

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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2011 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>YORK INT. CORP. PENSION PLAN NUMBER NINETEEN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>019</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1989</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>019</u>	1c Effective date of plan <u>07/01/1989</u>	
1b Three-digit plan number (PN) ▶	<u>019</u>				
1c Effective date of plan <u>07/01/1989</u>					
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>YORK INTERNATIONAL CORPORATION</u> <u>JOHNSON CONTROLS, INC.</u> <u>5757 N GREEN BAY AVENUE</u> <u>MILWAUKEE, WI 53209</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>13-3473472</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>414-524-1200</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>333410</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>13-3473472</u>	2c Sponsor's telephone number <u>414-524-1200</u>	2d Business code (see instructions) <u>333410</u>	
2b Employer Identification Number (EIN) <u>13-3473472</u>					
2c Sponsor's telephone number <u>414-524-1200</u>					
2d Business code (see instructions) <u>333410</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2012	SHERRY WEINBERG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2012	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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") EMPLOYEE BENEFITS POLICY COMMITTEE JOHNSON CONTROLS, INC. 5757 N GREEN BAY AVENUE MILWAUKEE, WI 53209-4408	3b Administrator's EIN 39-0380010
	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
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5 Total number of participants at the beginning of the plan year	5	1021
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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	651
b Retired or separated participants receiving benefits.....	6b	127
c Other retired or separated participants entitled to future benefits.....	6c	274
d Subtotal. Add lines 6a , 6b , and 6c	6d	1052
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	34
f Total. Add lines 6d and 6e	6f	1086
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	127

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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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 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)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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

A Name of plan <u>YORK INT. CORP. PENSION PLAN NUMBER NINETEEN</u>	B Three-digit plan number (PN) ▶ <u>019</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>YORK INTERNATIONAL CORPORATION</u>	D Employer Identification Number (EIN) <u>13-3473472</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2011</u>	
2 Assets:	
a Market value	2a <u>20911784</u>
b Actuarial value	2b <u>20911784</u>
3 Funding target/participant count breakdown:	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>133</u> <u>3852542</u>
b For terminated vested participants	3b <u>278</u> <u>2745742</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>729659</u>
(2) Vested benefits	3c(2) <u>9300847</u>
(3) Total active	3c(3) <u>610</u> <u>10030506</u>
d Total	3d <u>1021</u> <u>16628790</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.39 %</u>
6 Target normal cost	6 <u>981037</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>09/25/2012</u>
Signature of actuary	Date
<u>MARK K. FRIEDMAN</u>	<u>11-06405</u>
Type or print name of actuary	Most recent enrollment number
<u>HEWITT ASSOCIATES LLC</u>	<u>847-295-5000</u>
Firm name	Telephone number (including area code)
<u>100 HALF DAY ROAD</u> <u>LINCOLNSHIRE, IL 60069</u>	
Address of the firm	

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2011
v.012611

Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1256180	821448
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	1256180	821448
10 Interest on line 9 using prior year's actual return of <u>15.15</u> %	190311	124449
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		3062423
b Interest on (a) using prior year's effective rate of <u>6.73</u> % except as otherwise provided (see instructions)		206101
c Total available at beginning of current plan year to add to prefunding balance		3268524
d Portion of (c) to be added to prefunding balance		3268524
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	1446491	4214421

Part III Funding percentages		
14 Funding target attainment percentage	14	91.71 %
15 Adjusted funding target attainment percentage	15	125.75 %
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	91.14 %
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
11/01/2011	500000	0			
			Totals ►	18(b)	500000
				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 contributions 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	474859
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: 3.78%	2nd segment: 6.31%	3rd segment: 6.57%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is 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 contributions for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	981037	
b Excess assets, if applicable, but not greater than 31a	31b		
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 (lines 31a - 31b + 32a + 32b - 33)...	34	981037	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	645490		645490
36 Additional cash requirement (line 34 minus line 35)	36	335547	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	474859	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	139312	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	139312	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40		

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>YORK INT. CORP. PENSION PLAN NUMBER NINETEEN</u>	B Three-digit plan number (PN) ▶ <u>019</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>YORK INTERNATIONAL CORPORATION</u>	D Employer Identification Number (EIN) <u>13-3473472</u>

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

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

AON HEWITT

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	85839	Yes ☐ No ☒	Yes ☐ No ☐	0	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2011</div> This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>YORK INT. CORP. PENSION PLAN NUMBER NINETEEN</u>	B Three-digit plan number (PN) ►	<u>019</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>YORK INTERNATIONAL CORPORATION</u>	D Employer Identification Number (EIN) <u>13-3473472</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHNSON CONTROLS MASTER PENSION TRU

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

c EIN-PN <u>39-0380010-024</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>21326431</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan YORK INT. CORP. PENSION PLAN NUMBER NINETEEN	B Three-digit plan number (PN) ►	019
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)		
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)	20916920	21326431
(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)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	20916920	21326431

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	5136	16927
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	5136	16927

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	20911784	21309504
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	500000	
(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)		500000

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)		
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(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)		463717
(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		963717

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	445123	
(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)		445123
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)	85839	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	35035	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		120874
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		565997

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		397720
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) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: 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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		50000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		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?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.		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 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>YORK INT. CORP. PENSION PLAN NUMBER NINETEEN</u>	B Three-digit plan number (PN) ▶ <u>019</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>YORK INTERNATIONAL CORPORATION</u>	D Employer Identification Number (EIN) <u>13-3473472</u>

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): <u>41-6571370</u> 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 <u>6</u>

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

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

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

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

- 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: 100.0%

- 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):

**JOHNSON CONTROLS, INC.
PENSION PLANS**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES
YEARS ENDED DECEMBER 31, 2011 AND 2010**

**JOHNSON CONTROLS, INC. PENSION PLANS
FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES
YEARS ENDED DECEMBER 31, 2011 AND 2010**

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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 have been omitted because they are not applicable.



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, 2011 and 2010, and the related statements of changes in net assets available for benefits for the year ended December 31, 2011 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, 2011 and 2010, 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 and for the years ended December 31, 2011 and 2010 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 7, 2012

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Milwaukee, Wisconsin 53202
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JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2011

	Johnson Controls Pension (001)	Battery Division Hourly (016)	Johnson Controls Production (017)	Techno Trim (046)	ASG Production (006)	York Plan 4 (018)	York Plan 6 (019)
ASSETS							
Investment in Johnson Controls, Inc. Master Pension Trust	\$ 1,989,450,016	\$ 361,948,791	\$ 150,935,797	\$ 3,955,500	\$ 6,905,813	\$ 100,984,788	\$ 3,150,720
Total assets	<u>1,989,450,016</u>	<u>361,948,791</u>	<u>150,935,797</u>	<u>3,955,500</u>	<u>6,905,813</u>	<u>100,984,788</u>	<u>3,150,720</u>
LIABILITIES							
Accrued administrative expenses	<u>408,339</u>	<u>59,058</u>	<u>60,520</u>	<u>1,313</u>	<u>9,845</u>	<u>12,036</u>	<u>3,268</u>
Total liabilities	<u>408,339</u>	<u>59,058</u>	<u>60,520</u>	<u>1,313</u>	<u>9,845</u>	<u>12,036</u>	<u>3,268</u>
Net assets available for benefits	<u>\$ 1,989,041,677</u>	<u>\$ 361,889,733</u>	<u>\$ 150,875,277</u>	<u>\$ 3,954,187</u>	<u>\$ 6,895,968</u>	<u>\$ 100,972,752</u>	<u>\$ 3,147,452</u>

