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).

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

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
JOHNSON CTRLS PLAN BATTERY DIV. HRLY EMPLOYEES

1b Three-digit plan number (PN) ▶ 016

1c Effective date of plan 12/29/1943

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

JOHNSON CONTROLS BATTERY GROUP, INC.

JOHNSON CONTROLS, INC.

5757 N GREEN BAY AVE
MILWAUKEE, WI 53209-4408

2b Employer Identification Number (EIN) 39-1684871

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

2d Business code (see instructions) 336300

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

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

5	Total number of participants at the beginning of the plan year	**5**	6213
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**	2473
b	Retired or separated participants receiving benefits	**6b**	2051
c	Other retired or separated participants entitled to future benefits	**6c**	1474
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	5998
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	277
f	Total. Add lines **6d** and **6e**	**6f**	6275
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**	177
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1G 3D 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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

▶ **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
JOHNSON CTRLS PLAN BATTERY DIV. HRLY EMPLOYEES

B Three-digit plan number (PN) ▶ 016

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
JOHNSON CONTROLS BATTERY GROUP, INC.

D Employer Identification Number (EIN)
39-1684871

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2011

2 Assets:

a	Market value	**2a**	343379136
b	Actuarial value	**2b**	343379136

3 Funding target/participant count breakdown:

			(1) Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	2251	146822442
b	For terminated vested participants	**3b**	1599	45242226
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		8721783
	(2) Vested benefits	**3c(2)**		102880491
	(3) Total active	**3c(3)**	2363	111602274
d	Total	**3d**	6213	303666942

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**	6.30 %
6	Target normal cost	**6**	9046540

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/25/2012
Date

MARK K. FRIEDMAN
Type or print name of actuary

11-06405
Most recent enrollment number

HEWITT ASSOCIATES LLC
Firm name

847-295-5000
Telephone number (including area code)

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

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	31463096	7032284
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)	31463096	7032284
10	Interest on line 9 using prior year's actual return of 14.14%	4448882	994365
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		42517683
b	Interest on (a) using prior year's effective rate of 6.69 % except as otherwise provided (see instructions)		2844433
c	Total available at beginning of current plan year to add to prefunding balance		45362116
d	Portion of (c) to be added to prefunding balance		45362116
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)	35911978	53388765

Part III Funding percentages

14	Funding target attainment percentage	14	83.67 %
15	Adjusted funding target attainment percentage	15	113.07 %
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	94.40 %
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	25500000	0			
			Totals ► 18(b)	25500000	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	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	24234901

20 Quarterly contributions and liquidity shortfalls:

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

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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:	2nd segment:	3rd segment:	
3.78%	6.31%	6.57 %	☐ N/A, full yield curve used

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 63

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

Part VI Miscellaneous items

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

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

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

27 If the plan is 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** 9046540

b Excess assets, if applicable, but not greater than 31a **31b**

32 Amortization installments:

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)... **34** 9046540

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	5206858	0	5206858

36 Additional cash requirement (line 34 minus line 35)..... **36** 3839682

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 24234901

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

a Total (excess, if any, of line 37 over line 36) **38a** 20395219

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 5206858

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**

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

B Three-digit plan number (PN) ▶ 016

C Plan sponsor's name as shown on line 2a of Form 5500
JOHNSON CONTROLS BATTERY GROUP, INC.

D Employer Identification Number (EIN)
39-1684871

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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	257531	Yes [ ] No [X]	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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
JOHNSON CTRLS PLAN BATTERY DIV. HRLY EMPLOYEES

B Three-digit plan number (PN) ▶ 016

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
JOHNSON CONTROLS BATTERY GROUP, INC.

D Employer Identification Number (EIN)
39-1684871

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)
39-0380010-024	M	361948791

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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
JOHNSON CTRLS PLAN BATTERY DIV. HRLY EMPLOYEES

B Three-digit plan number (PN) ▶ 016

C Plan sponsor's name as shown on line 2a of Form 5500
JOHNSON CONTROLS BATTERY GROUP, INC.

