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

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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
YORK INT. CORP. PENSION PLAN NUMBER FOUR

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 10/01/1957

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
YORK INTERNATIONAL CORPORATION

JOHNSON CONTROLS, INC.

5757 N GREEN BAY AVENUE
MILWAUKEE, WI 53209

2b Employer Identification Number (EIN)
13-3473472

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

2d Business code (see instructions)
333410

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2015	SHERRY WEINBERG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2015	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

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

COLEMAN & WILLIAMS, LTD.

7127 N GREEN BAY AVE
MILWAUKEE, WI 53209

Preparer's telephone number (optional)
414-278-0170

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

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**	1055
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	140
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	120
b	Retired or separated participants receiving benefits	**6b**	485
c	Other retired or separated participants entitled to future benefits	**6c**	62
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	667
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	165
f	Total. Add lines **6d** and **6e**.	**6f**	832
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**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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

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

A Name of plan
YORK INT. CORP. PENSION PLAN NUMBER FOUR

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
13-3473472

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2014

2 Assets:

a Market value	**2a**	105707119
b Actuarial value	**2b**	105707119

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	842	64063083	64063083
b For terminated vested participants	73	2474135	2474135
c For active participants	140	9742153	11108284
d Total	1055	76279371	77645502

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**	6.29%
6 Target normal cost	**6**	322149

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

Date

CHERYL L. DAVIS

Type or print name of actuary

14-04707

Most recent enrollment number

HEWITT ASSOCIATES LLC

Firm name

847-295-5000

Telephone number (including area code)

4 OVERLOOK POINT
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)	778705	28945683
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	331230	0
9	Amount remaining (line 7 minus line 8)	447475	28945683
10	Interest on line 9 using prior year's actual return of 14.68%	65689	4249226
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.14 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	513164	33194909

Part III Funding Percentages

14	Funding target attainment percentage	14	92.72 %
15	Adjusted funding target attainment percentage	15	136.14 %
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	88.95 %
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
09/15/2015	100000				
			Totals ► 18(b)	100000	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	90127

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
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:	
4.99 %	6.32 %	6.99 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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

Part VI Miscellaneous Items

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	
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**	322149
b Excess assets, if applicable, but not greater than line 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**	322149

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	278519		278519

36 Additional cash requirement (line 34 minus line 35)	**36**	43630
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	90127

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

a Total (excess, if any, of line 37 over line 36)	**38a**	46497
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	46497
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

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

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.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
YORK INT. CORP. PENSION PLAN NUMBER FOUR

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
13-3473472

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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	109845	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 ☐

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

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
YORK INT. CORP. PENSION PLAN NUMBER FOUR

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
13-3473472

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

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHSON 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	88304958

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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
YORK INT. CORP. PENSION PLAN NUMBER FOUR

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
13-3473472

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		100000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	105716133	88304958
(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	105716133	88404958
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	9014	9130
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	9014	9130
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	105707119	88395828

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)	100000	
(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)		100000
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)		
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		9438901
(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		9538901
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	27110194	
(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)		27110194
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)	109845	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	44869	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		154714
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		27264908
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-17726007
l Transfers of assets:			
(1) To this plan	2l(1)		414716
(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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
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	

			Yes	No	Amount
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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

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

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
YORK INT. CORP. PENSION PLAN NUMBER FOUR

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
13-3473472

Part I Distributions

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

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

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

EIN(s): _____ _____

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** 197

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 lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

14 Enter the number of 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 line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

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

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

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

JOHNSON CONTROLS, INC.
PENSION PLANS

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES
YEARS ENDED DECEMBER 31, 2014 AND 2013

JOHNSON CONTROLS, INC. PENSION PLANS
FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES
YEARS ENDED DECEMBER 31, 2014 AND 2013

Contents

	Page
Independent Auditors' Report	1
Financial Statements	
Statements of Net Assets Available for Benefits as of December 31, 2014 and 2013	3
Statements of Changes in Net Assets Available for Benefits for the year ended December 31, 2014 and 2013	9
Statements of Accumulated Plan Benefits as of January 1, 2014 and 2013	15
Statements of Changes in Accumulated Plan Benefits for the year ended January 1, 2014 and 2013	21
Notes to the Financial Statements	27
Supplemental Schedules	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2014*	39
Schedule H, Line 4j - Schedule of Reportable Transactions as of December 31, 2014*	40