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2011

	<u>York Plan 7 (020)</u>	<u>York Plan 12 (023)</u>	<u>York Plan 13 (024)</u>	<u>York Plan 14 (025)</u>	<u>York Plan 15 (026)</u>	<u>York Plan 18 (028)</u>	<u>York Plan 19 (029)</u>
ASSETS							
Investment in Johnson Controls, Inc. Master Pension Trust	\$ 28,802,472	\$ 11,898,902	\$ 19,271,329	\$ 6,687,307	\$ 18,622,782	\$ 15,905,487	\$ 21,326,431
Total assets	<u>28,802,472</u>	<u>11,898,902</u>	<u>19,271,329</u>	<u>6,687,307</u>	<u>18,622,782</u>	<u>15,905,487</u>	<u>21,326,431</u>
LIABILITIES							
Accrued administrative expenses	<u>13,281</u>	<u>5,103</u>	<u>6,445</u>	<u>7,293</u>	<u>6,421</u>	<u>3,905</u>	<u>16,927</u>
Total liabilities	<u>13,281</u>	<u>5,103</u>	<u>6,445</u>	<u>7,293</u>	<u>6,421</u>	<u>3,905</u>	<u>16,927</u>
Net assets available for benefits	<u>\$ 28,789,191</u>	<u>\$ 11,893,799</u>	<u>\$ 19,264,884</u>	<u>\$ 6,680,014</u>	<u>\$ 18,616,361</u>	<u>\$ 15,901,582</u>	<u>\$ 21,309,504</u>

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2011

	York Plan 23 (031)	Participating Plans' Total
ASSETS		
Investment in Johnson Controls, Inc. Master Pension Trust	\$ 11,799,108	\$ 2,751,645,243
Total assets	<u>11,799,108</u>	<u>2,751,645,243</u>
LIABILITIES		
Accrued administrative expenses	<u>5,205</u>	<u>618,959</u>
Total liabilities	<u>5,205</u>	<u>618,959</u>
Net assets available for benefits	<u>\$ 11,793,903</u>	<u>\$ 2,751,026,284</u>

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2010

	<u>Johnson Controls Pension (001)</u>	<u>Battery Division Hourly (016)</u>	<u>Johnson Controls Production (017)</u>	<u>Techno Trim (046)</u>	<u>ASG Production (006)</u>	<u>York Plan 4 (018)</u>	<u>York Plan 6 (019)</u>
ASSETS							
Investment in Johnson Controls, Inc. Master Pension Trust	\$ 1,851,283,072	\$ 343,393,473	\$ 155,551,067	\$ 3,861,579	\$ 6,095,537	\$ 103,965,023	\$ 3,173,919
Pension overpayments receivable	<u>108,365</u>	<u>5,181</u>	<u>2,452</u>	<u>---</u>	<u>---</u>	<u>3,840</u>	<u>---</u>
Total assets	<u>1,851,391,437</u>	<u>343,398,654</u>	<u>155,553,519</u>	<u>3,861,579</u>	<u>6,095,537</u>	<u>103,968,863</u>	<u>3,173,919</u>
LIABILITIES							
Accrued administrative expenses	<u>167,443</u>	<u>19,518</u>	<u>19,805</u>	<u>320</u>	<u>2,879</u>	<u>3,541</u>	<u>800</u>
Total liabilities	<u>167,443</u>	<u>19,518</u>	<u>19,805</u>	<u>320</u>	<u>2,879</u>	<u>3,541</u>	<u>800</u>
Net assets available for benefits	<u>\$ 1,851,223,994</u>	<u>\$ 343,379,136</u>	<u>\$ 155,533,714</u>	<u>\$ 3,861,259</u>	<u>\$ 6,092,658</u>	<u>\$ 103,965,322</u>	<u>\$ 3,173,119</u>

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2010

	York Plan 7 (020)	York Plan 12 (023)	York Plan 13 (024)	York Plan 14 (025)	York Plan 15 (026)	York Plan 18 (028)	York Plan 19 (029)
ASSETS							
Investment in Johnson Controls, Inc. Master Pension Trust	\$ 26,608,224	\$ 10,409,587	\$ 19,833,885	\$ 5,950,783	\$ 17,559,820	\$ 15,155,506	\$ 20,916,920
Pension overpayments receivable	499	110	1,594	134	---	121	---
Total assets	<u>26,608,723</u>	<u>10,409,697</u>	<u>19,835,479</u>	<u>5,950,917</u>	<u>17,559,820</u>	<u>15,155,627</u>	<u>20,916,920</u>
LIABILITIES							
Accrued administrative expenses	<u>3,964</u>	<u>1,353</u>	<u>1,758</u>	<u>2,122</u>	<u>1,740</u>	<u>967</u>	<u>5,136</u>
Total liabilities	<u>3,964</u>	<u>1,353</u>	<u>1,758</u>	<u>2,122</u>	<u>1,740</u>	<u>967</u>	<u>5,136</u>
Net assets available for benefits	<u>\$ 26,604,759</u>	<u>\$ 10,408,344</u>	<u>\$ 19,833,721</u>	<u>\$ 5,948,795</u>	<u>\$ 17,558,080</u>	<u>\$ 15,154,660</u>	<u>\$ 20,911,784</u>

See the notes to the financial statements

**JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2010**

	<u>York Plan 23 (031)</u>	<u>Participating Plans' Total</u>
ASSETS		
Investment in Johnson Controls, Inc. Master Pension Trust	\$ 10,716,451	\$ 2,594,474,846
Pension overpayments receivable	<u>91</u>	<u>122,387</u>
Total assets	<u>10,716,542</u>	<u>2,594,597,233</u>
LIABILITIES		
Accrued administrative expenses	<u>1,407</u>	<u>232,753</u>
Total liabilities	<u>1,407</u>	<u>232,753</u>
Net assets available for benefits	<u>\$ 10,715,135</u>	<u>\$ 2,594,364,480</u>

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, 2011

	<u>Johnson Controls Pension (001)</u>	<u>Battery Division Hourly (016)</u>	<u>Johnson Controls Production (017)</u>	<u>Techno Trim (046)</u>	<u>ASG Production (006)</u>	<u>York Plan 4 (018)</u>	<u>York Plan 6 (019)</u>
ADDITIONS							
Additions to plan assets attributed to:							
Investment income							
Plan interest in Johnson Controls, Inc							
Master Pension Trust	\$ 30,510,681	\$ 7,619,480	\$ 4,322,092	\$ 105,340	\$ 137,573	\$ 755,991	\$ 62,969
Employer contributions	<u>217,050,000</u>	<u>25,500,000</u>	<u>200,000</u>	<u>200,000</u>	<u>775,000</u>	<u>7,400,000</u>	<u>75,000</u>
Total additions	<u>247,560,681</u>	<u>33,119,480</u>	<u>4,522,092</u>	<u>305,340</u>	<u>912,573</u>	<u>8,155,991</u>	<u>137,969</u>
DEDUCTIONS							
Deductions from plan assets attributed to:							
Benefits paid to participants	106,837,477	14,138,819	8,729,579	196,199	30,132	11,045,408	127,955
Administrative expenses	<u>2,905,521</u>	<u>470,064</u>	<u>450,950</u>	<u>16,213</u>	<u>79,131</u>	<u>103,153</u>	<u>35,681</u>
Total deductions	<u>109,742,998</u>	<u>14,608,883</u>	<u>9,180,529</u>	<u>212,412</u>	<u>109,263</u>	<u>11,148,561</u>	<u>163,636</u>
Net increase (decrease)	137,817,683	18,510,597	(4,658,437)	92,928	803,310	(2,992,570)	(25,667)
Net assets available for benefits, beginning of year	<u>1,851,223,994</u>	<u>343,379,136</u>	<u>155,533,714</u>	<u>3,861,259</u>	<u>6,092,658</u>	<u>103,965,322</u>	<u>3,173,119</u>
Net assets available for benefits, end of year	<u>\$ 1,989,041,677</u>	<u>\$ 361,889,733</u>	<u>\$ 150,875,277</u>	<u>\$ 3,954,187</u>	<u>\$ 6,895,968</u>	<u>\$ 100,972,752</u>	<u>\$ 3,147,452</u>

