	49,180	59,460
Total deductions	134,435	227,467	7,871,627	158,833	627,538	184,362	745,814
Transfer from (to) other plan	-	(2,750,078)	-	-	-	-	-
Net increase (decrease)	870,359	(2,207,560)	11,072,836	627,902	3,871,404	2,535,823	2,223,928
Net assets available for benefits, beginning of year	3,084,014	2,207,560	76,352,317	1,891,033	16,598,929	5,353,793	16,277,510
Net assets available for benefits, end of year	$ 3,954,373	$ -	$ 87,425,153	$ 2,518,935	$ 20,470,333	$ 7,889,616	$ 18,501,438

See the notes to the financial statements.

JOHNSON CONTROLS, INC.
PENSION PLANS
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2009

	York Plan 14 (025)	York Plan 15 (026)	York Plan 18 (028)	York Plan 19 (029)	York Plan 23 (031)	Participating Plans' Total
ADDITIONS						
Additions to plan assets attributed to:						
Investment Income						
Plan interest in Johnson Controls, Inc. Master Pension Trust	$ 648,462	$ 2,082,040	$ 1,879,520	$ 2,252,117	$ 1,239,314	$ 296,190,507
Employer contributions	770,000	2,125,000	875,000	2,600,000	1,590,000	262,530,000
Total additions	1,418,462	4,207,040	2,754,520	4,852,117	2,829,314	558,720,507
DEDUCTIONS						
Deductions from plan assets attributed to:						
Benefits paid to participants	70,988	529,974	451,343	314,132	302,750	94,128,400
Administrative expenses	50,413	65,153	37,779	114,125	45,957	5,424,543
Total deductions	121,401	595,127	489,122	428,257	348,707	99,552,943
Transfer from (to) other plan	-	-	-	-	-	-
Net increase (decrease)	1,297,061	3,611,913	2,265,398	4,423,860	2,480,607	459,167,564
Net assets available for benefits, beginning of year	3,074,999	10,189,258	9,924,353	10,566,977	5,765,393	1,650,785,641
Net assets available for benefits, end of year	$ 4,372,060	$ 13,801,171	$ 12,189,751	$ 14,990,837	$ 8,246,000	$ 2,109,953,205

See the notes to the financial statements

JOHNSON CONTROLS, INC.
PENSION PLANS
STATEMENTS OF ACCUMULATED PLAN BENEFITS
JANUARY 1, 2009

	Johnson Controls Pension (001)	Battery Division Hourly (016)	Battery Division Owosso UAW (017)	Cadiz (030)	Greenfield (032)	Techno Trim (046)	Shelbyville (053)
Actuarial present value of accumulated plan benefits							
Vested benefits							
Participants currently receiving payments	$ 466,727,088	$ 109,850,573	$ 53,411,220	$ 5,275,261	$ 5,836,106	$ 1,046,855	$ -
Participants with deferred benefits	284,769,483	38,920,552	25,642,225	2,688,101	1,844,322	900,725	97,451
Other participants	408,355,679	68,374,246	1,133,098	8,992,672	4,126,423	704,893	520,496
	1,159,852,250	217,145,371	80,186,543	16,956,034	11,806,851	2,652,473	617,947
Nonvested benefits	70,505,021	9,433,688	117,435	2,609	642,877	54,693	11,176
Actuarial present value of accumulated plan benefits	$ 1,230,357,271	$ 226,579,059	$ 80,303,978	$ 16,958,643	$ 12,449,728	$ 2,707,166	$ 629,123

See the notes to the financial statements.

JOHNSON CONTROLS, INC.
PENSION PLANS
STATEMENTS OF ACCUMULATED PLAN BENEFITS
JANUARY 1, 2009

	ASG Production (006)	West Carrollton (130)	York Plan 4 (018)	York Plan 6 (019)	York Plan 7 (020)	York Plan 12 (023)	York Plan 13 (024)
Actuarial present value of accumulated plan benefits							
Vested benefits							
Participants currently receiving payments	$ 127,274	$ 136,815	$ 58,404,366	$ 778,604	$ 4,403,960	$ 1,019,522	$ 5,533,006
Participants with deferred benefits	1,481,078	1,835,149	6,668,998	872,945	2,820,614	1,147,435	1,720,869
Other participants	1,165,194	21,564	11,977,077	294,629	8,544,404	3,506,220	4,827,923
	2,773,546	1,993,528	77,050,441	1,946,178	15,768,978	5,673,177	12,081,798
Nonvested benefits	158,625	742	3,527,086	134,978	310,164	135,759	264,234
Actuarial present value of accumulated plan benefits	$ 2,932,171	$ 1,994,270	$ 80,577,527	$ 2,081,156	$ 16,079,142	$ 5,808,936	$ 12,346,032

See the notes to the financial statements

JOHNSON CONTROLS, INC.
PENSION PLANS
STATEMENTS OF ACCUMULATED PLAN BENEFITS
JANUARY 1, 2009

	York Plan 14 (025)	York Plan 15 (026)	York Plan 18 (028)	York Plan 19 (029)	York Plan 23 (031)	Participating Plans' Total
Actuarial present value of accumulated plan benefits						
Vested benefits						
Participants currently receiving payments	$ 435,549	$ 4,341,219	$ 3,667,068	$ 2,478,483	$ 2,606,796	$ 726,079,765
Participants with deferred benefits	689,522	951,894	2,281,028	2,393,357	951,844	378,677,592
Other participants	2,053,530	5,677,717	4,258,487	5,879,318	2,806,320	543,219,890
	3,178,601	10,970,830	10,206,583	10,751,158	6,364,960	1,647,977,247
Nonvested benefits	139,185	200,586	72,749	1,143,074	268,346	87,123,027
Actuarial present value of accumulated plan benefits	$ 3,317,786	$ 11,171,416	$ 10,279,332	$ 11,894,232	$ 6,633,306	$ 1,735,100,274

See the notes to the financial statements.

JOHNSON CONTROLS, INC.
PENSION PLANS
STATEMENTS OF ACCUMULATED PLAN BENEFITS
JANUARY 1, 2008

	Johnson Controls Pension (001)	Goshen Production (005)	Watertown Production (008)	Battery Division Hourly (016)	Battery Division Owosso UAW (017)	Cadiz (030)	Greenfield (032)	Techno Trim (046)
Actuarial present value of accumulated plan benefits								
Vested benefits								
Participants currently receiving payments	$ 428,881,838	$ 10,961,816	$ 4,458,513	$ 100,834,010	$ 30,373,759	$ 5,292,908	$ 5,172,219	$ 638,565
Other participants	641,316,499	4,857,416	2,238,092	104,449,481	9,470,549	8,665,468	5,919,341	1,771,275
	1,070,198,337	15,819,232	6,696,605	205,283,491	39,844,308	13,958,376	11,091,560	2,409,840
Nonvested benefits	68,631,060	-	782	10,127,290	6,830	602,635	679,387	50,265
Actuarial present value of accumulated plan benefits	$ 1,138,829,397	$ 15,819,232	$ 6,697,387	$ 215,410,781	$ 39,851,138	$ 14,561,011	$ 11,770,947	$ 2,460,105

See the notes to the financial statements.