*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 Pension Plans:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Johnson Controls Pension Plans (the "Plans" as defined in Note 1), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the statements of accumulated plan benefits as of January 1, 2014 and 2013, and the related statements' of changes in net assets available for benefits and of changes in accumulated plan benefits for the respective years then ended, the related notes to the financial statements, and the supplemental schedules as listed in the table of contents.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by U.S. Bank, N.A., the trustee of the Plan, except for comparing the information with the related information included in the 2014 financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

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Disclaimer of Opinion

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

Other Matter

The supplemental schedules as listed in the accompanying table of contents, as of and for the year ended December 31, 2014 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, and are presented for the purpose of additional analyses and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and in our opinion, are presented in compliance with the 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
October 9, 2015

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2014

	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	$ 1,812,566,717	$ 348,951,679	$ 91,635,081	$ 2,696,581	$ 3,020,445	$ 88,304,958	$ 2,476,001
Employer contribution receivable	250,718,605	33,600,000	700,000	200,000	2,700,000	100,000	100,000
Total assets	2,063,285,322	382,551,679	92,335,081	2,896,581	5,720,445	88,404,958	2,576,001
LIABILITIES							
Accrued administrative expenses	332,123	45,764	46,518	2,966	6,888	9,130	2,690
Total liabilities	332,123	45,764	46,518	2,966	6,888	9,130	2,690
Net assets available for benefits	$ 2,062,953,199	$ 382,505,915	$ 92,288,563	$ 2,893,615	$ 5,713,557	$ 88,395,828	$ 2,573,311

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2014

	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	$ 25,804,537	$ 11,253,124	$ 17,857,613	$ 5,737,381	$ 20,316,646	$ 15,089,754	$ 21,480,771
Employer contribution receivable	3,300,000	—	—	1,100,000	2,200,000	—	6,300,000
Total assets	29,104,537	11,253,124	17,857,613	6,837,381	22,516,646	15,089,754	27,780,771
LIABILITIES							
Accrued administrative expenses	9,664	3,530	4,528	5,143	4,506	2,647	12,816
Total liabilities	9,664	3,530	4,528	5,143	4,506	2,647	12,816
Net assets available for benefits	$ 29,094,873	$ 11,249,594	$ 17,853,085	$ 6,832,238	$ 22,512,140	$ 15,087,107	$ 27,767,955

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2014

	York Plan 23 (031)	Participating Plans' Total
ASSETS		
Investment in Johnson Controls, Inc.		
Master Pension Trust	$ 11,392,946	$ 2,478,584,234
Employer contribution receivable	1,100,000	302,118,605
Total assets	12,492,946	2,780,702,839
LIABILITIES		
Accrued administrative expenses	3,587	492,500
Total liabilities	3,587	492,500
Net assets available for benefits	$ 12,489,359	$ 2,780,210,339

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2013

	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	$ 1,920,545,145	$ 398,262,315	$ 124,047,754	$ 3,292,067	$ 3,522,179	$ 105,716,133	$ 2,937,939
Total assets	1,920,545,145	398,262,315	124,047,754	3,292,067	3,522,179	105,716,133	2,937,939
LIABILITIES							
Accrued administrative expenses	364,460	51,394	52,598	1,961	7,809	9,014	1,925
Total liabilities	364,460	51,394	52,598	1,961	7,809	9,014	1,925
Net assets available for benefits	$ 1,920,180,685	$ 398,210,921	$ 123,995,156	$ 3,290,106	$ 3,514,370	$ 105,707,119	$ 2,936,014

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2013

	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	$ 28,324,156	$ 12,311,914	$ 20,197,651	$ 6,533,568	$ 20,783,012	$ 16,286,774	$ 22,810,003
Total assets	28,324,156	12,311,914	20,197,651	6,533,568	20,783,012	16,286,774	22,810,003
LIABILITIES							
Accrued administrative expenses	10,254	3,402	4,466	5,636	4,367	2,395	13,170
Total liabilities	10,254	3,402	4,466	5,636	4,367	2,395	13,170
Net assets available for benefits	$ 28,313,902	$ 12,308,512	$ 20,193,185	$ 6,527,932	$ 20,778,645	$ 16,284,379	$ 22,796,833

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2013

	York Plan 23 (031)	Participating Plans' Total
ASSETS		
Investment in Johnson Controls, Inc.		
Master Pension Trust	$ 12,309,083	$ 2,697,879,693
Total assets	12,309,083	2,697,879,693
LIABILITIES		
Accrued administrative expenses	3,500	536,351
Total liabilities	3,500	536,351
Net assets available for benefits	$ 12,305,583	$ 2,697,343,342