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, 2011

	York Plan 7 (020)	York Plan 12 (023)	York Plan 13 (024)	York Plan 14 (025)	York Plan 15 (026)	York Plan 18 (028)	York Plan 19 (029)
ADDITIONS							
Additions to plan assets attributed to:							
Investment income							
Plan interest in Johnson Controls, Inc.							
Master Pension Trust	\$ 562,127	\$ 277,624	\$ 268,413	\$ 132,170	\$ 349,079	\$ 326,538	\$ 463,717
Employer contributions	2,400,000	1,475,000	---	725,000	1,425,000	950,000	500,000
Total additions	2,962,127	1,752,624	268,413	857,170	1,774,079	1,276,538	963,717
DEDUCTIONS							
Deductions from plan assets attributed to:							
Benefits paid to participants	673,453	218,922	780,038	72,027	655,785	489,126	445,123
Administrative expenses	104,242	48,247	57,212	53,924	60,013	40,490	120,874
Total deductions	777,695	267,169	837,250	125,951	715,798	529,616	565,997
Net increase (decrease)	2,184,432	1,485,455	(568,837)	731,219	1,058,281	746,922	397,720
Net assets available for benefits, beginning of year	26,604,759	10,408,344	19,833,721	5,948,795	17,558,080	15,154,660	20,911,784
Net assets available for benefits, end of year	\$ 28,789,191	\$ 11,893,799	\$ 19,264,884	\$ 6,680,014	\$ 18,616,361	\$ 15,901,582	\$ 21,309,504

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, 2011**

	<u>York Plan 23 (031)</u>	<u>Participating Plans' Total</u>
ADDITIONS		
Additions to plan assets attributed to:		
Investment income		
Plan interest in Johnson Controls, Inc. Master Pension Trust	\$ 202,920	\$ 46,096,714
Employer contributions	<u>1,325,000</u>	<u>260,000,000</u>
Total additions	<u>1,527,920</u>	<u>306,096,714</u>
DEDUCTIONS		
Deductions from plan assets attributed to:		
Benefits paid to participants	404,937	144,844,980
Administrative expenses	<u>44,215</u>	<u>4,589,930</u>
Total deductions	<u>449,152</u>	<u>149,434,910</u>
Net increase	1,078,768	156,661,804
Net assets available for benefits,		
beginning of year	<u>10,715,135</u>	<u>2,594,364,480</u>
Net assets available for benefits,		
end of year	<u>\$ 11,793,903</u>	<u>\$ 2,751,026,284</u>

See the notes to the financial statements

**JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF ACCUMULATED PLAN BENEFITS
JANUARY 1, 2011**

	<u>Johnson Controls Pension (001)</u>	<u>Battery Division Hourly (016)</u>	<u>Johnson Controls Production (017)</u>	<u>Techno Trim (046)</u>	<u>ASG Production (006)</u>	<u>York Plan 4 (018)</u>	<u>York Plan 6 (019)</u>
Actuarial present value of accumulated plan benefits:							
Vested benefits							
Participants currently receiving payments	\$ 512,579,418	\$ 127,033,662	\$ 69,694,695	\$ 1,182,373	\$ 228,038	\$ 61,418,042	\$ 974,865
Other participants	<u>844,727,205</u>	<u>116,770,544</u>	<u>39,563,056</u>	<u>1,686,722</u>	<u>3,056,136</u>	<u>18,591,296</u>	<u>1,062,396</u>
	<u>1,357,306,623</u>	<u>243,804,206</u>	<u>109,257,751</u>	<u>2,869,095</u>	<u>3,284,174</u>	<u>80,009,338</u>	<u>2,037,261</u>
Nonvested benefits	<u>74,059,954</u>	<u>6,653,862</u>	<u>548,972</u>	<u>41,041</u>	<u>412,068</u>	<u>3,095,740</u>	<u>98,278</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 1,431,366,577</u></u>	<u><u>\$ 250,458,068</u></u>	<u><u>\$ 109,806,723</u></u>	<u><u>\$ 2,910,136</u></u>	<u><u>\$ 3,696,242</u></u>	<u><u>\$ 83,105,078</u></u>	<u><u>\$ 2,135,539</u></u>

See the notes to the financial statements

**JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF ACCUMULATED PLAN BENEFITS
JANUARY 1, 2011**

	York Plan 7 (020)	York Plan 12 (023)	York Plan 13 (024)	York Plan 14 (025)	York Plan 15 (026)	York Plan 18 (028)	York Plan 19 (029)
Actuarial present value of accumulated plan benefits:							
Vested benefits							
Participants currently receiving payments	\$ 5,394,129	\$ 1,622,555	\$ 5,788,670	\$ 569,964	\$ 5,340,787	\$ 4,162,919	\$ 3,349,392
Other participants	<u>13,380,478</u>	<u>5,799,960</u>	<u>6,965,885</u>	<u>3,391,788</u>	<u>6,948,359</u>	<u>6,826,938</u>	<u>9,320,844</u>
	<u>18,774,607</u>	<u>7,422,515</u>	<u>12,758,555</u>	<u>3,961,752</u>	<u>12,289,146</u>	<u>10,989,857</u>	<u>12,670,236</u>
Nonvested benefits	<u>---</u>	<u>72,698</u>	<u>63,852</u>	<u>91,057</u>	<u>224,976</u>	<u>44,985</u>	<u>558,379</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 18,774,607</u></u>	<u><u>\$ 7,495,213</u></u>	<u><u>\$ 12,822,387</u></u>	<u><u>\$ 4,052,809</u></u>	<u><u>\$ 12,514,122</u></u>	<u><u>\$ 11,034,842</u></u>	<u><u>\$ 13,228,615</u></u>

See the notes to the financial statements

**JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF ACCUMULATED PLAN BENEFITS
JANUARY 1, 2011**

	<u>York Plan 23 (031)</u>	<u>Participating Plans' Total</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits		
Participants currently receiving payments	\$ 3,570,907	\$ 802,910,416
Other participants	<u>4,188,204</u>	<u>1,082,283,811</u>
	<u>7,759,111</u>	<u>1,885,194,227</u>
Nonvested benefits	<u>75,281</u>	<u>86,041,123</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 7,834,392</u></u>	<u><u>\$ 1,971,235,350</u></u>

See the notes to the financial statements

**JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF ACCUMULATED PLAN BENEFITS
JANUARY 1, 2010**

	Johnson Controls Pension (001)	Battery Division Hourly (016)	Johnson Controls Production (017)	Techno Trim (046)	ASG Production (006)	York Plan 4 (018)	York Plan 6 (019)
Actuarial present value of accumulated plan benefits:							
Vested benefits							
Participants currently receiving payments	\$ 501,113,980	\$ 119,359,538	\$ 67,459,010	\$ 1,195,671	\$ 176,228	\$ 59,486,888	\$ 985,162
Other participants	<u>769,823,195</u>	<u>111,596,073</u>	<u>41,918,734</u>	<u>1,613,930</u>	<u>2,613,833</u>	<u>18,153,998</u>	<u>1,074,595</u>
	<u>1,270,937,175</u>	<u>230,955,611</u>	<u>109,377,744</u>	<u>2,809,601</u>	<u>2,790,061</u>	<u>77,640,886</u>	<u>2,059,757</u>
Nonvested benefits	<u>71,861,056</u>	<u>6,767,913</u>	<u>490,812</u>	<u>51,073</u>	<u>343,224</u>	<u>3,212,714</u>	<u>130,380</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 1,342,798,231</u></u>	<u><u>\$ 237,723,524</u></u>	<u><u>\$ 109,868,556</u></u>	<u><u>\$ 2,860,674</u></u>	<u><u>\$ 3,133,285</u></u>	<u><u>\$ 80,853,600</u></u>	<u><u>\$ 2,190,137</u></u>