D Employer Identification Number (EIN)
39-1684871

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)	5181	
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)	343393473	361948791
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	343398654	361948791
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	19518	59058
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	19518	59058
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	343379136	361889733

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	25500000	
(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)		25500000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		7619480
	(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		33119480
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14138819	
	(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)		14138819
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)	257531	
	(2) Contract administrator fees	2i(2)		
	(3) Investment advisory and management fees	2i(3)		
	(4) Other	2i(4)	212533	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		470064
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		14608883
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		18510597
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.) **4a**		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) **4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) **4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) **4d**		X	
e	Was this plan covered by a fidelity bond? **4e**	X		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? **4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? **4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? **4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) **4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) **4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? **4k**		X	
l	Has the plan failed to provide any benefit when due under the plan? **4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) **4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. **4n**		X	

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

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
JOHNSON CTRLS PLAN BATTERY DIV. HRLY EMPLOYEES

B Three-digit plan number (PN) ▶ 016

C Plan sponsor's name as shown on line 2a of Form 5500
JOHNSON CONTROLS BATTERY GROUP, INC.

D Employer Identification Number (EIN)
39-1684871

Part I Distributions

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

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

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

EIN(s): 41-6571370

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3** 31

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete 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

316 North Milwaukee Street, Suite 350
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	1,989,450,016	361,948,791	150,935,797	3,955,500	6,905,813	100,984,788	3,150,720
LIABILITIES							
Accrued administrative expenses	408,339	59,058	60,520	1,313	9,845	12,036	3,268
Total liabilities	408,339	59,058	60,520	1,313	9,845	12,036	3,268
Net assets available for benefits	$ 1,989,041,677	$ 361,889,733	$ 150,875,277	$ 3,954,187	$ 6,895,968	$ 100,972,752	$ 3,147,452

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
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)
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	28,802,472	11,898,902	19,271,329	6,687,307	18,622,782	15,905,487	21,326,431
LIABILITIES							
Accrued administrative expenses	13,281	5,103	6,445	7,293	6,421	3,905	16,927
Total liabilities	13,281	5,103	6,445	7,293	6,421	3,905	16,927
Net assets available for benefits	$ 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 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	11,799,108	2,751,645,243
LIABILITIES		
Accrued administrative expenses	5,205	618,959
Total liabilities	5,205	618,959
Net assets available for benefits	$ 11,793,903	$ 2,751,026,284

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 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)
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	108,365	5,181	2,452	---	---	3,840	---
Total assets	1,851,391,437	343,398,654	155,553,519	3,861,579	6,095,537	103,968,863	3,173,919
LIABILITIES							
Accrued administrative expenses	167,443	19,518	19,805	320	2,879	3,541	800
Total liabilities	167,443	19,518	19,805	320	2,879	3,541	800
Net assets available for benefits	$ 1,851,223,994	$ 343,379,136	$ 155,533,714	$ 3,861,259	$ 6,092,658	$ 103,965,322	$ 3,173,119

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	26,608,723	10,409,697	19,835,479	5,950,917	17,559,820	15,155,627	20,916,920
LIABILITIES							
Accrued administrative expenses	3,964	1,353	1,758	2,122	1,740	967	5,136
Total liabilities	3,964	1,353	1,758	2,122	1,740	967	5,136
Net assets available for benefits	$ 26,604,759	$ 10,408,344	$ 19,833,721	$ 5,948,795	$ 17,558,080	$ 15,154,660	$ 20,911,784

See the notes to the financial statements

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

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

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

	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)
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	217,050,000	25,500,000	200,000	200,000	775,000	7,400,000	75,000
Total additions	247,560,681	33,119,480	4,522,092	305,340	912,573	8,155,991	137,969
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	2,905,521	470,064	450,950	16,213	79,131	103,153	35,681
Total deductions	109,742,998	14,608,883	9,180,529	212,412	109,263	11,148,561	163,636
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	1,851,223,994	343,379,136	155,533,714	3,861,259	6,092,658	103,965,322	3,173,119
Net assets available for benefits, end of year	$ 1,989,041,677	$ 361,889,733	$ 150,875,277	$ 3,954,187	$ 6,895,968	$ 100,972,752	$ 3,147,452