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, 2014

	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 (loss)							
Plan interest in Johnson Controls, Inc.							
Master Pension Trust	$ 181,245,486	$ 37,403,915	$ (4,550,038)	$ 224,438	$ 416,665	$ 9,438,901	$ 290,917
Employer contributions	250,718,605	33,600,000	700,000	200,000	2,700,000	100,000	100,000
Total additions (deductions)	431,964,091	71,003,915	(3,850,038)	424,438	3,116,665	9,538,901	390,917
DEDUCTIONS							
Deductions from plan assets attributed to:							
Benefits paid to participants	286,188,778	86,061,896	43,352,068	866,285	721,427	27,110,194	685,323
Administrative expenses	3,002,799	646,848	530,750	40,066	105,923	154,714	52,849
Total deductions	289,191,577	86,708,744	43,882,818	906,351	827,350	27,264,908	738,172
Transfer from (to) other plans	—	(177)	16,026,263	85,422	(90,128)	414,716	(15,448)
Net increase (decrease)	142,772,514	(15,705,006)	(31,706,593)	(396,491)	2,199,187	(17,311,291)	(362,703)
Net assets available for benefits, beginning of year	1,920,180,685	398,210,921	123,995,156	3,290,106	3,514,370	105,707,119	2,936,014
Net assets available for benefits, end of year	$ 2,062,953,199	$ 382,505,915	$ 92,288,563	$ 2,893,615	$ 5,713,557	$ 88,395,828	$ 2,573,311

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, 2014

	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	$ 5,326,529	$ 2,362,844	$ 3,089,762	$ 948,326	$ 5,711,129	$ 3,391,183	$ 5,202,228
Employer contributions	3,300,000	—	—	1,100,000	2,200,000	—	6,300,000
Total additions	8,626,529	2,362,844	3,089,762	2,048,326	7,911,129	3,391,183	11,502,228
DEDUCTIONS							
Deductions from plan assets attributed to:							
Benefits paid to participants	5,049,746	2,162,525	4,176,532	1,323,121	2,373,582	2,694,350	3,299,852
Administrative expenses	148,513	70,557	79,149	75,029	91,002	61,256	177,692
Total deductions	5,198,259	2,233,082	4,255,681	1,398,150	2,464,584	2,755,606	3,477,544
Transfer to other plans	(2,647,299)	(1,188,680)	(1,174,181)	(345,870)	(3,713,050)	(1,832,849)	(3,053,562)
Net decrease	780,971	(1,058,918)	(2,340,100)	304,306	1,733,495	(1,197,272)	4,971,122
Net assets available for benefits, beginning of year	28,313,902	12,308,512	20,193,185	6,527,932	20,778,645	16,284,379	22,796,833
Net assets available for benefits, end of year	$ 29,094,873	$ 11,249,594	$ 17,853,085	$ 6,832,238	$ 22,512,140	$ 15,087,107	$ 27,767,955

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, 2014

	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	$ 2,548,011	$ 253,050,296
Employer contributions	1,100,000	302,118,605
Total additions	3,648,011	555,168,901
DEDUCTIONS		
Deductions from plan assets attributed to:		
Benefits paid to participants	2,024,175	468,089,854
Administrative expenses	66,566	5,303,713
Total deductions	2,090,741	473,393,567
Transfer from (to) other plans	(1,373,494)	1,091,663
Net decrease	183,776	82,866,997
Net assets available for benefits, beginning of year	12,305,583	2,697,343,342
Net assets available for benefits, end of year	$ 12,489,359	$ 2,780,210,339

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, 2013

	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	$ 245,268,142	$ 46,934,663	$ 14,301,244	$ 409,290	$ 628,806	$ 14,447,845	$ 414,803
Employer contributions	1,027,189	—	—	—	—	—	—
Total additions	246,295,331	46,934,663	14,301,244	409,290	628,806	14,447,845	414,803
DEDUCTIONS							
Deductions from plan assets attributed to:							
Benefits paid to participants	498,389,300	48,741,520	52,743,198	1,332,928	4,786,453	14,457,602	891,589
Administrative expenses	3,459,211	579,072	575,468	45,893	124,579	132,250	51,691
Total deductions	501,848,511	49,320,592	53,318,666	1,378,821	4,911,032	14,589,852	943,280
Net decrease	(255,553,180)	(2,385,929)	(39,017,422)	(969,531)	(4,282,226)	(142,007)	(528,477)
Net assets available for benefits, beginning of year	2,175,733,865	400,596,850	163,012,578	4,259,637	7,796,596	105,849,126	3,464,491
Net assets available for benefits, end of year	$ 1,920,180,685	$ 398,210,921	$ 123,995,156	$ 3,290,106	$ 3,514,370	$ 105,707,119	$ 2,936,014