JOHNSON CONTROLS, INC.
PENSION PLANS
STATEMENTS OF ACCUMULATED PLAN BENEFITS
JANUARY 1, 2008

	Mt. Clemens (049)	Port Street Union (050)	Oberlin Union (051)	Johns Creek (052)	Shelbyville (053)	ASG Production (006)	West Carrollton (130)
Actuarial present value of accumulated plan benefits							
Vested benefits							
Participants currently receiving payments	$ 143,194	$ 68,152	$ 19,998	$ 52,342	$ -	$ 77,849	$ 40,488
Other participants	1,060,853	1,522,151	765,787	2,010,479	556,048	2,094,547	1,316,970
	1,204,047	1,590,303	785,785	2,062,821	556,048	2,172,396	1,357,458
Nonvested benefits	87,683	7,215	2,714	282,632	13,998	135,278	55,793
Actuarial present value of accumulated plan benefits	$ 1,291,730	$ 1,597,518	$ 788,499	$ 2,345,453	$ 570,046	$ 2,307,674	$ 1,413,251

See the notes to the financial statements.

JOHNSON CONTROLS, INC.
PENSION PLANS
STATEMENTS OF ACCUMULATED PLAN BENEFITS
JANUARY 1, 2008

	York Plan 4 (018)	York Plan 6 (019)	York Plan 7 (020)	York Plan 8 (021)	York Plan 12 (023)	York Plan 13 (024)	York Plan 14 (025)	York Plan 15 (026)
Actuarial present value of accumulated plan benefits								
Vested benefits								
Participants currently receiving payments	$ 57,847,894	$ 730,628	$ 3,746,260	$ 6,744,988	$ 896,606	$ 5,036,879	$ 313,177	$ 4,293,565
Other participants	19,406,538	1,115,198	10,925,740	5,312,360	4,191,307	6,855,762	2,529,647	6,160,380
	77,254,432	1,845,826	14,672,000	12,057,348	5,087,913	11,892,641	2,842,824	10,453,945
Nonvested benefits	3,931,229	182,755	191,310	7,305	135,225	271,827	149,502	224,457
Actuarial present value of accumulated plan benefits	$ 81,185,661	$ 2,028,581	$ 14,863,310	$ 12,064,653	$ 5,223,138	$ 12,164,468	$ 2,992,326	$ 10,678,402

See the notes to the financial statements.

JOHNSON CONTROLS, INC.
PENSION PLANS
STATEMENTS OF ACCUMULATED PLAN BENEFITS
JANUARY 1, 2008

	York Plan 18 (028)	York Plan 19 (029)	York Plan 23 (031)	Participating Plans' Total
Actuarial present value of accumulated plan benefits				
Vested benefits				
Participants not currently receiving payments	$ 3,302,947	$ 2,225,541	$ 2,389,020	$ 674,543,156
Other participants	6,115,169	7,396,082	3,213,648	861,236,787
	9,418,116	9,621,623	5,602,668	1,535,779,943
Nonvested benefits	74,079	1,183,496	229,864	87,264,611
Actuarial present value of accumulated plan benefits	$ 9,492,195	$ 10,805,119	$ 5,832,532	$ 1,623,044,554

See the notes to the financial statements

JOHNSON CONTROLS, INC.
PENSION PLANS
STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS
YEAR ENDED JANUARY 1, 2009

	Johnson Controls Pension (001)	Battery Division Hourly (016)	Battery Division Owosso UAW (017)	Cadiz (030)	Greenfield (032)	Techno Trim (046)	Shelbyville (053)
Actuarial present value of accumulated plan benefits at January 1, 2008	$ 1,138,829,397	$ 215,410,781	$ 39,851,138	$ 14,561,011	$ 11,770,947	$ 2,460,105	$ 570,046
Increase (decrease) attributed to:							
Interest accumulation	88,815,395	16,788,220	3,034,871	1,140,420	918,458	193,767	43,959
Benefits paid	(58,397,351)	(11,334,100)	(3,905,635)	(623,519)	(591,836)	(77,537)	(41,913)
Assumption changes	2,741,377	358,490	145,519	30,175	20,606	4,014	1,500
Plan amendments	7,353	318,349	-	1,042,009	152,606	-	-
Plan merger (Note 9)	-	-	40,925,225	-	-	-	-
Other *	58,361,100	5,037,319	252,860	808,547	178,947	126,817	55,531
Net increase (decrease)	91,527,874	11,168,278	40,452,840	2,397,632	678,781	247,061	59,077
Actuarial present value of accumulated plan benefits at January 1, 2009	$ 1,230,357,271	$ 226,579,059	$ 80,303,978	$ 16,958,643	$ 12,449,728	$ 2,707,166	$ 629,123

* The "Other Changes" component represents the normal operation of the pension plan. It consists primarily of the increase due to ongoing benefit accruals (if any) and those items of plan experience that are not associated with plan asset performance.

See the notes to the financial statements.

JOHNSON CONTROLS, INC.
PENSION PLANS
STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS
YEAR ENDED JANUARY 1, 2009

	ASG Production (006)	West Carrollton (130)	York Plan 4 (018)	York Plan 6 (019)	York Plan 7 (020)	York Plan 12 (023)	York Plan 13 (024)
Actuarial present value of accumulated plan benefits at January 1, 2008	$ 2,307,674	$ 1,413,251	$ 81,185,661	$ 2,028,581	$ 14,863,310	$ 5,223,138	$ 12,164,468
Increase (decrease) attributed to:							
Interest accumulation	180,048	111,359	6,189,130	158,385	1,171,563	413,450	947,295
Benefits paid	(116,382)	(43,372)	(7,792,991)	(99,451)	(446,118)	(112,192)	(659,247)
Assumption changes	5,742	4,146	152,499	4,518	29,333	11,943	24,253
Plan amendments	60,498	-	-	-	-	-	-
Plan merger (Note 9)	-	-	-	-	-	-	-
Other *	494,591	508,886	843,228	(10,877)	461,054	272,597	(130,737)
Net increase (decrease)	624,497	581,019	(608,134)	52,575	1,215,832	585,798	181,564
Actuarial present value of accumulated plan benefits at January 1, 2009	$ 2,932,171	$ 1,994,270	$ 80,577,527	$ 2,081,156	$ 16,079,142	$ 5,808,936	$ 12,346,032

* The "Other Changes" component represents the normal operation of the pension plan. It consists primarily of the increase due to ongoing benefit accruals (if any) and those items of plan experience that are not associated with plan asset performance.

See the notes to the financial statements

JOHNSON CONTROLS, INC.
PENSION PLANS
STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS
YEAR ENDED JANUARY 1, 2009

	York Plan 14 (025)	York Plan 15 (026)	York Plan 18 (028)	York Plan 19 (029)	York Plan 23 (031)	Participating Plans' Total
Actuarial present value of accumulated plan benefits at January 1, 2008	$ 2,992,326	$ 10,678,402	$ 9,492,195	$ 10,805,119	$ 5,832,532	$ 1,582,440,082
Increase (decrease) attributed to:						
Interest accumulation	237,809	834,324	743,975	851,830	455,961	123,230,219
Benefits paid	(40,192)	(508,486)	(392,555)	(320,655)	(271,263)	(85,774,795)
Assumption changes	6,672	20,174	18,574	20,944	12,723	3,613,202
Plan amendments	-	-	-	88,863	-	1,669,678
Plan merger (Note 9)	-	-	-	-	-	40,925,225
Other *	121,171	147,002	417,143	448,131	603,353	68,996,663
Net increase (decrease)	325,460	493,014	787,137	1,089,113	800,774	152,660,192
Actuarial present value of accumulated plan benefits at January 1, 2009	$ 3,317,786	$ 11,171,416	$ 10,279,332	$ 11,894,232	$ 6,633,306	$ 1,735,100,274

* The "Other Changes" component represents the normal operation of the pension plan. It consists primarily of the increase due to ongoing benefit accruals (if any) and those items of plan experience that are not associated with plan asset performance.