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

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

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF ACCUMULATED PLAN BENEFITS
JANUARY 1, 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)
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	844,727,205	116,770,544	39,563,056	1,686,722	3,056,136	18,591,296	1,062,396
	1,357,306,623	243,804,206	109,257,751	2,869,095	3,284,174	80,009,338	2,037,261
Nonvested benefits	74,059,954	6,653,862	548,972	41,041	412,068	3,095,740	98,278
Total actuarial present value of accumulated plan benefits	$ 1,431,366,577	$ 250,458,068	$ 109,806,723	$ 2,910,136	$ 3,696,242	$ 83,105,078	$ 2,135,539

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	13,380,478	5,799,960	6,965,885	3,391,788	6,948,359	6,826,938	9,320,844
	18,774,607	7,422,515	12,758,555	3,961,752	12,289,146	10,989,857	12,670,236
Nonvested benefits	---	72,698	63,832	91,057	224,976	44,985	558,379
Total actuarial present value of accumulated plan benefits	$ 18,774,607	$ 7,495,213	$ 12,822,387	$ 4,052,809	$ 12,514,122	$ 11,034,842	$ 13,228,615

See the notes to the financial statements

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

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

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	769,823,195	111,596,073	41,918,734	1,613,930	2,613,833	18,153,998	1,074,595
	1,270,937,175	230,955,611	109,377,744	2,809,601	2,790,061	77,640,886	2,059,757
Nonvested benefits	71,861,056	6,767,913	490,812	51,073	343,224	3,212,714	130,380
Total actuarial present value of accumulated plan benefits	$ 1,342,798,231	$ 237,723,524	$ 109,868,556	$ 2,860,674	$ 3,133,285	$ 80,853,600	$ 2,190,137

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF ACCUMULATED PLAN BENEFITS
JANUARY 1, 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)
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	12,159,505	5,146,468	6,942,105	2,936,058	7,041,873	6,292,402	9,106,764
	17,056,582	6,442,325	12,374,907	3,459,601	11,573,315	10,420,951	12,082,247
Nonvested benefits	66,024	68,386	196,520	67,206	169,130	50,829	819,576
Total actuarial present value of accumulated plan benefits	$ 17,122,606	$ 6,510,711	$ 12,571,427	$ 3,526,807	$ 11,742,445	$ 10,471,780	$ 12,901,823

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	4,205,155	1,000,624,688
	6,917,454	1,776,898,217
Nonvested benefits	64,614	84,359,457
Total actuarial present value of accumulated plan benefits	$ 6,982,068	$ 1,861,257,674

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS
YEAR ENDED JANUARY 1, 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)
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*	50,619,597	6,781,551	(169,932)	(43,815)	386,304	4,890,675	(100,448)
Net increase (decrease)	88,568,346	12,734,544	(61,833)	49,462	562,957	2,251,478	(54,598)
Actuarial present value of accumulated plan benefits at January 1, 2011	$ 1,431,366,577	$ 250,458,068	$ 109,806,723	$ 2,910,136	$ 3,696,242	$ 83,105,078	$ 2,135,539

* 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	$ 10,471,780	$ 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	$ 18,774,607	$ 7,495,213	$ 12,822,387	$ 4,052,809	$ 12,514,122	$ 11,034,842	$ 13,228,615

* 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*	667,166	66,161,415
Net increase	852,324	109,977,676
Actuarial present value of accumulated plan benefits at January 1, 2011	$ 7,834,392	$ 1,971,235,350

*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
YEARS ENDED DECEMBER 31, 2011 AND 2010

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")).