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, 2013

	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	$ 3,414,673	$ 1,425,288	$ 2,505,444	$ 836,450	$ 2,215,900	$ 1,907,287	$ 2,693,995
Employer contributions	—	—	—	—	—	—	—
Total additions	3,414,673	1,425,288	2,505,444	836,450	2,215,900	1,907,287	2,693,995
DEDUCTIONS							
Deductions from plan assets attributed to:							
Benefits paid to participants	7,172,283	2,427,591	3,453,936	1,782,791	2,020,188	3,270,576	3,639,314
Administrative expenses	146,505	67,568	79,461	74,998	85,648	56,579	151,659
Total deductions	7,318,788	2,495,159	3,533,397	1,857,789	2,105,836	3,327,155	3,790,973
Net increase (decrease)	(3,904,115)	(1,069,871)	(1,027,953)	(1,021,339)	110,064	(1,419,868)	(1,096,978)
Net assets available for benefits, beginning of year	32,218,017	13,378,383	21,221,138	7,549,271	20,668,581	17,704,247	23,893,811
Net assets available for benefits, end of year	$ 28,313,902	$ 12,308,512	$ 20,193,185	$ 6,527,932	$ 20,778,645	$ 16,284,379	$ 22,796,833

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, 2013

	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	$ 1,518,029	$ 338,921,859
Employer contributions	—	1,027,189
Total additions	1,518,029	339,949,048
DEDUCTIONS		
Deductions from plan assets attributed to:		
Benefits paid to participants	2,249,618	647,358,887
Administrative expenses	63,523	5,694,105
Total deductions	2,313,141	653,052,992
Net decrease	(795,112)	(313,103,944)
Net assets available for benefits, beginning of year	13,100,695	3,010,447,286
Net assets available for benefits, end of year	$ 12,305,583	$ 2,697,343,342

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF ACCUMULATED PLAN BENEFITS
JANUARY 1, 2014

	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	$ 537,444,042	$ 146,744,135	$ 73,655,646	$ 1,381,441	$ 540,581	$ 56,879,067	$ 899,674
Other participants	841,384,123	125,935,236	14,648,471	1,061,236	2,694,527	12,094,970	898,883
	1,378,828,165	272,679,371	88,304,117	2,442,677	3,235,108	68,974,037	1,798,557
Nonvested benefits	76,732,224	9,290,227	87,587	32,982	50,468	1,256,025	124,352
Total actuarial present value of accumulated plan benefits	$ 1,455,560,389	$ 281,969,598	$ 88,391,704	$ 2,475,659	$ 3,285,576	$ 70,230,062	$ 1,922,909

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF ACCUMULATED PLAN BENEFITS
JANUARY 1, 2014

	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	$ 7,215,624	$ 2,859,832	$ 6,876,247	$ 814,286	$ 6,162,545	$ 4,851,235	$ 4,917,669
Other participants	13,343,074	5,031,674	6,296,954	3,868,924	7,537,177	6,615,652	12,472,872
	20,558,698	7,891,506	13,173,201	4,683,210	13,699,722	11,466,887	17,390,541
Nonvested benefits	45,289	117,174	48,351	123,170	270,280	35,410	628,195
Total actuarial present value of accumulated plan benefits	$ 20,603,987	$ 8,008,680	$ 13,221,552	$ 4,806,380	$ 13,970,002	$ 11,502,297	$ 18,018,736

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF ACCUMULATED PLAN BENEFITS
JANUARY 1, 2014

	York Plan 23 (031)	Participating Plans' Total
Actuarial present value of accumulated plan benefits:		
Vested benefits		
Participants currently receiving payments	$ 3,970,514	$ 855,212,538
Other participants	5,226,040	1,059,109,813
	9,196,554	1,914,322,351
Nonvested benefits	101,647	88,943,381
Total actuarial present value of accumulated plan benefits	$ 9,298,201	$ 2,003,265,732