See the notes to the financial statements

**JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF ACCUMULATED PLAN BENEFITS
JANUARY 1, 2010**

	<u>York Plan 7 (020)</u>	<u>York Plan 12 (023)</u>	<u>York Plan 13 (024)</u>	<u>York Plan 14 (025)</u>	<u>York Plan 15 (026)</u>	<u>York Plan 18 (028)</u>	<u>York Plan 19 (029)</u>
Actuarial present value of accumulated plan benefits:							
Vested benefits							
Participants currently receiving payments	\$ 4,897,077	\$ 1,295,857	\$ 5,432,802	\$ 523,543	\$ 4,531,442	\$ 4,128,549	\$ 2,975,483
Other participants	<u>12,159,505</u>	<u>5,146,468</u>	<u>6,942,105</u>	<u>2,936,058</u>	<u>7,041,873</u>	<u>6,292,402</u>	<u>9,106,764</u>
	<u>17,056,582</u>	<u>6,442,325</u>	<u>12,374,907</u>	<u>3,459,601</u>	<u>11,573,315</u>	<u>10,420,951</u>	<u>12,082,247</u>
Nonvested benefits	<u>66,024</u>	<u>68,386</u>	<u>196,520</u>	<u>67,206</u>	<u>169,130</u>	<u>50,829</u>	<u>819,576</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 17,122,606</u></u>	<u><u>\$ 6,510,711</u></u>	<u><u>\$ 12,571,427</u></u>	<u><u>\$ 3,526,807</u></u>	<u><u>\$ 11,742,445</u></u>	<u><u>\$ 10,471,780</u></u>	<u><u>\$ 12,901,823</u></u>

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF ACCUMULATED PLAN BENEFITS
JANUARY 1, 2010

	York Plan 23 (031)	Participating Plans' Total
Actuarial present value of accumulated plan benefits:		
Vested benefits		
Participants currently receiving payments	\$ 2,712,299	\$ 776,273,529
Other participants	<u>4,205,155</u>	<u>1,000,624,688</u>
	<u>6,917,454</u>	<u>1,776,898,217</u>
Nonvested benefits	<u>64,614</u>	<u>84,359,457</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 6,982,068</u></u>	<u><u>\$ 1,861,257,674</u></u>

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS
YEAR ENDED JANUARY 1, 2011

	<u>Johnson Controls Pension (001)</u>	<u>Battery Division Hourly (016)</u>	<u>Johnson Controls Production (017)</u>	<u>Techno Trim (046)</u>	<u>ASG Production (006)</u>	<u>York Plan 4 (018)</u>	<u>York Plan 6 (019)</u>
Actuarial present value of accumulated plan benefits at January 1, 2010	\$ 1,342,798,231	\$ 237,723,524	\$ 109,868,556	\$ 2,860,674	\$ 3,133,285	\$ 80,853,600	\$ 2,190,137
Increase (decrease) attributed to:							
Interest accumulation	103,928,356	18,496,424	8,454,458	221,148	248,855	6,102,145	170,166
Benefits paid	(89,101,700)	(13,292,171)	(8,539,944)	(196,427)	(46,069)	(9,333,130)	(128,603)
Assumption changes	23,122,093	748,740	193,585	68,556	(26,133)	591,788	4,287
Other*	<u>50,619,597</u>	<u>6,781,551</u>	<u>(169,932)</u>	<u>(43,815)</u>	<u>386,304</u>	<u>4,890,675</u>	<u>(100,448)</u>
Net increase (decrease)	<u>88,568,346</u>	<u>12,734,544</u>	<u>(61,833)</u>	<u>49,462</u>	<u>562,957</u>	<u>2,251,478</u>	<u>(54,598)</u>
Actuarial present value of accumulated plan benefits at January 1, 2011	<u>\$ 1,431,366,577</u>	<u>\$ 250,458,068</u>	<u>\$ 109,806,723</u>	<u>\$ 2,910,136</u>	<u>\$ 3,696,242</u>	<u>\$ 83,105,078</u>	<u>\$ 2,135,539</u>

* The "Other" 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, 2011

	York Plan 7 (020)	York Plan 12 (023)	York Plan 13 (024)	York Plan 14 (025)	York Plan 15 (026)	York Plan 18 (028)	York Plan 19 (029)
Actuarial present value of accumulated plan benefits at January 1, 2010	\$ 17,122,606	\$ 6,510,711	\$ 12,571,427	\$ 3,526,807	\$ 11,742,445	\$ 10,471,786	\$ 12,901,823
Increase (decrease) attributed to:							
Interest accumulation	1,346,645	513,902	972,519	279,380	916,268	819,881	1,017,765
Benefits paid	(590,439)	(177,291)	(846,146)	(70,464)	(589,531)	(455,303)	(366,579)
Assumption changes	237,555	14,191	23,299	7,595	78,771	18,282	(1,205,621)
Other*	658,240	633,700	101,288	309,491	366,169	180,202	881,227
Net increase	1,652,001	984,502	250,960	526,002	771,677	563,062	326,792
Actuarial present value of accumulated plan benefits at January 1, 2011	<u>\$ 18,774,607</u>	<u>\$ 7,495,213</u>	<u>\$ 12,822,387</u>	<u>\$ 4,052,809</u>	<u>\$ 12,514,122</u>	<u>\$ 11,034,842</u>	<u>\$ 13,228,615</u>

* The "Other" 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, 2011

	York Plan 23 (031)	Participating Plans' Total
Actuarial present value of accumulated plan benefits at January 1, 2010	\$ 6,982,068	\$ 1,861,257,674
Increase (decrease) attributed to:		
Interest accumulation	543,958	144,031,870
Benefits paid	(372,352)	(124,106,149)
Assumption changes	13,552	23,890,540
Other*	<u>667,166</u>	<u>66,161,415</u>
Net increase	<u>852,324</u>	<u>109,977,676</u>
Actuarial present value of accumulated plan benefits at January 1, 2011	<u>\$ 7,834,392</u>	<u>\$ 1,971,235,350</u>

*The "Other" 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
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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 Summary Plan Description 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 (the “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. The Company has contracted with Aon Hewitt for plan administration.

Plans included in the financial statements are as follows (Plan numbers indicate Johnson Controls, Inc. Master Pension Trust (“Master Trust”) account numbers, not Plan numbers filed with the Internal Revenue Service (“IRS”)).

<u>Name of Plan</u>	<u>Eligible Employees (Subject to Other Plan Requirements)</u>
Johnson Controls Pension Plan (Johnson Controls Pension – Plan 001)	Salaried, nonunion production employees and certain hourly union employees (whose labor agreements call for their participation in this plan) of Johnson Controls, Inc. and some of its affiliated companies: Vintec employees who were members of the Vintec Pension Plan and employees of York International Corporation who were members of York International Corporation Pension Plan No. 1; Union production employees of the Company’s Shelbyville, Kentucky plant who were members of the Johnson Controls Pension Plan/ASG Shelbyville Production Employees
Johnson Controls Pension Plan Battery Division Hourly Employees (Battery Division Hourly – Plan 016)	Power Solutions union hourly employees, whose labor agreements call for their participation in this plan (excludes former union hourly employees who were covered by the Johnson Controls Pension Plan Battery Division/Owosso UAW)

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<u>Name of Plan</u>	<u>Eligible Employees (Subject to Other Plan Requirements)</u>
<p>Johnson Controls Production Pension Plan Formerly known as Johnson Controls Pension Plan Battery Division Owosso UAW Employees (Johnson Controls Production 017)</p>	<p>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; Elyria and Miller Picking for employees represented by the United Steelworkers plants; Hourly employees of Hoover's Automotive Systems Group Cadiz, Kentucky plant; Hourly employees of Hoover's Automotive Systems Group Greenfield, Ohio plant; and Union production employees of the Company's West Carrollton, Ohio plant</p> <p>All of the above groups are closed facilities of the Company. The plans covering these former employees were all subsequently merged into this plan.</p>
<p>TechnoTrim, Inc. Pension Plan for Salaried Employees (TechnoTrim – Plan 046)</p>	<p>Salaried employees of TechnoTrim</p>
<p>Johnson Controls Automotive Systems Group Production Employees Pension Plan (ASG Production – Plan 006)</p>	<p>Union hourly employees of the Battle Creek, Michigan; Oklahoma City, Oklahoma; Earth City, Missouri; Shreveport, Louisiana and Kansas City, KS plants</p>
<p>York International Corporation Pension Plan Number Four (UAW) (York Plan 4 – Plan 018)</p>	<p>Employees at the Company's York, PA location who are 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</p>