Name of Plan	Eligible Employees (Subject to Other Plan Requirements)
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)

Name of Plan	Eligible Employees (Subject to Other Plan Requirements)
Johnson Controls Production Pension Plan Formerly known as Johnson Controls Pension Plan Battery Division Owosso UAW Employees (Johnson Controls Production 017)	Hourly employees of the Company's Power Solutions business Owosso, Michigan plant; Building Efficiency plant in Lexington, Kentucky; Hoover's Automotive Systems Group's Adrian, Michigan, Chester, Pennsylvania, and Vincennes, Indiana plants, Whitmore Lake, Michigan plant; Hoover's Engineered Plastics Division Erie, Pennsylvania plant; Production employees of the Company's Milwaukee, Wisconsin production facilities, except production employees of the Company's Power Solutions business, who are covered by another defined benefit pension plan; Production hourly employees of the Company's Building Efficiency business Goshen, Indiana plant; Production hourly employees of the Company's Building Efficiency business Watertown, Wisconsin plant; Union hourly production and maintenance employees of the Mt. Clemens, Michigan facility; Union hourly production and maintenance employees of the Plymouth, Michigan seating facility; Hourly employees of Hoover's Automotive Systems Group, Oberlin, Ohio plant; Hourly employees of Hoover's Automotive Systems Group, Johns Creek, Georgia plant; Union and nonunion hourly employees of the Madisonville, Kentucky and Medina, Ohio plants; 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 All of the above groups are closed facilities of the Company. The plans covering these former employees were all subsequently merged into this plan.
TechnoTrim, Inc. Pension Plan for Salaried Employees (TechnoTrim – Plan 046)	Salaried employees of TechnoTrim
Johnson Controls Automotive Systems Group Production Employees Pension Plan (ASG Production – Plan 006)	Union hourly employees of the Battle Creek, Michigan; Oklahoma City, Oklahoma; Earth City, Missouri; Shreveport, Louisiana and Kansas City, KS plants
York International Corporation Pension Plan Number Four (UAW) (York Plan 4 – Plan 018)	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

Name of Plan	Eligible Employees (Subject to Other Plan Requirements)
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.

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.

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

	December 31,	
	2011	2010
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	100.0%	100.0%

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

The statements of financial position as of December 31, 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

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:

Description	Assumption	
Retirement Age	Varies based on the probability of retirement at social security retirement age of 65 to 67, with 100% at age 70.	
Mortality Rates	2011: 2011 Static Mortality Table for annuitants and non-annuitants. 2010: 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	2011: Based on segment rates with a four month lookback (as of September 2010), as follows: 1st Segment Rate – 3.78% 2nd Segment Rate – 6.31% 3rd Segment Rate – 6.57%	2010: Based on segment rates with a four month lookback, as follows: 1st Segment Rate – 5.03% 2nd Segment Rate – 6.73% 3rd 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

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.

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.

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	December 31, 2010
Assets		
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
	$ 2,786,401,675	$ 2,618,805,078
Liabilities and Participating Plans' Equity		
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	2,759,221,478	2,602,133,146
	$ 2,786,401,675	$ 2,618,805,078

* 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.

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
	46,605,307
Contributions received from participating Plans	260,000,000
Total increases	306,605,307
Withdrawals by participating plans for benefit payments, asset transfers and plan expenses	144,844,980
Administrative expenses	4,589,930
Total decreases	149,434,910
Net increase in participating Plans' equity	157,170,397
Participating Plans' equity	
Beginning of year	2,594,474,846
End of year	$ 2,751,645,243

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.

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	$ 2,452,150,993	$ ---	$ 297,163,129	$ 2,749,314,122

	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	$ 2,319,378,883	$ ---	$ 286,744,329	$ 2,606,123,212

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

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.