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF ACCUMULATED PLAN BENEFITS
JANUARY 1, 2013

	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	$ 528,753,062	$ 142,541,497	$ 73,724,908	$ 1,411,712	$ 429,294	$ 59,284,969	$ 918,586
Other participants	1,074,055,105	124,817,832	36,830,848	1,767,799	3,937,122	17,400,689	1,206,140
	1,602,808,167	267,359,329	110,555,756	3,179,511	4,366,416	76,685,658	2,124,726
Nonvested benefits	77,991,849	7,738,918	190,405	31,452	393,582	1,924,316	111,836
Total actuarial present value of accumulated plan benefits	$ 1,680,800,016	$ 275,098,247	$ 110,746,161	$ 3,210,963	$ 4,759,998	$ 78,609,974	$ 2,236,562

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF ACCUMULATED PLAN BENEFITS
JANUARY 1, 2013

	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	$ 7,050,014	$ 2,677,678	$ 6,884,941	$ 783,074	$ 5,840,852	$ 4,839,736	$ 4,383,334
Other participants	14,143,632	5,716,838	6,529,418	3,966,732	7,607,641	6,884,419	11,017,203
	21,193,646	8,394,516	13,414,359	4,749,806	13,448,493	11,724,155	15,400,537
Nonvested benefits	—	78,439	45,222	103,294	204,002	32,195	687,816
Total actuarial present value of accumulated plan benefits	$ 21,193,646	$ 8,472,955	$ 13,459,581	$ 4,853,100	$ 13,652,495	$ 11,756,350	$ 16,088,353

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF ACCUMULATED PLAN BENEFITS
JANUARY 1, 2013

	York Plan 23 (031)	Participating Plans' Total
Actuarial present value of accumulated plan benefits:		
Vested benefits		
Participants currently receiving payments	$ 3,859,282	$ 843,382,939
Other participants	4,929,194	1,320,810,612
	8,788,476	2,164,193,551
Nonvested benefits	76,580	89,609,906
Total actuarial present value of accumulated plan benefits	$ 8,865,056	$ 2,253,803,457

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS
YEAR ENDED JANUARY 1, 2014

	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, 2013	$ 1,680,800,016	$ 275,098,247	$ 110,746,161	$ 3,210,963	$ 4,759,998	$ 78,609,974	$ 2,236,562
Increase (decrease) attributed to:							
Interest accumulation	114,911,948	20,095,706	6,790,552	204,586	193,025	5,721,619	143,947
Benefits paid	(498,389,300)	(48,741,520)	(52,743,198)	(1,332,928)	(4,786,453)	(14,457,602)	(891,589)
Assumption changes	(39,701,360)	(2,044,835)	414,499	(69,867)	5,400	(736,299)	3,630
Plan amendments	626,787	17,250,620	1,745,018	3,400	340,087	12,141	139,189
Other*	197,312,298	20,311,380	21,438,672	459,505	2,773,519	1,080,229	291,170
Net increase (decrease)	(225,239,627)	6,871,351	(22,354,457)	(735,304)	(1,474,422)	(8,379,912)	(313,653)
Actuarial present value of accumulated plan benefits at January 1, 2014	$ 1,455,560,389	$ 281,969,598	$ 88,391,704	$ 2,475,659	$ 3,285,576	$ 70,230,062	$ 1,922,909

*The "Other" component represents the normal operation of the pension plan. It consists primarily of the increase due to ongoing benefits 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, 2014

	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, 2013	$ 21,193,646	$ 8,472,955	$ 13,459,581	$ 4,853,100	$ 13,652,495	$ 11,756,350	$ 16,088,353
Increase (decrease) attributed to:							
Interest accumulation	1,414,120	582,601	941,267	318,308	1,012,947	812,202	1,144,296
Benefits paid	(7,172,283)	(2,427,591)	(3,453,936)	(1,782,791)	(2,020,188)	(3,270,576)	(3,639,314)
Assumption changes	32,596	13,741	21,894	7,888	54,964	17,462	664,958
Plan amendments	1,624,345	681,433	869,032	532,961	266,715	945,720	1,562,000
Other*	3,511,563	685,541	1,383,714	876,914	1,003,069	1,241,139	2,198,443
Net increase	(589,659)	(464,275)	(238,029)	(46,720)	317,507	(254,053)	1,930,383
Actuarial present value of accumulated plan benefits at January 1, 2014	$ 20,603,987	$ 8,008,680	$ 13,221,552	$ 4,806,380	$ 13,970,002	$ 11,502,297	$ 18,018,736