See the notes to the financial statements.

JOHNSON CONTROLS, INC.
PENSION PLANS
NOTES TO THE FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2009 AND 2008

NOTE 1 – DESCRIPTION OF PLANS

The following description of Johnson Controls, Inc. pension plans (the "Plans") provides only general information. Participants should refer to the plan documents provided to all participants for a more complete description of the Plans' provisions.

GENERAL

The Plans are defined benefit pension plans that cover eligible employees of Johnson Controls, Inc. and designated affiliates ("Company"). The Plans are subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

The Plans are administered by the Employee Benefit Policy Committee appointed by the Company. Hewitt Associates LLC contracts to be responsible for plan administration and is the third-party administrator.

Plans included in the financial statements are as follows (Plan numbers indicate Master Trust account numbers, not Plan numbers filed with the Internal Revenue Service ("IRS")). Refer to Note 9 for a discussion of Plan mergers occurring at December 31, 2009 and 2008.

Name of Plan	Eligible Employees (Subject to Other Plan Requirements)
Johnson Controls Pension Plan (Johnson Controls Pension – Plan 001)	Salaried, nonunion production employees of the Company and Vintec; certain salaried employees of the East York, Pennsylvania and Albany, New York plants; Employees subject to the terms and conditions of the Collective Bargaining Agreement between the Company and the Yorkco Salaried Employees' Association
Johnson Controls Pension Plan Battery Division Hourly Employees (Battery Division Hourly – Plan 016)	Hourly employees of the Company's Power Solutions business, except hourly employees in the Company's Power Solutions business Owosso, Michigan plant, who are covered by another defined benefit pension plan

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JOHNSON CONTROLS, INC.
PENSION PLANS
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YEARS ENDED DECEMBER 31, 2009 AND 2008

Name of Plan	Eligible Employees (Subject to Other Plan Requirements)
Johnson Controls Pension Plan Battery Division Owosso UAW Employees (Battery Division Owosso UAW – Plan 017)	Hourly employees of the Company's Power Solutions business Owosso, Michigan plant; Building Efficiency plant in Lexington, Kentucky; Hoover's Automotive Systems Group's Adrian, Michigan, Chester, Pennsylvania, and Vincennes, Indiana plants, Whitmore Lake, Michigan plant; Hoover's Engineered Plastics Division Erie, Pennsylvania plant; Production employees of the Company's Milwaukee, Wisconsin production facilities, except production employees of the Company's Power Solutions business, who are covered by another defined benefit pension plan; Production hourly employees of the Company's Building Efficiency business Goshen, Indiana plant; Production hourly employees of the Company's Building Efficiency business Watertown, Wisconsin plant; Union hourly production and maintenance employees of the Mt. Clemens, Michigan facility; Union hourly production and maintenance employees of the Plymouth, Michigan seating facility; Hourly employees of Hoover's Automotive Systems Group, Oberlin, Ohio plant; Hourly employees of Hoover's Automotive Systems Group, Johns Creek, Georgia plant; Union and nonunion hourly employees of the Madisonville, Kentucky and Medina, Ohio plants; and Elyria and Miller Picking for employees represented by the United Steelworkers plants
Automotive Systems Group Cadiz Retirement Income Plan (Cadiz – Plan 030)	Hourly employees of Hoover's Automotive Systems Group Cadiz, Kentucky plant
Automotive Systems Group Greenfield Plant Retirement Income Plan (Greenfield – Plan 032)	Hourly employees of Hoover's Automotive Systems Group Greenfield, Ohio plant
TechnoTrim, Inc. Pension Plan for Salaried Employees (TechnoTrim – Plan 046)	Salaried employees of TechnoTrim
Shelbyville Union Pension Plan (Shelbyville – Plan 053)	Union production employees of the Company's Shelbyville, Kentucky plant
Johnson Controls Automotive Systems Group Production Employees Pension Plan (ASG Production – Plan 006)	Hourly employees of the Battle Creek, Michigan; Oklahoma City, Oklahoma; Earth City, Missouri; and Shreveport, Louisiana plants
Johnson Controls Pension Plan Automotive Systems Group/ West Carrollton Production Employees (West Carrollton – Plan 007)	Union production employees of the Company's West Carrollton, Ohio plant

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JOHNSON CONTROLS, INC.
PENSION PLANS
NOTES TO THE FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2009 AND 2008

Name of Plan	Eligible Employees (Subject to Other Plan Requirements)
York International Corporation Pension Plan Number Four (UAW) (York Plan 4 – Plan 018)	Employees subject to the terms and conditions of the Collective Bargaining Agreement between the Company and the International Union, United Automobile, Aerospace, and Agricultural Implement Workers of America, UAW and Local Union No. 1872
York International Corporation Pension Plan Number Six (Field Wage) (York Plan 6 – Plan 019)	Certain nonunion field wage employees of the Engineered Systems Division
York International Corporation Pension Plan Number Seven (Norman Plant) (York Plan 7 – Plan 020)	Nonunion hourly employees of the Norman, Oklahoma plant
York International Corporation Pension Plan Number Twelve (York Plan 12 – Plan 023)	Nonunion employees of the Frigid Coil East division, Tempmaster and former salaried employees of the Portland, Oregon and Salisbury, Maryland facilities
York International Corporation Pension Plan Number Thirteen (York Plan 13 – Plan 024)	Non-bargaining employees in the Frigid Coil West, Imeco and Frick divisions
York International Corporation Pension Plan Number Fourteen (York Plan 14 – Plan 025)	Nonunion employees at the Engineered Systems and the RECO Refrigeration San Antonio, Texas plants
York International Corporation Pension Plan Number Fifteen (York Plan 15 – Plan 026)	Union employees of the Frick Factory
York International Corporation Pension Plan Number Eighteen (York Plan 18 – Plan 028)	Salaried employees of Evcon Industries, Inc.
York International Corporation Pension Plan Number Nineteen (York Plan 19 – Plan 029)	Hourly employees of Evcon Industries, Inc., including employees covered by the Collective Bargaining Agreement with the International Association of Machinists and Aerospace Workers AFL-CIO District 70, Local 2799
York International Corporation Miller-Picking Pension Plan (York Plan 23 – Plan 031)	Nonunion employees of the Miller-Picking division

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VESTING

One year of vesting service is credited each year a participant completes 1,000 or more hours of service. A participant receives a year of vesting service for each 12 months of employment by the Company or an affiliated company beginning on the first day of the month of hiring and ending on the severance date. The participant also receives partial vesting service for less than a 12-month period. A break in service of less than 12 months also counts as vesting service. The participant is fully vested after five years of vesting service. For employees hired by Johnson Controls after the acquisition of Findlay Industries West Carrollton, Ohio facility, the hire date with Findlay Industries is used to credit vesting service.

FUNDING POLICY

The Company's funding policy is to make contributions to the Plans in amounts that meet or exceed the minimum amounts required by ERISA. The Company's contributions for the years ended December 31, 2009 and 2008 met or exceeded the ERISA required minimum amounts.

Although it has not expressed any intention to do so, the Company has the right under the Plans to discontinue its contributions at any time and to terminate the Plans subject to the provisions set forth in ERISA.

ADMINISTRATIVE EXPENSES

Administrative expenses are paid by the Plans, as allowed by the Plans' provisions, with all remaining expenses paid by the Company.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF PRESENTATION

The accompanying financial statements are prepared on the accrual basis of accounting. Certain reclassifications have been made to the prior year financial statements to conform to the current year presentation.