**JOHNSON CONTROLS, INC. PENSION PLANS
NOTES TO THE FINANCIAL STATEMENTS
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<u>Name of Plan</u>	<u>Eligible Employees (Subject to Other Plan Requirements)</u>
York International Corporation Pension Plan Number Six (Field Wage) (York Plan 6 – Plan 019)	Certain nonunion hourly 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)	Salaried and non-bargaining hourly employees in the Frigid Coil West, Imeco and Frick (Waynesboro, PA) divisions
York International Corporation Pension Plan Number Fourteen (York Plan 14 – Plan 025)	Salaried and nonunion hourly employees at the Engineered Systems and the San Antonio, Texas plants
York International Corporation Pension Plan Number Fifteen (York Plan 15 – Plan 026)	Union employees of the Frick Waynesboro, PA location
York International Corporation Pension Plan Number Eighteen (York Plan 18 – Plan 028)	Salaried employees of at the Company's Wichita, KS location (formerly York Evcon)
York International Corporation Pension Plan Number Nineteen (York Plan 19 – Plan 029)	Hourly employees at the Wichita, KS location (formerly 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 Hattiesburg, MS and Johnstown, PA locations

VESTING

Vesting is measured either by the hours of service or by elapsed time. The method used depends on the specific provision in each pension plan. Generally, after 5 years of vesting service, under either method, the employee's pension is 100% vested.

**JOHNSON CONTROLS, INC. PENSION PLANS
NOTES TO THE FINANCIAL STATEMENTS
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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, 2011 and 2010 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.

USE OF ESTIMATES

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

JOHNSON CONTROLS, INC. MASTER PENSION TRUST

The Company has entered into a master trust agreement 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, 2011 and 2010.

The Company requires collateral at a minimum 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 or loss 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.

**JOHNSON CONTROLS, INC. PENSION PLANS
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The following represents the percentage interest in the Master Trust by plan:

	<u>December 31,</u>	
	<u>2011</u>	<u>2010</u>
Johnson Controls Pension (001)	72.1%	71.1%
Battery Division Hourly (016)	13.1%	13.2%
Johnson Controls Production (017)	5.5%	6.0%
TechnoTrim (046)	0.1%	0.2%
ASG Production (006)	0.3%	0.2%
JCIM US, LLC (035)*	0.3%	0.3%
York Plan 4 (018)	3.7%	4.0%
York Plan 6 (019)	0.1%	0.1%
York Plan 7 (020)	1.0%	1.0%
York Plan 12 (023)	0.4%	0.4%
York Plan 13 (024)	0.7%	0.8%
York Plan 14 (025)	0.2%	0.2%
York Plan 15 (026)	0.7%	0.7%
York Plan 18 (028)	0.6%	0.6%
York Plan 19 (029)	0.8%	0.8%
York Plan 23 (031)	0.4%	0.4%
Total	<u>100.0%</u>	<u>100.0%</u>

*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, 2011 and 2010 and the statement of operations and changes in participating Plans' equity of the Master Trust for the year ended December 31, 2011 are presented in Note 9.

RECLASSIFICATION

Certain reclassifications have been made to the prior year financial statements to conform with the current year presentation.

DATE OF MANAGEMENT'S REVIEW

Management has evaluated subsequent events through September 7, 2012, the date which the financial statements were available to be issued.

NOTE 3 – INVESTMENTS

Assets of the Plans, with the exception of the pension overpayment 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

**JOHNSON CONTROLS, INC. PENSION PLANS
NOTES TO THE FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2011 AND 2010**

appearing in Note 9, 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, 2011 and 2010 valuations are based on the Standard Unit Credit 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 Aon Hewitt.

The significant actuarial assumptions used in the valuations at January 1, 2011 and 2010 were:

<u>Description</u>	<u>Assumption</u>	
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	<u>2011</u> : 2011 Static Mortality Table for annuitants and non-annuitants. <u>2010</u> : 2010 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	<u>2011</u> : Based on segment rates with a four month lookback (as of September 2010), as follows: 1 st Segment Rate – 3.78% 2 nd Segment Rate – 6.31% 3 rd Segment Rate – 6.57%	<u>2010</u> : Based on segment rates with a four month lookback, as follows: 1 st Segment Rate – 5.03% 2 nd Segment Rate – 6.73% 3 rd Segment Rate – 6.82%

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

**JOHNSON CONTROLS, INC. PENSION PLANS
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administrator believes that all the Plans are currently designed and being operated in compliance with applicable requirements of the IRC.

U.S. GAAP requires the Plans' management to evaluate tax positions taken by the Plans and recognize a tax liability (or asset) if the Company has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or Department of Labor. The plan administrator has analyzed the tax positions taken by the Plans, and has concluded that as of December 31, 2011 and 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plans are subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

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.

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 2012, that ceiling is \$4,653 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.

**JOHNSON CONTROLS, INC. PENSION PLANS
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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 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.

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.

**JOHNSON CONTROLS, INC. PENSION PLANS
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NOTE 9 – JOHNSON CONTROLS, INC. MASTER PENSION TRUST

The statements of financial position as of December 31, 2011 and 2010 and the statement of operations and changes in participating Plans' equity for the year ended December 31, 2011 for the Master Trust are presented in the following tables:

**JOHNSON CONTROLS, INC. MASTER PENSION TRUST
STATEMENTS OF FINANCIAL POSITION**

	December 31,	
	2011	2010
<u>Assets</u>		
Fixed Income Fund:		
Cash & cash equivalents	\$ 73,029,657	\$ 146,640,510
U.S. government and federal agency securities	160,129,441	231,237,899
Corporate issues	403,185,582	243,055,676
Municipal issues	37,654,298	6,981,989
Foreign issues	77,442,925	38,108,436
Total fixed income fund	751,441,903	666,024,510
Equity Investments:		
Domestic stocks	1,397,202,316	1,397,291,447
Foreign stocks	303,506,774	256,062,926
Total equity investments	1,700,709,090	1,653,354,373
Investment in real estate	204,994,402	193,021,453
Hedge fund	92,168,727	93,722,876
Due from brokers for securities sold	26,835,649	7,639,846
Accrued dividends and interest receivable	10,251,904	5,042,020
	<u>\$ 2,786,401,675</u>	<u>\$ 2,618,805,078</u>
<u>Liabilities and Participating Plans' Equity</u>		
Due to brokers for securities purchased	\$ 27,180,197	\$ 16,671,932
Participating Plans' equity	2,751,645,243	2,594,474,846
JCIM US, LLC Pension Plan's equity*	7,576,235	7,658,300
Total equity	<u>2,759,221,478</u>	<u>2,602,133,146</u>
	<u>\$ 2,786,401,675</u>	<u>\$ 2,618,805,078</u>

* 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. MASTER PENSION TRUST
STATEMENT OF OPERATIONS AND CHANGES IN PARTICIPATING PLANS' EQUITY**

	Year Ended December 31, 2011
Investment income:	
Net gain on fixed income fund	\$ 55,355,876
Net loss on equity investments	(31,893,792)
Net loss on hedge fund	(1,164,319)
Net gain on real estate	24,307,542
	<u>46,605,307</u>
Contributions received from participating Plans	<u>260,000,000</u>
Total increases	306,605,307
Withdrawals by participating plans for benefit payments, asset transfers and plan expenses	144,844,980
Administrative expenses	<u>4,589,930</u>
Total decreases	<u>149,434,910</u>
Net increase in participating Plans' equity	157,170,397
Participating Plans' equity	
Beginning of year	2,594,474,846
End of year	<u>\$ 2,751,645,243</u>

**JOHNSON CONTROLS, INC. PENSION PLANS
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Investments that represent 5% or more of the fair value of the Plans' net assets as of December 31, 2011 and 2010 are:

Investments	December 31,	
	2011	2010
JP Morgan 500 Index. 5,792,112 and 5,167,738 units, respectively	\$721,938,656	\$628,802,646
Dodge & Cox Fund, 2,960,677 and 2,775,579 units, respectively	268,234,895	299,473,608
Thornburg Fund, 3,134,389 and 2,306,935 units, respectively	288,683,448	242,803,113
Baird Fixed Income Fund, 1,702,014 and 1,564,867 units, respectively	285,007,626	233,725,535
JP Morgan Enhanced Index. 1,692,045 and 1,933,980 units, respectively	169,975,078	190,058,610
Thompson, Siegel & Walmsley LLC Fund, 1,150,145 and 1,185,593 units, respectively	145,890,041	156,628,589
Prudential, 3,705,858 units	420,902,451	*
Columbus Fund, 834,861 and 944,239 units, respectively	137,557,930	153,869,282
Goldman Sachs Fund, 2,505,039 units	*	343,085,063

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

NOTE 10 – 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.