*The "Other" component represents the normal operation of the pension plan. It consists primarily of the increase due to ongoing benefits 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, 2014

	York Plan 23 (031)	Participating Plans' Total
Actuarial present value of accumulated plan benefits at January 1, 2013	$ 8,865,056	$ 2,253,803,457
Increase (decrease) attributed to:		
Interest accumulation	620,951	154,908,075
Benefits paid	(2,249,618)	(647,358,887)
Assumption changes	14,938	(41,300,391)
Plan amendments	675,612	27,275,060
Other*	1,371,262	255,938,418
Net increase	433,145	(250,537,725)
Actuarial present value of accumulated plan benefits at January 1, 2014	$ 9,298,201	$ 2,003,265,732

*The "Other" component represents the normal operation of the pension plan. It consists primarily of the increase due to ongoing benefits 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, 2013

	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, 2012	$ 1,600,438,156	$ 261,983,492	$ 110,025,716	$ 3,111,032	$ 4,276,585	$ 79,281,765	$ 2,140,447
Increase (decrease) attributed to:							
Interest accumulation	123,710,409	20,370,571	8,447,528	239,686	340,067	5,950,849	166,791
Benefits paid	(110,236,807)	(14,991,116)	(9,037,090)	(234,412)	(52,495)	(9,984,389)	(113,302)
Assumption changes	9,377,379	425,955	192,296	29,720	8,928	162,468	4,464
Plan amendments	—	283,796	—	—	—	—	—
Other*	57,510,879	7,025,549	1,117,711	64,937	186,913	3,199,281	38,162
Net increase (decrease)	80,361,860	13,114,755	720,445	99,931	483,413	(671,791)	96,115
Actuarial present value of accumulated plan benefits at January 1, 2013	$ 1,680,800,016	$ 275,098,247	$ 110,746,161	$ 3,210,963	$ 4,759,998	$ 78,609,974	$ 2,236,562

*The "Other" component represents the normal operation of the pension plan. It consists primarily of the increase due to ongoing benefits 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, 2013

	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, 2012	$ 19,903,009	$ 7,921,294	$ 13,289,888	$ 4,416,982	$ 13,082,984	$ 11,353,912	$ 14,786,502
Increase (decrease) attributed to:							
Interest accumulation	1,561,849	623,694	1,030,027	350,222	1,019,398	887,563	1,163,112
Benefits paid	(774,693)	(255,157)	(845,361)	(79,942)	(694,387)	(528,931)	(504,930)
Assumption changes	36,783	15,954	24,344	9,056	23,773	19,566	27,093
Plan amendments	—	—	—	—	124,568	—	—
Other*	466,698	167,170	(39,317)	156,782	96,159	24,240	616,576
Net increase	1,290,637	551,661	169,693	436,118	569,511	402,438	1,301,851
Actuarial present value of accumulated plan benefits at January 1, 2013	$ 21,193,646	$ 8,472,955	$ 13,459,581	$ 4,853,100	$ 13,652,495	$ 11,756,350	$ 16,088,353

*The "Other" component represents the normal operation of the pension plan. It consists primarily of the increase due to ongoing benefits 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, 2013

	York Plan 23 (031)	Participating Plans' Total
Actuarial present value of accumulated plan benefits at January 1, 2012	$ 8,370,447	$ 2,154,382,211
Increase (decrease) attributed to:		
Interest accumulation	652,730	166,514,496
Benefits paid	(430,927)	(148,763,939)
Assumption changes	15,587	10,373,366
Plan amendments	—	408,364
Other*	257,219	70,888,959
Net increase	494,609	99,421,246
Actuarial present value of accumulated plan benefits at January 1, 2013	$ 8,865,056	$ 2,253,803,457

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

See the notes to the financial statements

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 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)
Johnson Controls Production Pension Plan - Formerly known as Johnson Controls Pension Division Owosso UAW Employees (Johnson Controls Production 017)	The following union employees are covered by this plan: 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 Caidz, Kentucky plant; Hourly employees of Hoover's Automotive Systems Group Greenfield, Ohio plant; and Union production employees of the Company's West Carrolton, 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.