USE OF ESTIMATES

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America 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 date of the financial statements. Actual results could differ from those estimates.

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JOHNSON CONTROLS, INC. MASTER PENSION TRUST

The Company has entered into a Master Pension Trust agreement (the "Master Trust") with U.S. Bank, N.A. (the "Trustee"). Under the agreement, the Plans participate under a master trust arrangement whereby all the assets of the plans are pooled and invested in one or more investment accounts.

The Master Trust holds investments in short-term securities, U.S. government securities, bonds, mutual and pooled equity funds and common stocks as of December 31, 2009 and 2008.

The Company requires collateral of 102% of the value of any securities lending transactions.

Each Plan's interest in the investments of the Master Trust is evidenced by units of participation, as no Plan has a right, title or ownership of any of the specific assets in the Master Trust. In accordance with the Master Trust agreement, net investment income of the Master Trust is prorated to each participating Plan in proportion to the number of units held by each Plan. Plan participation in the Master Trust is adjusted as required to reflect benefit payments to the Plans' participants and for Company contributions.

The following represents the percentage interest in the Master Trust by Plan:

	December 31,	
	2009	**2008**
Johnson Controls Pension (001)	71.0%	69.7%
Battery Division Hourly (016)	12.6%	12.8%
Battery Division Owosso UAW (017)	6.7%	5.8%
Cadiz (030)	0.0%	1.0%
Greenfield (032)	0.0%	0.8%
TechnoTrim (046)	0.2%	0.2%
Shelbyville (053)	0.0%	0.1%
ASG Production (006)	0.2%	0.2%
West Carrollton (130)	0.0%	0.1%
JCIM US, LLC (035)*	0.2%	0.0%
York Plan 4 (018)	4.3%	4.4%
York Plan 6 (019)	0.1%	0.1%
York Plan 7 (020)	1.0%	0.9%
York Plan 12 (023)	0.3%	0.3%
York Plan 13 (024)	1.0%	1.0%
York Plan 14 (025)	0.2%	0.2%
York Plan 15 (026)	0.6%	0.7%
York Plan 18 (028)	0.6%	0.6%
York Plan 19 (029)	0.7%	0.7%
York Plan 23 (031)	0.3%	0.4%
Total	100.0%	100.0%

*The JCIM US, LLC plan, which is included in the Master Trust, has a June 30 year end. As such, a separate report is prepared for each plan year.

The Statements of Financial Position as of December 31, 2009 and 2008 and the Statement of Operations and Changes in Participating Plans' Equity of the Johnson Controls, Inc. Master Pension Trust for the year ended December 31, 2009 are presented in Note 10.

DATE OF MANAGEMENT'S REVIEW

Management has evaluated subsequent events through September 15, 2010, the date which the financial statements were available to be issued.

NOTE 3 – INVESTMENTS

Assets of the Plans, with the exception of the employer contribution receivable and accrued administrative expenses, as shown in the Statements of Net Assets Available for Benefits, investment income as shown in the Statements of Changes in Net Assets Available for Benefits, and the Master Trust financial information appearing in Note 10, have been derived from information prepared and certified as complete and accurate by the Trustee, in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

NOTE 4 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments that are attributable under the Plans' benefit provisions based on employees' years of service. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits. The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. The actuarial assumptions used for the January 1, 2009 and 2008 valuations are based on the Unit Credit Actuarial Cost Method for all Plans. The current actuarial assumptions are based on the presumption that the Plans will continue. If the Plans were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by an actuary from Hewitt Associates LLC.

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The significant actuarial assumptions used in the valuations at January 1, 2009 and 2008 were:

Description	Assumption	
Retirement Age	Varies based on the probability of retirement at social security retirement age of 65 to 67, with 100% at age 70.	
Mortality Rates	2009: 2009 Static Mortality Table for annuitants and non-annuitants. 2008: 2008 Static Mortality Table for annuitants and non-annuitants.	
Withdrawal Rates	A graduated scale from higher to lower as years of service increase.	
Disability Rates	A graduated scale from lower to higher as age advances.	
Interest Rates	2009: Based on the full Yield Curve with a two month lookback (October 2008 yield curve), with sample rates as follows: Duration 0.5 – 5.45% Duration 5.5 – 8.25% Duration 10.5 – 8.87% Duration 15.5 – 8.65% Duration 20.5 – 8.11 % Duration 25.5 – 7.71% Duration 30.5 – 7.46%	2008: Based on segment rates without regard to the three-year phase in: 1st Segment Rate – 5.31% 2nd Segment Rate – 5.92% 3rd Segment Rate – 6.43%

NOTE 5 – TAX STATUS

The Company has received favorable determination letters from the IRS as to the qualified status of the Plans under the Internal Revenue Code ("IRC") and these Plans are, therefore, exempt from federal income taxes. Some of the Plans have been amended since receiving the determination letters. However, the Plan administrator believes that all the Plans are currently designed and being operated in compliance with applicable requirements of the IRC.

NOTE 6 – PLAN TERMINATION

The Company anticipates and believes the Plans will continue without interruption but reserves the right to discontinue any Plan at any time in accordance with the respective plan provisions and provisions set forth in ERISA. In the event of a Plan termination or permanent discontinuance of contributions to a Plan, the assets of the Plan will be distributed in accordance with the requirements of 29 CFR 4044 of ERISA.

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Certain benefits under the Plans are insured by the Pension Benefit Guaranty Corporation ("PBGC"), a U.S. government agency, in the event of Plan termination. The net assets of the Plans will be allocated as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plans. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
3. Other vested benefits insured by the PBGC up to the applicable limitations.
4. All other vested benefits (not insured by the PBGC).
5. All non-vested benefits.

Certain benefits under the Plans are insured by the PBGC if the Plans terminate. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plans, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plans are guaranteed at the level in effect on the date of the Plans' termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2010, that ceiling is $4,500 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants, or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should a Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan's sponsor and the level of benefits guaranteed by the PBGC.

NOTE 7 – PARTY-IN-INTEREST TRANSACTIONS

Transactions involving the account administered by the Trustee and the funds of the Russell Investment Group, JP Morgan Chase & Co., Baird Funds, Goldman Sachs and Barclays PLC, the investment managers for the Plans, are considered party-in-interest transactions. These transactions are not, however, considered prohibited transactions under 29 CFR 408(b) of the ERISA regulations.

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NOTE 8 – RISKS AND UNCERTAINTIES

The Plans' investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the values of investments, it is at least reasonably possible that changes in risks in the near term would materially affect the amounts reported in the Statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits.

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the value of accumulated plan benefits.

NOTE 9 – PLAN MERGER

Effective December 31, 2009, the Shelbyville Union Pension Plan merged into the Johnson Controls Pension Plan. Also, the Automotive Systems Group Cadiz Retirement Income Plan, the Automotive Systems Group Greenfield Plant Retirement Income Plan and the Johnson Controls Pension Plan Automotive Systems Group/West Carrollton Production Employees merged into the Johnson Controls Pension Plan Battery Division Owosso UAW Employees.

Effective December 31, 2008, the Johnson Controls Pension Plan System Products Division/Goshen Production Employees, the Johnson Controls Pension Plan Systems Products Division/Watertown Production Employees, the Automotive Systems Group Mt. Clemens Production Employees Pension Plan, the Johnson Controls Pension Plan Automotive Systems Group/Port Street Union, the Johnson Controls Pension Plan Automotive Systems Group/Oberlin Production Employees, the Johnson Controls Pension Plan Automotive Systems Group/Johns Creek Production Employees and the York International Corporation Pension Plan Number 8 merged into the Johnson Controls Pension Plan Battery Division Owosso UAW Employees.