**JOHNSON CONTROLS, INC. PENSION PLANS
NOTES TO THE FINANCIAL STATEMENTS
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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, 2011 and 2010:

Assets at Fair Value as of December 31, 2011				
	Level 1	Level 2	Level 3	Total
Fixed Income Fund	\$ 751,441,903	\$ ---	\$ ---	\$ 751,441,903
Equity Investments	1,700,709,090	---	---	1,700,709,090
Investment in Real Estate	---	---	204,994,402	204,994,402
Hedge Fund	---	---	92,168,727	92,168,727
Total assets at fair value	<u>\$ 2,452,150,993</u>	<u>\$ ---</u>	<u>\$ 297,163,129</u>	<u>\$ 2,749,314,122</u>

Assets at Fair Value as of December 31, 2010				
	Level 1	Level 2	Level 3	Total
Fixed Income Fund	\$ 666,024,510	\$ ---	\$ ---	\$ 666,024,510
Equity Investments	1,653,354,373	---	---	1,653,354,373
Investment in Real Estate	---	---	193,021,453	193,021,453
Hedge Fund	---	---	93,722,876	93,722,876
Total assets at fair value	<u>\$ 2,319,378,883</u>	<u>\$ ---</u>	<u>\$ 286,744,329</u>	<u>\$ 2,606,123,212</u>

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 Invesco and Morgan Stanley Real Estate Funds are valued by the fund managers, Invesco and Morgan Stanley Private Real Estate, respectively. Invesco and Morgan Stanley value 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

**JOHNSON CONTROLS, INC. PENSION PLANS
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every quarter and independent valuations are obtained to support valuation models. Rockwood Capital 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. In determining the value of the interest in real estate properties of the Invesco Core Real Estate Fund and the Morgan Stanley Prime Property Fund, all properties are valued on a quarterly basis by independent appraisers.

Hedge Fund: The fair value of the Hedge Fund is accounted for by Union Bancaire Privée's trustee and 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 Plans believe the 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.

JOHNSON CONTROLS, INC. PENSION PLANS
NOTES TO THE FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2011 AND 2010

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, 2011 and 2010:

Level 3 Assets			
Year Ended			
December 31, 2011			
	Investment in Hedge Fund		Investment in Real Estate
Balance, January 1, 2011	\$ 93,722,876	\$	193,021,453
Purchases and redemptions	(389,830)		(12,334,593)
Unrealized gains (losses)	(1,554,149)		33,985,639
Realized gains (losses)	389,830		(9,678,097)
Balance, December 31, 2011	<u>\$ 92,168,727</u>	<u>\$</u>	<u>204,994,402</u>

Level 3 Assets			
Year Ended			
December 31, 2010			
	Investment in Hedge Fund		Investment in Real Estate
Balance, January 1, 2010	\$ 88,655,565	\$	89,857,772
Purchases and redemptions	---		96,427,709
Unrealized gains	5,067,311		11,363,776
Realized losses	---		(4,627,804)
Balance, December 31, 2010	<u>\$ 93,722,876</u>	<u>\$</u>	<u>193,021,453</u>

SUPPLEMENTAL SCHEDULES

JOHNSON CONTROLS, INC. PENSION PLANS
SCHEDULE II, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JOHNSON CONTROLS, INC. MASTER PENSION TRUST
PLAN #024, EIN: 39-0380010
DECEMBER 31, 2011

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
*	U.S. Bank	Baird Fixed Income	\$ 202,272,158	\$ 285,007,626
*	U.S. Bank	Columbus	92,544,034	137,557,930
*	U.S. Bank	Thompson, Siegel & Walmsley LLC	120,565,441	145,890,041
*	U.S. Bank	Dodge & Cox	294,742,895	268,234,895
*	U.S. Bank	Thornburg	310,693,513	288,683,448
*	U.S. Bank	Prudential	318,722,466	420,902,451
*	U.S. Bank	Cash Fund	23,732,792	23,868,224
*	U.S. Bank	JP Morgan Enchd Index	157,357,778	169,975,078
*	U.S. Bank	JP Morgan 500 Index	633,160,230	721,938,656
*	U.S. Bank	Rockwood	22,162,070	22,162,070
*	U.S. Bank	Morgan Stanley	80,000,000	92,684,054
*	U.S. Bank	Invesco	80,000,000	90,148,278
*	U.S. Bank	Selectinvest	99,584,061	92,168,727
Totals			<u>\$ 2,435,537,438</u>	<u>\$ 2,759,221,478</u>

* Represents a party-in-interest

JOHNSON CONTROLS, INC. PENSION PLANS
SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS
JOHNSON CONTROLS, INC. MASTER PENSION TRUST
PLAN #024, EIN: 39-0380010
YEAR ENDED DECEMBER 31, 2011

(a)	(b)	(c)	(d)	(g)	(h)	(i)
<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain or (Loss)</u>
Single Transactions						
U.S. Bank	Cash Fund	\$ 217,050,000	\$ ---	\$ 217,050,000	\$ 217,050,000	\$ ---
U.S. Bank	Cash Fund	---	189,313,794	189,360,754	189,313,794	(46,960)
Series of Transactions						
U.S. Bank	JP Morgan 500 Index	152,433,578	---	152,433,578	152,433,578	---
U.S. Bank	JP Morgan 500 Index	---	77,433,580	65,413,248	77,433,580	12,020,332
U.S. Bank	Cash Fund	530,438,683	---	530,438,683	530,438,683	---
U.S. Bank	Cash Fund	---	539,813,851	540,040,955	539,813,851	(227,104)

Schedule SB Attachment (Form 5500)—2011 Plan Year
York Plan 19
EIN: 13-3473472 PN: 019

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	The effective date of adoption is July 1, 1989.
Covered Employees	Evcon Hourly and Wichita Hourly employees
Status of Plan	Ongoing
Participation	Age 21 and one year of service
Normal Retirement Eligibility	Age 65
Benefit	<p>Hired before January 1, 1993—Career average benefit with annual accrual based on pay rate: Twice the hourly pay rate (rounded to next higher \$0.50) plus the following flat dollar amount:</p> <p>\$3.00, prior to August 1, 2005 \$4.00, effective August 1, 2005 \$5.00, effective August 1, 2006 \$6.00, effective August 1, 2007</p> <p>Hired after January 1, 1993 but before August 1, 2000—Career average benefit with annual accrual based on pay rate: Twice the hourly pay rate (rounded to next higher \$0.50) plus the following flat dollar amount:</p> <p>\$1.00, effective August 1, 2005 \$2.00, effective August 1, 2006 \$3.00, effective August 1, 2007</p> <p>Hired after August 1, 2000—\$25.00 per month multiplied by years of credited service:</p> <p>\$26.00, effective August 1, 2005 \$27.00, effective August 1, 2006 \$28.00, effective August 1, 2007 \$31.00, effective August 1, 2008</p>

Schedule SB Attachment (Form 5500)—2011 Plan Year

York Plan 19

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Early Retirement

Eligibility

Age 55 or 30 years of service

Benefit The normal retirement benefit based on service to date of retirement, but reduced by 0.6% multiplied by the number of months by which the early retirement date precedes age 62.