Name of Plan	Eligible Employees (Subject to Other Plan Requirements)
Techno Trim, Inc. Pension Plan for Salaried Employees (Techno Trim - Plan 046)	Salaried employees of TechnoTrim
Johnson Controls Automotive Systems Group Production Employees Pension Plan (ASG Production - Plan 018)	Union hourly employees of the Battle Creek, Michigan; Oklahoma City, Oklahoma; Earth City, Missouri; Shreveport, Louisiana and Kansas City, KS plants (Oklahoma City, Earth City and Shreveport plants are closed)
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 (Grantley plant)
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, (E. York, PA), 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 hourly employees of the Frick Waynesboro, PA location
York International Corporation Pension Plan Number Eighteen (York Plan 18 - Plan 028)	Salaried employees at the Company's Wichita, KS location (formerly York Evcon)
York International Corporation Pension Plan Number Nineteen (York Plan 19 - Plan 029)	Union 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, 2014 and 2013 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 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, 2014 and 2013.

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,	
	2014	2013
Johnson Controls Pension (001)	72.9%	70.9%
Battery Division Hourly (016)	14.0%	14.7%
Johnson Controls Production (017)	3.7%	4.6%
Techno Trim (046)	0.1%	0.1%
ASG Production (006)	0.1%	0.1%
JCIM US, LLC (035)*	0.3%	0.3%
York Plan 4 (018)	3.6%	3.9%
York Plan 6 (019)	0.1%	0.1%
York Plan 7 (020)	1.0%	1.1%
York Plan 12 (023)	0.5%	0.5%
York Plan 13 (024)	0.7%	0.8%
York Plan 14 (025)	0.2%	0.2%
York Plan 15 (026)	0.8%	0.8%
York Plan 18 (028)	0.6%	0.6%
York Plan 19 (029)	0.9%	0.8%
York Plan 23 (031)	0.5%	0.5%
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, 2014 and 2013 and the statement of operations and changes in participating Plans' equity of the Master Trust for the year ended December 31, 2014 are presented in Note 9.

DATE OF MANAGEMENT'S REVIEW

Management has evaluated subsequent events, shown in Note 11, through October 9, 2015, the date which the financial statements were available to be issued.

NOTE 3 - INVESTMENTS

Assets of the Plans, with the exception of 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, 2014 and 2013 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 Aon Hewitt.

The significant actuarial assumptions used in the valuations at January 1, 2014 and 2013 were as follows:

Description	Assumption	
Retirement Age	Varies based on the probability of retirement social security retirement age of 65 to 67, with 100% at age 70.	
Mortality Rates	2014: 2014 Static Mortality Table for annuitants and non-annuitants. 2013: 2013 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	2014: Based on segment rates with a four month lookback (as of September 2013), as follows: 1st Segment Rate - 4.99% 2nd Segment Rate - 6.32% 3rd Segment Rate - 6.99%	2013: Based on segment rates with a four month lookback (as of September 2012), as follows: 1st Segment Rate - 4.94% 2nd Segment Rate - 6.15% 3rd Segment Rate - 6.76%

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 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, 2014 and 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The 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 2015, that ceiling is $5,011 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 MASTER PENSION TRUST

The statements of financial position as of December 31, 2014 and 2013 and the statement of operations and changes in participating Plans' equity for the year ended December 31, 2014 for the Master Trust are presented in the following tables:

JOHNSON CONTROLS MASTER PENSION TRUST
STATEMENTS OF FINANCIAL POSITION

	December 31,	
	2014	2013
Assets		
Fixed Income Fund:		
Cash & cash equivalents	$ 80,382,583	$ 64,195,835
U.S. government and federal agency securities	107,296,837	110,865,162
Corporate issues	553,646,619	535,744,103
Municipal issues	51,106,927	44,944,494
Foreign issues	139,426,976	118,940,244
Other - Fixed Income	185,528,634	200,791,835
Total fixed income fund	1,117,388,576	1,075,481,673
Equity Investments:		
Domestic stocks	826,670,883	1,037,287,842
Foreign stocks	243,438,385	292,137,446
Total equity investments	1,070,109,268	1,329,425,288
Investment in real estate	299,153,908	274,427,961
Hedge fund	3,586,994	17,532,448
Due from brokers for securities sold	48,604,835	134,740,244
Accrued dividends and interest receivable	12,048,752	13,600,281
	$ 2,550,892,333	$ 2,845,207,895
Liabilities and Participating Plans' Equity		
Due to brokers for securities purchased	$ 64,181,245	$ 138,655,091
Participating Plans' equity	2,478,584,058	2,697,879,693
JCIM US, LLC Pension Plan's equity*	8,127,030	8,673,111
Total equity	2,486,711,088	2,706,552,804
	$ 2,550,892,333	$ 2,845,207,895