As a result of the December 31, 2008 Plan mergers, the actuarial present value of accumulated plan benefits for the Johnson Controls Pension Plan Battery Division Owosso UAW Employees at January 1, 2009 increased by $40,925,225 because of the transfer of accumulated plan benefits from each of the seven merged Plans.

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JOHNSON CONTROLS, INC.
PENSION PLANS
NOTES TO THE FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2009 AND 2008

NOTE 10 – JOHNSON CONTROLS, INC. MASTER PENSION TRUST

The Statements of Financial Position as of December 31, 2009 and 2008 and the Statement of Operations and Changes in Participating Plans' Equity for the year ended December 31, 2009 for the Master Trust are presented in the following tables.

STATEMENTS OF FINANCIAL POSITION

	December 31,	
	2009	2008
Assets		
Cash & cash equivalents	$ 69,194,853	$ 18,438,490
U.S. government and federal agency securities	231,451,189	276,068,765
Corporate issues	176,230,541	189,654,441
Municipal issues	907,006	-
Foreign issues	33,287,700	27,807,091
Total fixed income fund	511,071,289	511,968,787
Domestic stocks	500,294,189	324,029,187
Foreign stocks	413,961,832	285,716,846
Domestic growth and value stocks	309,145,202	204,397,850
Total equity investments	1,223,401,223	814,143,883
Investment in real estate	89,857,772	146,656,352
Hedge fund	88,655,565	84,358,367
Due from brokers for securities sold	8,086,821	129,237
Accrued dividends and interest receivable	4,007,134	5,325,083
	$ 1,925,079,804	$ 1,562,581,709
Liabilities and Participating Plans' Equity		
Due to brokers for securities purchased	1,683,004	338,730
Participating plans' equity	1,919,300,521	1,562,242,979
JCIM US, LLC Pension Plan's equity*	4,096,279	-
Total equity	1,923,396,800	1,562,242,979
	$ 1,925,079,804	$ 1,562,581,709

* The JCIM US, LLC plan, which is included in the Master Trust, has a June 30 year end. As such, a separate report is prepared for each plan year.

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JOHNSON CONTROLS, INC.
PENSION PLANS
NOTES TO THE FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2009 AND 2008

JOHNSON CONTROLS, INC.
MASTER PENSION TRUST
STATEMENT OF OPERATIONS AND CHANGES IN PARTICIPATING PLANS' EQUITY

	Year Ended December 31, 2009
Investment income	
Net gain on fixed income fund	$ 30,491,868
Net gain on equity investments	322,929,809
Net gain on hedge fund	4,297,198
Net loss on investment in real estate	(58,362,111)
	299,356,764
Contributions received from participating plans	161,350,000
Total increases	460,706,764
Withdrawals by participating plans for benefit payments, asset transfers and plan expenses	94,128,400
Administrative expenses	5,424,543
Total decreases	99,552,943
Net increase in participating plans' equity	361,153,821
Participating plans' equity	
Beginning of year	1,562,242,979
Less: JCIM US, LLC Pension Plan's equity*	(4,096,279)
End of year	$ 1,919,300,521

* The JCIM US, LLC plan, which is included in the Master Trust, has a June 30 year end. As such, a separate report is prepared for each plan year.

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JOHNSON CONTROLS, INC.
PENSION PLANS
NOTES TO THE FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2009 AND 2008

Investments that represent 5% or more of the fair value of the Plans' net assets as of December 31, 2009 and 2008 are:

Investments	December 31, 2009	December 31, 2008
Russell Non- U.S. Equity, 2,694,499 and 2,585,066 units, respectively	$397,695,398	$282,782,664
Goldman Sachs Fund, 1,866,773 and 2,162,502 units, respectively	237,214,370	247,775,980
Baird Fixed Income Fund, 1,585,735 and 1,988,900 units, respectively	219,699,274	243,784,086
JP Morgan 500 Index, 1,514,129 and 1,211,632 units, respectively	163,446,916	102,172,607
JP Morgan Enhanced Index, 1,808,243 and 1,495,828 units, respectively	155,039,303	102,683,042
Russell Tacoma Growth Fund, 1,457,321 and 1,335,707 units, respectively	154,671,612	102,974,745
Russell U.S. Value Fund, 1,495,515 and 1,268,152 units, respectively	154,473,590	101,423,105
Johnson Controls – Columbus, 922,755 units	107,308,423	*
Johnson Controls – Thompson, Siegel & Walmsley LLC Fund, 922,755 units	103,301,208	*
Russell Real Estate Fund, 1,037,869 units	*	146,656,352
Barclays Fund, 1,992,776 units	*	123,147,787
Johnson Controls Select Invest, 1,000,000 units	*	84,358,367

* Asset was not greater than 5% in the respective year.

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NOTE 11 – FAIR VALUE MEASUREMENTS

ASC 820, "Fair Value Measurements and Disclosures," defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. ASC 820 also establishes a three-level fair value hierarchy that prioritizes information used in developing assumptions when pricing an asset or liability as follows:

Level 1: Observable inputs such as quoted prices in active markets;

Level 2: Inputs, other than quoted prices in active markets, that are observable either directly or indirectly; and

Level 3: Unobservable inputs where there is little or no market data, which requires the reporting entity to develop its own assumptions.

ASC 820 requires the use of observable market data, when available, in making fair value measurements. When inputs used to measure fair value fall within different levels of the hierarchy, the level within which the fair value measurement is categorized is based on the lowest level input that is significant to the fair value measurement.

The following table sets forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of December 31, 2009 and 2008:

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Fixed Income Fund	$ 511,071,289	$ -	$ -	$ 511,071,289
Equity Investments	1,223,401,223	-	-	1,223,401,223
Investment in Real Estate	-	-	89,857,772	89,857,772
Hedge Fund	-	-	88,655,565	88,655,565
Total assets at fair value	$ 1,734,472,512	$ -	$ 178,513,337	$ 1,912,985,849

	Assets at Fair Value as of December 31, 2008			
	Level 1	Level 2	Level 3	Total
Fixed Income Fund	$ 511,968,787	$ -	$ -	$ 511,968,787
Equity Investments	814,143,883	-	-	814,143,883
Investment in Real Estate	-	-	146,656,352	146,656,352
Hedge Fund	-	-	84,358,367	84,358,367
Total assets at fair value	$ 1,326,112,670	$ -	$ 231,014,719	$ 1,557,127,389

Following is a description of the valuation methodologies used for assets measured at fair value.

Fixed Income Fund: The fair value for the Fixed Income Fund is determined by indirect quoted market prices. The value of the fund is not published, but the investment manager reports daily the underlying holdings. The underlying holdings are direct quoted market prices on liquid and regulated financial exchanges.

Equity Investments: The fair value for the Equity Investments is determined by indirect quoted market prices. The value of the fund is not published, but the investment manager reports daily the underlying holdings. The underlying holdings are direct quoted market prices on liquid and regulated financial exchanges.

Investment in Real Estate: The fair value for the investments in the Russell Real Estate Fund is valued by a fund manager, Russell Private Real Estate. Russell values the investment the same way as other stocks that trade on organized public exchanges. The prices of the shares represent the present values of expected future rent income. Assumptions used to revalue the properties are updated every quarter and independent valuations are obtained to support valuation models. Rockwood Real Estate is in the early stages of funding, and therefore properties are currently recorded at cost. The partnership manager regularly updates valuations to ensure the carrying value approximates the fair value. The Company believes this is the appropriate methodology to obtain the fair value of the assets.