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	$ 92,168,727	$ 204,994,402

	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	$ 93,722,876	$ 193,021,453

SUPPLEMENTAL SCHEDULES

JOHNSON CONTROLS, INC. PENSION PLANS
SCHEDULE H, 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) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) 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		$ 2,435,537,438	$ 2,759,221,478

* 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) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
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
Battery Division/Hourly Employees
EIN: 39-1684871 PN: 016

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	December 29, 1943
Status of Plan	Ongoing
Participation	Hourly-paid employees
Normal Retirement	
Eligibility	Age 65 and five years of Vesting Service
Benefit	1% of Average Monthly Compensation times Benefit Service. The normal retirement benefit is subject to minimums ranging from $28.00 times Benefit Service to $47.00 times Benefit Service depending on employee group.
Early Retirement	
Eligibility	Age 55 and 10 years of Vesting Service
Benefit	Accrued benefit reduced 5% per year from age 65 (age 62 if 10 years of Vesting Service)
Deferred Vested	
Eligibility	Five years of Vesting Service
Benefit	Accrued benefit reduced 5% per year from age 65
Supplemental Allowance	
Eligibility	Participants who retire at age 62 with 10 years of Vesting Service at Portland, Tampa, Toledo, St. Joseph, Winston-Salem, and Florence locations
Benefit	$10 ($13 for Portland employees, $12 for Winston-Salem employees, and $11 for Tampa employees) for each year of service payable monthly until age 65
Total and Permanent Disability Retirement	
Eligibility	Age 55 and 30 years of Benefit Service (UAW groups only)
Benefit	Accrued benefit payable immediately
Preretirement Surviving Spouse Benefit	
Eligibility	Five years of service

Benefit	Early Retirement Eligible—50% (55% for UAW groups if death after age 55 with 10 years of Vesting Service) of the benefit the participant was entitled to receive under the early retirement provisions had he terminated employment as of the date of death. This benefit is payable for the life of the spouse. Not Early Retirement Eligible—50% of the benefit to which the participant was entitled under the plan provisions had the participant terminated employment on the date of death, survived to his earliest retirement age, and begun to receive an immediate life annuity at his early retirement date.
Other Benefits	
Eligibility	Payable upon death of retiree receiving normal or early retirement benefits
Benefit	$1,500 to $6,000 lump sum, depending on location
Optional Payment Form	
Conversion Interest Rate	6.00%
Conversion Mortality	1971 Group Annuity Mortality Table Weighted 70% Male 30% Female
Definitions	
Vesting Service	All service after date of hire
Benefit Service	Service while a participant
Compensation	Earnings considered “wages” for federal income tax withholding purposes excluding LTD benefits, reimbursed expenses, and pension contributions
Average Monthly Compensation	Compensation for the highest five plan years out of the last ten, divided by 60
Normal Form of Payment	
Single Participant	Life Annuity
Married Participant	50% Joint and Survivor Annuity

Schedule SB Attachment (Form 5500)—2011 Plan Year
Battery Division/Hourly Employees
EIN: 39-1684871 PN: 016

Changes in Plan Provisions Since the January 1, 2010 Valuation

The January 1, 2011 funding valuation reflects the following plan changes:

- For participants at the St. Joseph location, the minimum benefit multiplier was increased from $41.00 to $42.00 as of August 1, 2011.
- For participants at the Tampa location:
  - The minimum benefit multiplier was increased from $34.00 to $35.00 as of January 1, 2011.
  - The supplemental benefit multiplier was increased from $10.00 to $11.00 as of January 1, 2011.
- For participants at the Toledo location, the minimum benefit multiplier was increased from $43.50 to $44.50 as of May 1, 2011.
- For participants at the Winston-Salem location, the minimum benefit multiplier was increased from $47.00 to $48.00 as of August 1, 2011.

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.

Johnson Controls Pension Plan Battery Division Hourly Employees
Plan # 016, EIN # 39-1684871
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	$ 361,948,791
Total investments		$ 361,948,791

* Indicates party-in-interest.