Total and Permanent Disability Retirement

Eligibility

15 years of service

Benefit

Normal retirement benefit based on service to date of disability. At the participant's normal retirement date, disability benefits cease, and the participant is entitled to receive the normal retirement benefit. The normal retirement benefit is calculated as if the participant continues to earn vesting and benefit service from the date of disability, but his compensation remains constant from date of disability.

Deferred Vested

Eligibility

Five years of service

Benefit

The accrued normal retirement benefit payable at age 65. Benefits are reduced by 0.6% multiplied by the number of months by which the early retirement date precedes age 65.

Preretirement Surviving Spouse Benefit

Eligibility

Eligible for a vested benefit with at least one hour of service after August 23, 1984

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.

Schedule SB Attachment (Form 5500)—2011 Plan Year

York Plan 19

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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 Interest Rate 6.00%

Conversion Mortality 1971 Group Annuity Mortality Table (100% Male) with ages set back two years for males and females

Definitions

Credited Service One year of benefit service is credited for each year a participant completes 1,700 or more hours of service.

Vesting Service One year of vesting service is credited for each year a participant completes 1,000 or more hours of service.

Normal Form of Payment

Single Participant Life Annuity

Married Participant 50% Joint and Survivor Annuity. This benefit is the actuarial equivalent of the benefit payable as a life annuity.

Plan Changes Since the January 1, 2010 Valuation

The funding valuation does not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

York International Corporation Pension Plan Number Nineteen
Plan # 019, EIN # 13-3473472
Schedule H Line 4i- Schedule of Assets (Held at end of Year)
December 31, 2011

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	\$ 21,326,431
Total investments		<u><u>\$ 21,326,431</u></u>

* Indicates party-in-interest.

Schedule SB Attachment (Form 5500)—2011 Plan Year
York Plan 19
EIN: 13-3473472 PN: 019

**Schedule SB, Line 26—Schedule of Active Participant Data
As of January 1, 2011**

Attained Age	Number of Participants Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		30	1							
25-29		27	14	1						
30-34		19	18	13						
35-39		21	21	11	5					
40-44		20	23	21	7	7				
45-49	1	16	30	26	8	13				
50-54	2	20	20	26	7	24				
55-59	4	13	25	20	7	17				
60-64	3	2	18	13	6	18				
65-69			1	4	4	3				
70+										

N-610

Schedule SB Attachment (Form 5500)—2011 Plan Year
 York Plan 19
 EIN: 13-3473472 PN: 019

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

Interest Rates	Based on segment rates with a four-month lookback (as of September 2010)
1st Segment Rate	3.78%
2nd Segment Rate	6.31%
3rd Segment Rate	6.57%
Salary Increases	
Minimum Funding Target Normal Cost	See Table 1
Maximum Tax Expected Benefit Increase	See Table 1
Optional Payment Form Election Percentage	60% Life Annuity 40% Joint & 75% Survivor Annuity
Retirement Age	
Active Participants	See Table 2
Terminated Vested Participants	61
Mortality Rates	
Healthy and Disabled	2011 static mortality table for annuitants and nonannuitants per section 1.430(h)(3)-1(e)
Withdrawal Rates	See Table 3
Disability Rates	See Table 4
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
Benefit and Compensation Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$195,000 and the 401(a)(17) compensation limit of \$245,000
Valuation of Plan Assets	Fair market value
Trust Expenses Included in Target Normal Cost	Based on the prior year actual plan administrative expenses, \$127,906 for 2011
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2011

Schedule SB Attachment (Form 5500)—2011 Plan Year
 York Plan 19
 EIN: 13-3473472 PN: 019

Table 1

Salary Merit Increase Rates

Age	Rate	Age	Rate
15	8.50%	45	4.00%
16	8.50%	46	3.90%
17	8.50%	47	3.80%
18	8.50%	48	3.70%
19	8.50%	49	3.60%
20	8.50%	50+	3.50%
21	8.40%		
22	8.30%		
23	8.20%		
24	8.10%		
25	8.00%		
26	7.90%		
27	7.70%		
28	7.60%		
29	7.40%		
30	7.30%		
31	7.10%		
32	7.00%		
33	6.80%		
34	6.60%		
35	6.40%		
36	6.20%		
37	6.00%		
38	5.70%		
39	5.50%		
40	5.30%		
41	5.00%		
42	4.80%		
43	4.50%		
44	4.20%		

Schedule SB Attachment (Form 5500)—2011 Plan Year
York Plan 19
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Table 2

Retirement Rates

Age	Rate
55	3.00%
56	2.00%
57	2.00%
58	2.00%
59	2.00%
60	2.00%
61	2.00%
62	2.00%
63	10.00%
64	10.00%
65	40.00%
66	20.00%
67	20.00%
68	20.00%
69	20.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2011 Plan Year
York Plan 19
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Table 3—Page 1 of 4

Withdrawal Rates—Male

Age	Years of Service				
	0	1	2	3	4+
15	45.00%	40.00%	35.00%	35.00%	30.00%
16	45.00%	40.00%	35.00%	35.00%	30.00%
17	45.00%	40.00%	35.00%	35.00%	30.00%
18	45.00%	40.00%	35.00%	35.00%	30.00%
19	45.00%	40.00%	35.00%	35.00%	30.00%
20	45.00%	40.00%	35.00%	35.00%	30.00%
21	45.00%	40.00%	35.00%	35.00%	30.00%
22	45.00%	40.00%	35.00%	35.00%	30.00%
23	45.00%	40.00%	35.00%	35.00%	30.00%
24	45.00%	40.00%	35.00%	35.00%	30.00%
25	45.00%	40.00%	35.00%	35.00%	29.05%
26	45.00%	40.00%	35.00%	35.00%	28.10%
27	45.00%	40.00%	35.00%	35.00%	27.15%
28	45.00%	40.00%	35.00%	35.00%	26.20%
29	45.00%	40.00%	35.00%	35.00%	25.25%
30	45.00%	40.00%	35.00%	35.00%	24.30%
31	45.00%	40.00%	35.00%	35.00%	23.35%
32	45.00%	40.00%	35.00%	35.00%	22.40%
33	45.00%	40.00%	35.00%	35.00%	21.45%
34	45.00%	40.00%	35.00%	35.00%	20.50%
35	45.00%	40.00%	35.00%	35.00%	19.50%
36	45.00%	40.00%	35.00%	35.00%	18.55%
37	45.00%	40.00%	35.00%	35.00%	17.60%
38	45.00%	40.00%	35.00%	35.00%	16.65%
39	45.00%	40.00%	35.00%	35.00%	15.70%
40	45.00%	40.00%	35.00%	35.00%	14.75%
41	45.00%	40.00%	35.00%	35.00%	13.80%
42	45.00%	40.00%	35.00%	35.00%	12.85%
43	45.00%	40.00%	35.00%	35.00%	11.90%
44	45.00%	40.00%	35.00%	35.00%	10.95%

Schedule SB Attachment (Form 5500)—2011 Plan Year
York Plan 19
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Table 3—Page 2 of 4

Withdrawal Rates—Male

Age	Years of Service				
	0	1	2	3	4+
45	45.00%	40.00%	35.00%	35.00%	10.00%
46	45.00%	40.00%	35.00%	35.00%	9.00%
47	45.00%	40.00%	35.00%	35.00%	8.00%
48	45.00%	40.00%	35.00%	35.00%	7.00%
49	45.00%	40.00%	35.00%	35.00%	6.00%
50	45.00%	40.00%	35.00%	35.00%	5.00%
51	45.00%	40.00%	35.00%	35.00%	5.00%
52	45.00%	40.00%	35.00%	35.00%	5.00%
53	45.00%	40.00%	35.00%	35.00%	5.00%
54	45.00%	40.00%	35.00%	35.00%	5.00%
55	45.00%	40.00%	35.00%	35.00%	5.00%
56	45.00%	40.00%	35.00%	35.00%	5.00%
57	45.00%	40.00%	35.00%	35.00%	5.00%
58	45.00%	40.00%	35.00%	35.00%	5.00%
59	45.00%	40.00%	35.00%	35.00%	5.00%
60+	45.00%	40.00%	35.00%	35.00%	5.00%