Hedge Fund: The fair value of the Hedge Fund is accounted for by Union Bancaire Privée's custodian, Citibank. Citibank obtains valuation from underlying managers based on market quotes for the most liquid assets and alternative methods for assets that do not have sufficient trading activity to derive prices. The Company and Union Bancaire Privée reviewed the methods used by the underlying managers to value the assets held at Citibank. The Company believes that the appropriate methodology is used to obtain valuations that are as close as possible to the fair value of the assets.

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

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The table below sets forth a summary of changes in the fair value of the Master Trust's Level 3 assets for the years ended December 31, 2009 and 2008.

	Level 3 Assets Year Ended December 31, 2009	
	Investment in Hedge Fund	Investment in Real Estate
Balance, January 1, 2009	$ 84,358,367	$ 146,656,352
Purchases and redemptions	-	1,563,530
Unrealized gains (losses)	20,456,837	(58,036,760)
Realized losses	(16,159,639)	(325,350)
Balance, December 31, 2009	$ 88,655,565	$ 89,857,772

	Level 3 Assets Year Ended December 31, 2008	
	Investment in Hedge Fund	Investment in Real Estate
Balance, January 1, 2008	$ -	$ 115,500,000
Purchases and redemptions	100,000,000	-
Unrealized gains (losses)	(15,641,633)	31,156,352
Balance, December 31, 2008	$ 84,358,367	$ 146,656,352

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COLEMAN & WILLIAMS, LTD.
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SUPPLEMENTAL SCHEDULES

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JOHNSON CONTROLS, INC.
PENSION PLANS
SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JOHNSON CONTROLS, INC. MASTER PENSION TRUST, EIN: 39-0380010
DECEMBER 31, 2009

	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value)	Costs of Asset	Current Value
*	Russell Tacoma Growth Fund	1,457,321 Units	$ 148,465,402	$ 154,671,612
*	Baird Tactical	381,516 Units	41,612,867	46,148,804
*	Johnson Controls Columbus	922,755 Units	92,275,518	107,308,422
*	Goldman Sachs	1,866,773 Units	193,788,983	237,214,370
*	Johnson Controls Rockwood	48,555 Units	4,855,527	4,855,527
*	Selectinvest Institutional ARV LTD.	1,000,000 Units	100,000,001	88,655,565
*	Thompson, Siegel & Walmsley LLC	922,755 Units	92,275,518	103,301,208
*	Johnson Controls Cash Fund	1,169 Units	5,658,243	5,884,567
*	Baird Fixed Income	1,585,735 Units	176,654,889	219,699,274
*	JP Morgan Enhanced Index	1,808,243 Units	168,857,433	155,039,302
*	JP Morgan 500 Index	1,514,129 Units	146,690,962	163,446,916
*	Russell Non-U.S. Equity	2,694,499 Units	357,437,453	397,695,398
*	Russell Real Estate Fund	1,009,835 Units	112,380,203	85,002,245
*	Russell U.S. Value Fund	1,495,515 Units	151,831,960	154,473,590
	Totals		**$ 1,792,784,959**	**$ 1,923,396,800**

* Indicates party-in-interest.

JOHNSON CONTROLS, INC.
PENSION PLANS
SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
JOHNSON CONTROLS, INC. MASTER PENSION TRUST, EIN: 39-0380010
DECEMBER 31, 2009

Identity of Party Involved	Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Single Transaction								
Barclays	1,804,166 units		$ 130,023,489			$ 161,739,108	$ 70 per unit	$ (31,715,619)
Series of Transactions								
Barclays	567,998 units	$ 30,000,001				30,000,001	53 per unit	-
	2,560,773 units		184,551,035			229,277,537	70 per unit	(44,726,502)
Total	3,128,771	$ 30,000,001	$ 184,551,035			$ 259,277,538		$ (44,726,502)
Columbus Circle Investors	922,755 units	92,275,520				92,275,520	100 per unit	-
Thompson, Siegel & Walmsley LLC	922,755 units	92,275,520				92,275,520	100 per unit	-
Goldman Sachs	160,655 units	20,000,002				20,000,002	124 per unit	-
	77,657 units	10,000,002				10,000,002	129 per unit	-
	35,097 units		4,000,002			3,529,986	114 per unit	470,016
	35,346 units		4,000,000			3,555,056	113 per unit	444,944
	151,093 units		15,999,997			15,196,736	106 per unit	803,261
	312,504 units		36,000,000			31,431,360	115 per unit	4,568,640
Total	772,352	$ 30,000,004	$ 59,999,999			$ 83,713,142		$ 6,286,861
Baird Fixed Income	7,282 units	892,546				892,546	123 per unit	-
	3,140 units	383,295				383,295	122 per unit	-
	3,116 units	377,053				377,053	121 per unit	-
	4,588 units	569,969				569,969	124 per unit	-
	2,095 units	266,691				266,691	127 per unit	-
	4,160 units	529,595				529,595	127 per unit	-
	9,574 units	1,219,018				1,219,018	127 per unit	-
	185,818 units	25,000,000				25,000,000	135 per unit	-
	2,757 units	351,081				351,081	127 per unit	-
	6,156 units	844,355				844,355	137 per unit	-
	60 units	8,254				8,254	138 per unit	-
	15,780 units	2,214,138				2,214,138	140 per unit	-
	48,852 units		5,987,883			5,268,072	123 per unit	719,811
	1 unit		121			113	122 per unit	8
	1,669 units		204,540			184,425	123 per unit	20,115
	35,908 units		4,383,295			3,882,853	122 per unit	500,442
	49,590 units		6,000,000			5,342,941	121 per unit	657,059
	3,114 units		376,741			349,833	121 per unit	26,908

JOHNSON CONTROLS, INC.
PENSION PLANS
SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
JOHNSON CONTROLS, INC. MASTER PENSION TRUST, EIN: 39-0380010
DECEMBER 31, 2009

Identity of Party Involved	Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Baird Fixed Income (continued)	3 units		$ 313			$ 294	$ 121 per unit	$ 19
	135,065 units		15,348,760			14,554,162	114 per unit	794,598
	280,988 units		34,651,250			30,278,428	123 per unit	4,372,822
	4,588 units		569,969			517,865	124 per unit	52,104
	2,066 units		263,026			234,169	127 per unit	28,857
	29 units		3,664			3,210	127 per unit	454
	4,043 units		514,781			454,885	127 per unit	59,896
	116 units		14,813			13,109	127 per unit	1,704
	9,493 units		1,208,678			1,049,186	127 per unit	159,492
	81 units		10,338			9,057	127 per unit	1,281
	2,658 units		338,437			287,035	127 per unit	51,402
	65 units		8,274			7,431	127 per unit	843
	34 units		4,369			3,839	127 per unit	530
	6,156 units		844,354			675,789	137 per unit	168,565
	47,333 units		6,257,625			5,259,899	132 per unit	997,726
	60 units		8,254			6,822	138 per unit	1,432
	15,780 units		2,214,137			1,777,166	140 per unit	436,971
Total	892,218 units	$ 32,655,995	$ 79,213,622			$ 102,816,578		$ 9,053,039
Cash Fund	5,472 units	$ 6,192,546				6,192,546	1,132 per unit	-
	1 unit	1,159				1,159	1,872 per unit	-
	8,335 units	8,383,298				8,383,298	1,006 per unit	-
	2,911 units	10,000,012				10,000,012	3,435 per unit	-
	110 units	377,054				377,054	3,435 per unit	-
	10 units	50,000				50,000	4,794 per unit	-
	3,540 units	17,000,001				17,000,001	4,802 per unit	-
	47 units	224,998				224,998	4,802 per unit	-
	416 units	1,999,998				1,999,998	4,802 per unit	-
	172 units	824,991				824,991	4,802 per unit	-
	52 units	250,002				250,002	4,802 per unit	-
	73 units	349,996				349,996	4,802 per unit	-
	10,135 units	48,670,893				48,670,893	4,802 per unit	-
	20 units	98,385				98,385	4,802 per unit	-
	13 units	60,631				60,631	4,802 per unit	-
	1 unit	5,004				5,004	4,802 per unit	-
	7 units	34,628				34,628	4,802 per unit	-
	19 units	91,499				91,499	4,802 per unit	-