Schedule SB Attachment (Form 5500)—2011 Plan Year
Battery Division/Hourly Employees
EIN: 39-1684871 PN: 016

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2011

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	45 $19,160	25 $52,701								
25-29	52 $18,692	59 $50,504	9							
30-34	50 $23,211	86 $52,507	36 $54,594	36 $70,100						
35-39	49 $14,801	79 $53,859	35 $60,062	88 $64,809	15	1				
40-44	54 $18,776	70 $55,027	47 $64,095	94 $66,187	31 $61,126	28 $67,888	6			
45-49	53 $19,937	57 $55,184	41 $60,514	90 $70,287	29 $65,252	50 $71,364	46 $63,138	6		
50-54	38 $13,059	43 $60,650	32 $61,929	74 $62,218	48 $70,497	64 $64,666	85 $67,579	70 $64,967	5	
55-59	9	23 $62,747	20 $56,255	34 $62,986	15	43 $62,853	94 $65,513	77 $60,167	45 $62,243	5
60-64	5	6	6	22 $61,244	14	21 $61,364	30 $64,925	30 $58,564	18	4
65-69		2	2		2	1	4	2		
70+		1	2							

N-2363

Schedule SB Attachment (Form 5500)—2011 Plan Year
Battery Division/Hourly Employees
EIN: 39-1684871 PN: 016

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	45% Life Annuity 55% Joint & 75% Survivor Annuity
Retirement Age	
Active Participants	See Table 2
Terminated Vested Participants	60
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
Valuation Compensation	Earnings considered “wages” for federal income tax withholding purposes excluding LTD benefits, reimbursed expenses, and pension contributions
Benefit and Compensation Limits	Projected benefits and compensation 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, $490,804 for 2011
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2011

Table 1

Salary Merit Increase Rates

Age	Rate
20	5.00%
21	4.90%
22	4.80%
23	4.60%
24	4.50%
25	4.40%
26	4.20%
27	4.10%
28	4.00%
29	3.80%
30	3.70%
31	3.60%
32	3.40%
33	3.30%
34	3.20%
35+	3.00%

Table 2

Retirement Rates

Age	Rate
55	3.00%
56	3.00%
57	3.00%
58	3.00%
59	3.00%
60	3.00%
61	3.00%
62	55.00%
63	15.00%
64	15.00%
65	65.00%
66	50.00%
67	40.00%
68	30.00%
69	20.00%
70+	100.00%

Table 3—Page 1 of 4

Withdrawal Rates—Male

	Years of Service			
Age	**0**	**1**	**2**	**3+**
15	30.00%	21.00%	13.00%	10.50%
16	30.00%	21.00%	13.00%	10.50%
17	30.00%	21.00%	13.00%	10.50%
18	30.00%	21.00%	13.00%	10.50%
19	30.00%	21.00%	13.00%	10.50%
20	30.00%	21.00%	13.00%	10.50%
21	30.00%	21.00%	13.00%	10.25%
22	30.00%	21.00%	13.00%	10.00%
23	30.00%	21.00%	13.00%	9.75%
24	30.00%	21.00%	13.00%	9.50%
25	30.00%	21.00%	13.00%	9.25%
26	30.00%	21.00%	13.00%	9.00%
27	30.00%	21.00%	13.00%	8.75%
28	30.00%	21.00%	13.00%	8.50%
29	30.00%	21.00%	13.00%	8.25%
30	30.00%	21.00%	13.00%	8.00%
31	30.00%	21.00%	13.00%	7.75%
32	30.00%	21.00%	13.00%	7.50%
33	30.00%	21.00%	13.00%	7.25%
34	30.00%	21.00%	13.00%	7.00%
35	30.00%	21.00%	13.00%	6.75%
36	30.00%	21.00%	13.00%	6.50%
37	30.00%	21.00%	13.00%	6.25%
38	30.00%	21.00%	13.00%	6.00%
39	30.00%	21.00%	13.00%	5.75%
40	30.00%	21.00%	13.00%	5.50%
41	30.00%	21.00%	13.00%	5.25%
42	30.00%	21.00%	13.00%	5.00%
43	30.00%	21.00%	13.00%	4.75%
44	30.00%	21.00%	13.00%	4.50%