Schedule SB Attachment (Form 5500)—2011 Plan Year
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Table 3—Page 3 of 4

Withdrawal Rates—Female

Age	Years of Service				
	0	1	2	3	4+
15	45.00%	40.00%	25.00%	21.00%	21.00%
16	45.00%	40.00%	25.00%	21.00%	21.00%
17	45.00%	40.00%	25.00%	21.00%	21.00%
18	45.00%	40.00%	25.00%	21.00%	21.00%
19	45.00%	40.00%	25.00%	21.00%	21.00%
20	45.00%	40.00%	25.00%	21.00%	21.00%
21	45.00%	40.00%	25.00%	21.00%	21.00%
22	45.00%	40.00%	25.00%	21.00%	21.00%
23	45.00%	40.00%	25.00%	21.00%	21.00%
24	45.00%	40.00%	25.00%	21.00%	21.00%
25	45.00%	40.00%	25.00%	21.00%	21.00%
26	45.00%	40.00%	25.00%	21.00%	21.00%
27	45.00%	40.00%	25.00%	21.00%	21.00%
28	45.00%	40.00%	25.00%	21.00%	21.00%
29	45.00%	40.00%	25.00%	21.00%	21.00%
30	45.00%	40.00%	25.00%	21.00%	21.00%
31	45.00%	40.00%	25.00%	21.00%	21.00%
32	45.00%	40.00%	25.00%	21.00%	21.00%
33	45.00%	40.00%	25.00%	21.00%	21.00%
34	45.00%	40.00%	25.00%	21.00%	21.00%
35	45.00%	40.00%	25.00%	21.00%	21.00%
36	45.00%	40.00%	25.00%	21.00%	21.00%
37	45.00%	40.00%	25.00%	21.00%	21.00%
38	45.00%	40.00%	25.00%	21.00%	20.30%
39	45.00%	40.00%	25.00%	21.00%	19.55%
40	45.00%	40.00%	25.00%	21.00%	18.85%
41	45.00%	40.00%	25.00%	21.00%	18.10%
42	45.00%	40.00%	25.00%	21.00%	17.40%
43	45.00%	40.00%	25.00%	21.00%	16.65%
44	45.00%	40.00%	25.00%	21.00%	15.95%

Schedule SB Attachment (Form 5500)—2011 Plan Year
York Plan 19
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Table 3—Page 4 of 4

Withdrawal Rates—Female

Age	Years of Service				
	0	1	2	3	4+
45	45.00%	40.00%	25.00%	21.00%	15.20%
46	45.00%	40.00%	25.00%	21.00%	14.50%
47	45.00%	40.00%	25.00%	21.00%	13.80%
48	45.00%	40.00%	25.00%	21.00%	13.05%
49	45.00%	40.00%	25.00%	21.00%	12.35%
50	45.00%	40.00%	25.00%	21.00%	11.60%
51	45.00%	40.00%	25.00%	21.00%	10.90%
52	45.00%	40.00%	25.00%	21.00%	10.15%
53	45.00%	40.00%	25.00%	21.00%	9.45%
54	45.00%	40.00%	25.00%	21.00%	8.70%
55	45.00%	40.00%	25.00%	21.00%	8.00%
56	45.00%	40.00%	25.00%	21.00%	8.00%
57	45.00%	40.00%	25.00%	21.00%	8.00%
58	45.00%	40.00%	25.00%	21.00%	8.00%
59	45.00%	40.00%	25.00%	21.00%	8.00%
60+	45.00%	40.00%	25.00%	21.00%	8.00%

Schedule SB Attachment (Form 5500)—2011 Plan Year
York Plan 19
EIN: 13-3473472 PN: 019

Table 4

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

Schedule SB Attachment (Form 5500)—2011 Plan Year
York Plan 19
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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the retirement age assumption for active participants.
- A change in the withdrawal rates for active participants.

These changes were made to better reflect the anticipated plan experience. These changes do not require IRS approval because the changes resulted in a decrease in the funding shortfall that was less than \$5 million.

Schedule SB Attachment (Form 5500)—2011 Plan Year
York Plan 19
EIN: 13-3473472 PN: 019

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2011

Date	Amount	Interest Rate	Interest Adjusted Contribution
November 1, 2011	<u>\$ 500,000</u>	6.39%	<u>\$ 474,859</u>
Total Contribution	\$ 500,000		\$ 474,859

Schedule SB Attachment (Form 5500)—2011 Plan Year
 York Plan 19
 EIN: 13-3473472 PN: 019

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	3.00%	1.0000	1.67
56.5	2.00%	0.9700	1.10
57.5	2.00%	0.9506	1.09
58.5	2.00%	0.9316	1.09
59.5	2.00%	0.9130	1.09
60.5	2.00%	0.8947	1.08
61.5	2.00%	0.8768	1.08
62.5	2.00%	0.8593	1.07
63.5	10.00%	0.8421	5.35
64.5	10.00%	0.7579	4.89
65.5	40.00%	0.6821	17.87
66.5	20.00%	0.4093	5.44
67.5	20.00%	0.3274	4.42
68.5	20.00%	0.2619	3.59
69.5	20.00%	0.2095	2.91
70	100.00%	0.1676	11.73
Weighted Average			65.47

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **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 Nineteen	B Three-digit plan number (PN) ▶ <u>019</u>
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: ☒ Single ☐ Multiple-A ☐ Multiple-B	
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2011</u>			
2 Assets:			
a Market value	2a	20,911,784	
b Actuarial value	2b	20,911,784	
3 Funding target/participant count breakdown:			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	133	3,852,542
b For terminated vested participants	3b	278	2,745,742
c For active participants:			
(1) Non-vested benefits.....	3c(1)		729,659
(2) Vested benefits.....	3c(2)		9,300,847
(3) Total active.....	3c(3)	610	10,030,506
d Total.....	3d	1,021	16,628,790
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate	5	6.39 %	
6 Target normal cost	6	981,037	

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	<div style="text-align: center;"> Signature of actuary </div>	<div style="text-align: center;"> <u>09/25/2012</u> Date <u>11-06405</u> Most recent enrollment number <u>(847) 295-5000</u> Telephone number (including area code) </div>
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Mark K. Friedman Type or print name of actuary Hewitt Associates LLC Firm name 100 Half Day Road Lincolnshire Address of the firm IL 60069 </div> <div style="width: 35%; text-align: right;"> 11-06405 Most recent enrollment number (847) 295-5000 Telephone number (including area code) </div> </div>		

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

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	1,256,180	821,448
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8).....	1,256,180	821,448
10 Interest on line 9 using prior year's actual return of <u>15.15</u> %.....	190,311	124,449
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		3,062,423
b Interest on (a) using prior year's effective rate of <u>6.73</u> % except as otherwise provided (see instructions).....		206,101
c Total available at beginning of current plan year to add to prefunding balance.....		3,268,524
d Portion of (c) to be added to prefunding balance.....		3,268,524
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	1,446,491	4,214,421

Part III Funding percentages

14 Funding target attainment percentage	14	91.71 %
15 Adjusted funding target attainment percentage	15	125.75 %
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	91.14 %
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
11/01/2011	500,000	0			
Totals •			18(b)	500,000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 474,859

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
0	0	0	0

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

21 Discount rate:			
a Segment rates:	1st segment: 3.78 %	2nd segment: 6.31 %	3rd segment: 6.57 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is 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 contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6)	31a	981,037										
b Excess assets, if applicable, but not greater than 31a	31b	0										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	0	0	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment	0	0										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	981,037										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement		645,490	0									
			645,490									
36 Additional cash requirement (line 34 minus line 35)	36	335,547										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	474,859										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	139,312										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	139,312										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0										
40 Unpaid minimum required contributions for all years	40	0										

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008	☐ 2009	☐ 2010 ☐ 2011
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		