JOHNSON CONTROLS, INC.
PENSION PLANS
SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
JOHNSON CONTROLS, INC. MASTER PENSION TRUST, EIN: 39-0380010
DECEMBER 31, 2009

Identity of Party Involved	Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Cash Fund (continued)	3,227 units	$ 15,495,834				$ 15,495,834	$ 4,802 per unit	$ -
	34 units	163,780				163,780	4,802 per unit	-
	543 units	2,609,150				2,609,150	4,802 per unit	-
	20 units	96,892				96,892	4,802 per unit	-
	10 units	46,969				46,969	4,802 per unit	-
	8 units	36,510				36,510	4,802 per unit	-
	1 unit	3,093				3,093	4,803 per unit	-
	145 units	697,221				697,221	4,802 per unit	-
	4 units	17,691				17,691	4,802 per unit	-
	24 units	114,905				114,905	4,802 per unit	-
	39 units	189,654				189,654	4,802 per unit	-
	1 unit	6,387				6,387	4,802 per unit	-
	155 units	746,275				746,275	4,802 per unit	-
	5 units	25,706				25,706	4,802 per unit	-
	14 units	68,262				68,262	4,802 per unit	-
	18 units	87,101				87,101	4,802 per unit	-
	1 unit	3,491				3,491	4,802 per unit	-
	44 units	213,209				213,209	4,802 per unit	-
	59 units	283,425				283,425	4,802 per unit	-
	3 units	12,476				12,476	4,802 per unit	-
	44 units	209,818				209,818	4,802 per unit	-
	46 units	219,648				219,648	4,802 per unit	-
	2 units	11,150				11,150	4,802 per unit	-
	51 units	243,097				243,097	4,802 per unit	-
	55 units	264,245				264,245	4,802 per unit	-
	2 units	11,434				11,434	4,802 per unit	-
	90 units	433,903				433,903	4,802 per unit	-
	102 units	489,627				489,627	4,802 per unit	-
	5 units	22,685				22,685	4,802 per unit	-
	26 units	123,039				123,039	4,802 per unit	-
	32 units	151,828				151,828	4,802 per unit	-
	1 unit	7,030				7,030	4,802 per unit	-
	81 units	391,218				391,218	4,802 per unit	-
	81 units	391,112				391,112	4,802 per unit	-
	4 units	20,174				20,174	4,802 per unit	-
	37 units	178,221				178,221	4,802 per unit	-
	1 unit	3,563				3,563	4,802 per unit	-
	6 units	27,026				27,026	4,802 per unit	-

JOHNSON CONTROLS, INC.
PENSION PLANS
SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
JOHNSON CONTROLS, INC. MASTER PENSION TRUST, EIN: 39-0380010
DECEMBER 31, 2009

Identity of Party Involved	Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Cash Fund (continued)	5 units	$ 24,390				$ 24,390	$ 4,802 per unit	$ -
	0 units	1,373				1,373	4,801 per unit	-
	5 units	25,000				25,000	4,802 per unit	-
	0 units	376				376	4,816 per unit	-
	0 units	140				140	4,817 per unit	-
	3 units	16,756				16,756	4,816 per unit	-
	117 units	557,916				557,916	4,783 per unit	-
	1 unit	4,391				4,391	4,783 per unit	-
	2 units	7,662				7,662	4,783 per unit	-
	808 units	3,885,923				3,885,923	4,808 per unit	-
	1,872 units	9,000,005				9,000,005	4,808 per unit	-
	5 units	23,968				23,968	4,808 per unit	-
	50 units	239,059				239,059	4,808 per unit	-
	1 unit	3,664				3,664	4,808 per unit	-
	2 units	8,773				8,773	4,834 per unit	-
	6 units	26,908				26,908	4,833 per unit	-
	3,516 units	17,000,000				17,000,000	4,835 per unit	-
	21 units	100,000				100,000	4,835 per unit	-
	26 units	125,000				125,000	4,835 per unit	-
	414 units	2,000,000				2,000,000	4,835 per unit	-
	21 units	100,000				100,000	4,835 per unit	-
	31 units	150,000				150,000	4,835 per unit	-
	62 units	300,000				300,000	4,835 per unit	-
	16 units	75,000				75,000	4,835 per unit	-
	41 units	200,000				200,000	4,835 per unit	-
	52 units	250,000				250,000	4,835 per unit	-
	36 units	175,000				175,000	4,835 per unit	-
	21 units	100,000				100,000	4,835 per unit	-
	16 units	75,000				75,000	4,835 per unit	-
	5 units	25,000				25,000	4,835 per unit	-
	115 units	555,467				555,467	4,835 per unit	-
	8 units	37,079				37,079	4,835 per unit	-
	102 units	492,515				492,515	4,835 per unit	-
	249 units	1,199,696				1,199,696	4,820 per unit	-
	2 units	8,984				8,984	4,820 per unit	-
	2 units	10,338				10,338	4,820 per unit	-
	4,134 units	20,000,005				20,000,005	4,838 per unit	-
	18,600 units	90,000,001				90,000,001	4,839 per unit	-
	70 units	338,437				338,437	4,839 per unit	-
	2 units	8,274				8,274	4,839 per unit	-

JOHNSON CONTROLS, INC.
PENSION PLANS
SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
JOHNSON CONTROLS, INC. MASTER PENSION TRUST, EIN: 39-0380010
DECEMBER 31, 2009

Identity of Party Involved	Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Cash Fund (continued)	1 unit	$ 4,369				$ 4,369	$ 4,839 per unit	$ -
	3 units	16,909				16,909	4,842 per unit	-
	0 units	731				731	4,842 per unit	-
	13 units	65,000				65,000	4,844 per unit	-
	59 units	284,134				284,134	4,844 per unit	-
	2,064 units	10,000,000				10,000,000	4,844 per unit	-
	118 units	569,244				569,244	4,844 per unit	-
	5 units	23,047				23,047	4,844 per unit	-
	10 units	48,603				48,603	4,844 per unit	-
	7 units	35,273				35,273	4,844 per unit	-
	14 units	68,506				68,506	4,844 per unit	-
	5 units	24,384				24,384	4,844 per unit	-
	12 units	57,530				57,530	4,844 per unit	-
	4 units	17,767				17,767	4,844 per unit	-
	4,278 units	20,698,866				20,698,866	4,838 per unit	-
	2 units	8,253				8,253	4,838 per unit	-
	2,066 units	10,000,001				10,000,001	4,841 per unit	-
	455 units	2,202,277				2,202,277	4,841 per unit	-
	2 units	7,659				7,659	4,841 per unit	-
	1 unit	4,202				4,202	4,841 per unit	-
	0 units	1,938				1,938	4,858 per unit	-
	0 units	335				335	4,858 per unit	-
	0 units	102				102	4,858 per unit	-
	8,141 units		$ 9,211,780			8,942,198	1,132 per unit	269,582
	8,410 units		8,458,152			8,466,469	1,006 per unit	(8,317)
	2,321 units		7,970,799			7,960,900	3,435 per unit	9,899
	33 units		111,812			111,812	3,435 per unit	-
	574 units		1,972,285			1,947,213	3,435 per unit	25,072
	20 units		67,602			38,051	3,435 per unit	29,551
	31 units		106,993			88,889	3,435 per unit	18,104
	10,159 units		48,784,833			48,784,832	4,802 per unit	1
	42 units		203,638			200,596	4,802 per unit	3,042
	18 units		88,445			86,631	4,802 per unit	1,814
	25 units		117,930			115,511	4,802 per unit	2,419
	3,178 units		15,261,026			15,261,025	4,802 per unit	1
	6 units		27,281			27,281	4,802 per unit	-
	8 units		36,381			36,381	4,802 per unit	-