Table 3—Page 2 of 4

Withdrawal Rates—Male

	Years of Service			
Age	**0**	**1**	**2**	**3+**
45	30.00%	21.00%	13.00%	4.25%
46	30.00%	21.00%	13.00%	4.00%
47	30.00%	21.00%	13.00%	3.75%
48	30.00%	21.00%	13.00%	3.50%
49	30.00%	21.00%	13.00%	3.25%
50	30.00%	21.00%	13.00%	3.00%
51	30.00%	21.00%	13.00%	2.75%
52	30.00%	21.00%	13.00%	2.50%
53	30.00%	21.00%	13.00%	2.25%
54	30.00%	21.00%	13.00%	2.00%
55	30.00%	21.00%	13.00%	1.75%
56	30.00%	21.00%	13.00%	1.50%
57	30.00%	21.00%	13.00%	1.25%
58	30.00%	21.00%	13.00%	1.00%
59+	30.00%	21.00%	13.00%	1.00%

Table 3—Page 3 of 4

Withdrawal Rates—Female

	Years of Service			
Age	**0**	**1**	**2**	**3+**
15	27.00%	20.00%	15.00%	14.20%
16	27.00%	20.00%	15.00%	14.20%
17	27.00%	20.00%	15.00%	14.20%
18	27.00%	20.00%	15.00%	14.20%
19	27.00%	20.00%	15.00%	14.20%
20	27.00%	20.00%	15.00%	14.20%
21	27.00%	20.00%	15.00%	13.87%
22	27.00%	20.00%	15.00%	13.53%
23	27.00%	20.00%	15.00%	13.20%
24	27.00%	20.00%	15.00%	12.86%
25	27.00%	20.00%	15.00%	12.53%
26	27.00%	20.00%	15.00%	12.19%
27	27.00%	20.00%	15.00%	11.86%
28	27.00%	20.00%	15.00%	11.53%
29	27.00%	20.00%	15.00%	11.19%
30	27.00%	20.00%	15.00%	10.86%
31	27.00%	20.00%	15.00%	10.52%
32	27.00%	20.00%	15.00%	10.19%
33	27.00%	20.00%	15.00%	9.86%
34	27.00%	20.00%	15.00%	9.52%
35	27.00%	20.00%	15.00%	9.19%
36	27.00%	20.00%	15.00%	8.85%
37	27.00%	20.00%	15.00%	8.52%
38	27.00%	20.00%	15.00%	8.18%
39	27.00%	20.00%	15.00%	7.85%
40	27.00%	20.00%	15.00%	7.52%
41	27.00%	20.00%	15.00%	7.18%
42	27.00%	20.00%	15.00%	6.85%
43	27.00%	20.00%	15.00%	6.51%
44	27.00%	20.00%	15.00%	6.18%

Table 3—Page 4 of 4

Withdrawal Rates—Female

	Years of Service			
Age	**0**	**1**	**2**	**3+**
45	27.00%	20.00%	15.00%	5.84%
46	27.00%	20.00%	15.00%	5.51%
47	27.00%	20.00%	15.00%	5.18%
48	27.00%	20.00%	15.00%	4.84%
49	27.00%	20.00%	15.00%	4.51%
50	27.00%	20.00%	15.00%	4.17%
51	27.00%	20.00%	15.00%	3.84%
52	27.00%	20.00%	15.00%	3.51%
53	27.00%	20.00%	15.00%	3.17%
54	27.00%	20.00%	15.00%	2.84%
55	27.00%	20.00%	15.00%	2.50%
56	27.00%	20.00%	15.00%	2.17%
57	27.00%	20.00%	15.00%	1.83%
58	27.00%	20.00%	15.00%	1.50%
59+	27.00%	20.00%	15.00%	1.50%

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
Battery Division/Hourly Employees
EIN: 39-1684871 PN: 016

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- Withdrawal rates were updated to better reflect future anticipated plan experience.

This change was made to better reflect the anticipated plan experience. The withdrawal rate assumption change does not require IRS approval because the change resulted in a decrease in the Funding Shortfall that was less than $5 million.

Schedule SB Attachment (Form 5500)—2011 Plan Year
Battery Division/Hourly Employees
EIN: 39-1684871 PN: 016

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2011

Date	Amount	Interest Rate	Interest Adjusted Contribution
November 1, 2011	$ 25,500,000	6.30%	$ 24,234,901
Total Contribution	$ 25,500,000		$ 24,234,901

Schedule SB Attachment (Form 5500)—2011 Plan Year
Battery Division/Hourly Employees
EIN: 39-1684871 PN: 016

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	3.00%	0.9700	1.64
57.5	3.00%	0.9409	1.62
58.5	3.00%	0.9127	1.60
59.5	3.00%	0.8853	1.58
60.5	3.00%	0.8587	1.56
61.5	3.00%	0.8330	1.54
62.5	55.00%	0.8080	27.77
63.5	15.00%	0.3636	3.46
64.5	15.00%	0.3091	2.99
65.5	65.00%	0.2627	11.18
66.5	50.00%	0.0919	3.06
67.5	40.00%	0.0460	1.24
68.5	30.00%	0.0276	0.57
69.5	20.00%	0.0193	0.27
70	100.00%	0.0154	1.08
		Weighted Average	62.83

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

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: Battery Division/Hourly Employees

B Three-digit plan number (PN) ▶ 016

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF: Johnson Controls, Inc.

D Employer Identification Number (EIN): 39-1684871

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

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

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2011

2	Assets:			
	a Market value	2a		343,379,136
	b Actuarial value	2b		343,379,136
3	Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	2,251	146,822,442
	b For terminated vested participants	3b	1,599	45,242,226
	c For active participants:			
	(1) Non-vested benefits	3c(1)		8,721,783
	(2) Vested benefits	3c(2)		102,880,491
	(3) Total active	3c(3)	2,363	111,602,274
	d Total	3d	6,213	303,666,942
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		6.30 %
6	Target normal cost	6		9,046,540

Statement by Enrolled Actuary

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

SIGN HERE Mark K Friedman MKF — Signature of actuary

09/25/2012 — Date

Mark K. Friedman — Type or print name of actuary

11-06405 — Most recent enrollment number

Hewitt Associates LLC — Firm name

(847) 295-5000 — Telephone number (including area code)

100 Half Day Road

Lincolnshire IL 60069 — Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	31,463,096	7,032,284
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)	31,463,096	7,032,284
10	Interest on line 9 using prior year's actual return of 14.14 %	4,448,882	994,365
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38 from prior year)		42,517,683
	b Interest on (a) using prior year's effective rate of 6.69 % except as otherwise provided (see instructions)		2,844,433
	c Total available at beginning of current plan year to add to prefunding balance		45,362,116
	d Portion of (c) to be added to prefunding balance		45,362,116
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)	35,911,978	53,388,765

Part III Funding percentages

14	Funding target attainment percentage	14	83.67 %
15	Adjusted funding target attainment percentage	15	113.07 %
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	94.40 %
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	25,500,000	0			
			Totals • 18(b)	25,500,000	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	24,234,901

20 Quarterly contributions and liquidity shortfalls:

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

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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:	2nd segment:	3rd segment:	
3.78 %	6.31 %	6.57 %	☐ N/A, full yield curve used

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

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

Part VI Miscellaneous items

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

27 If the plan is 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**	9,046,540
b Excess assets, if applicable, but not greater than 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	9,046,540

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	5,206,858	0	5,206,858

36 Additional cash requirement (line 34 minus line 35)	**36**	3,839,682
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	24,234,901
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	20,395,219
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	5,206,858
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**	