JOHNSON CONTROLS, INC.
PENSION PLANS
SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
JOHNSON CONTROLS, INC. MASTER PENSION TRUST, EIN: 39-0380010
DECEMBER 31, 2009

Identity of Party Involved	Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Cash Fund (continued)	144 units		$ 690,201			$ 688,494	$ 4.802 per unit	$ 1,707
	30 units		144,697			141,144	4.802 per unit	3,553
	164 units		785,201			773,866	4.802 per unit	11,335
	40 units		190,192			186,058	4.802 per unit	4,134
	44 units		211,729			204,431	4.802 per unit	7,298
	59 units		282,306			272,574	4.802 per unit	9,732
	41 units		198,447			186,474	4.802 per unit	11,973
	359 units		1,724,781			1,696,025	4.802 per unit	28,756
	26 units		124,528			123,326	4.802 per unit	1,202
	181 units		868,402			852,968	4.802 per unit	15,434
	19 units		88,882			70,144	4.802 per unit	18,738
	25 units		118,506			93,523	4.802 per unit	24,983
	11 units		52,607			45,381	4.802 per unit	7,226
	1,201 units		5,767,402			5,767,401	4.802 per unit	1
	3 units		16,255			16,030	4.802 per unit	225
	2 units		10,517			10,308	4.802 per unit	209
	500 units		2,400,316			2,400,316	4.802 per unit	-
	3 units		14,920			14,920	4.802 per unit	-
	13 units		60,310			60,172	4.802 per unit	138
	3 units		13,335			13,027	4.802 per unit	308
	14 units		66,759			66,106	4.802 per unit	653
	3 units		13,062			12,794	4.802 per unit	268
	11 units		50,744			49,126	4.802 per unit	1,618
	8 units		39,324			37,122	4.802 per unit	2,202
	10 units		50,321			50,238	4.802 per unit	83
	17 units		82,539			81,517	4.802 per unit	1,022
	7 units		31,636			31,353	4.802 per unit	283
	13 units		62,773			61,641	4.802 per unit	1,132
	1 unit		2,540			2,536	4.802 per unit	4
	2 units		11,597			9,902	4.802 per unit	1,695
	0 units		2,238			1,954	4.802 per unit	284
	0 units		375			374	4.802 per unit	1
	1,178 units		5,632,715			5,655,229	4.783 per unit	(22,514)
	2 units		9,992			9,893	4.783 per unit	99
	1 unit		4,807			4,730	4.783 per unit	77
	469 units		2,243,090			2,249,826	4.783 per unit	(6,736)
	3 units		12,350			12,381	4.783 per unit	(31)

JOHNSON CONTROLS, INC.
PENSION PLANS
SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
JOHNSON CONTROLS, INC. MASTER PENSION TRUST, EIN: 39-0380010
DECEMBER 31, 2009

Identity of Party Involved	Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Cash Fund (continued)	9 units		$ 42,176			$ 42,248	$ 4,783 per unit	$ (72)
	2 units		9,920			9,729	4,783 per unit	191
	12 units		56,774			56,444	4,783 per unit	330
	2 units		8,365			8,226	4,783 per unit	139
	9 units		44,668			43,417	4,783 per unit	1,251
	7 units		35,628			33,768	4,783 per unit	1,860
	5 units		24,551			24,609	4,783 per unit	(58)
	13 units		63,547			63,011	4,783 per unit	536
	16 units		76,155			75,394	4,783 per unit	761
	0 units		627			628	4,783 per unit	(1)
	2 units		9,016			7,729	4,783 per unit	1,287
	5 units		23,116			21,212	4,783 per unit	1,904
	55 units		266,691			266,539	4,808 per unit	152
	2,133 units		10,254,092			10,241,997	4,808 per unit	12,095
	1,677 units		8,109,945			8,094,842	4,835 per unit	15,103
	1,970 units		9,493,679			9,505,730	4,820 per unit	(12,051)
	16,533 units		80,000,013			79,970,665	4,839 per unit	29,348
	73 units		351,081			351,002	4,839 per unit	79
	1,626 units		7,866,160			7,862,376	4,839 per unit	3,784
	3,307 units		16,011,569			15,995,363	4,842 per unit	16,206
	1,815 units		8,792,251			8,783,732	4,844 per unit	8,519
	516 units		2,495,203			2,494,115	4,838 per unit	1,088
	2 units		8,253			8,250	4,838 per unit	3
	1,671 units		8,084,649			8,082,581	4,838 per unit	2,068
	4,338 units		20,999,987			20,978,375	4,841 per unit	21,612
	1,965 units		9,511,821			9,506,303	4,841 per unit	5,518
	457 units		2,214,138			2,212,854	4,841 per unit	1,284
	1,756 units		8,499,071			8,495,103	4,841 per unit	3,968
Total	153,462 units	$ 310,023,174	$ 307,852,499	$ -	$ -	$ 617,280,509		$ 595,164

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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **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

York Int Corp Pension Plan Number Thirteen

B Three-digit plan number (PN) ▶ 013

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

York International Corporation

D Employer Identification Number (EIN)

13-3473472

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

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

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2009

2 Assets:

a	Market value	**2a**	16,277,510
b	Actuarial value	**2b**	17,905,261

3 Funding target/participant count breakdown

			(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	157	5,411,588
b	For terminated vested participants	**3b**	134	1,714,596
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		240,455
	(2) Vested benefits	**3c(2)**		4,846,959
	(3) Total active	**3c(3)**	314	5,087,414
d	Total	**3d**	605	12,213,598

4 If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor	**4b**	

5	Effective interest rate	**5**	8.12 %
6	Target normal cost	**6**	72,557

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 Mark K. Friedman MKF

Signature of actuary

09/21/2010

Date

Mark K. Friedman

Type or print name of actuary

08-06405

Most recent enrollment number

Hewitt Associates

Firm name

(847)295-5000

Telephone number (including area code)

100 Half Day Road

Lincolnshire IL 60069

Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	1,346,773	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	1,346,773	0
10	Interest on item 9 using prior year's actual return of (25.06)%	(337,501)	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		0
	b Interest on (a) using prior year's effective rate of 6.14 %		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	1,009,272	0

Part III Funding percentages

14	Funding target attainment percentage	14	138.33 %
15	Adjusted funding target attainment percentage	15	146.60 %
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	148.73 %
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 contribution 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 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

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

Liquidity shortfall as of end of Quarter of this plan year

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

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) — **21b**: 2

22 Weighted average retirement age — **22**: 64

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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 [X] No

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

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment [X] Yes [ ] No

27 If the plan is eligible for (and is using) 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 contribution for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**	0

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 (item 31 + item 32a + item 32b - item 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	0
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40 Unpaid minimum required contribution for all years	**40**	0