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

	Year Ended December 31, 2014
Investment income:	
Interest and dividends	$ 80,344,057
Net gain on equity investments	123,511,698
Net gain on hedge fund	283,427
Net gain on real estate	49,958,750
	254,097,932
Total increases	254,097,932
Withdrawals by participating plans for benefit payments, asset transfers and plan expenses	468,089,854
Administrative expenses	5,303,713
Total decreases	473,393,567
Net decrease in participating Plans' equity	(219,295,635)
Participating Plans' equity	
Beginning of year	2,697,879,693
End of year	$ 2,478,584,058

Investments that represent 5% or more of the fair value of the Plans' net assets as of December 31, 2014 and 2013 are:

	December 31, 2014	December 31, 2013
JP Morgan 500 Index, 1,275,270 and 1,821,884 units, respectively	$ 281,276,213	$ 352,479,791
Dodge & Cox Fund, 1,514,334 and 2,057,388 units, respectively	211,292,958	287,435,595
Thornburg Fund, 2,132,887 units	*	267,855,998
Baird Fixed Income Fund, 2,130,716 and 2,389,614 units, respectively	436,898,996	419,385,870
JP Morgan Enhanced Index, 739,635 and 973,794 units, respectively	134,154,670	153,718,405
Thompson, Siegel & Walmsley LLC Fund, 657,933 units	*	143,575,393
Prudential, 3,147,830 and 3,457,714 units, respectively	441,765,338	408,279,173
Mfs Fund, 2,186,893 units	217,383,356	*

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

NOTE 10 - FAIR VALUE MEASUREMENTS

Accounting Standards Codification (ASC) 820, "Fair Value Measurement," 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, 2014 and 2013:

	Assets at Fair Value as of December 31, 2014			
	Level 1	Level 2	Level 3	Total
Fixed Income Fund	$ 931,859,942	$ 185,528,634	$ —	$ 1,117,388,576
Equity Investments	1,070,109,268	—	—	1,070,109,268
Investment in Real Estate	—	—	299,153,908	299,153,908
Hedge Fund	—	—	3,586,994	3,586,994
Total assets at fair value	$ 2,001,969,210	$ 185,528,634	$ 302,740,902	$ 2,490,238,746

	Assets at Fair Value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Fixed Income Fund	$ 874,689,838	$ 200,791,835	$ —	$ 1,075,481,673
Equity Investments	1,329,425,288	—	—	1,329,425,288
Investment in Real Estate	—	—	274,427,961	274,427,961
Hedge Fund	—	—	17,532,448	17,532,448
Total assets at fair value	$ 2,204,115,126	$ 200,791,835	$ 291,960,409	$ 2,696,867,370

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 securities is determined by direct or indirect quoted market prices. If the direct quoted market prices are utilized, the securities publish daily their net asset value (NAV) after the close of trading on regulated financial exchanges. The NAV represents the current market value of the fund's holdings after deducting the fund's liabilities. If the indirect quoted market prices are utilized, the value of assets held in separate accounts is not published, but the investment managers report daily the underlying holdings. The underlying holdings are direct quoted market prices on regulated financial exchanges. During 2014, the pricing methodologies used by certain funds were clarified for reporting under the fair value hierarchy. As a result, those investments are now classified as Level 2 compared to the previous classification of Level 1. All Fixed Income Fund amounts classified as Level 2 at December 31, 2014 and 2013 were transfered from the Level 1 Fixed Income Funds.

Equity Investments: The fair value for the equity investments is determined by direct or indirect quoted market prices. If the indirect quoted market prices are utilized, the value of assets held in separate accounts is not published, but the investment managers report daily the underlying holdings. The underlying holdings are direct quoted market prices on regulated financial exchanges.

Investments in Real Estate: The fair value of investments in real estate is deemed Level 3 since these investments do not have a readily determinable fair value and requires the fund managers independently to arrive at fair value by calculating net asset value (NAV) per share. In order to calculate net asset value per share, the fund managers value the real estate investments using any one, or a combination of, the following methods: independent third party appraisals, discounted cash flow analysis of net cash flows projected to be generated by the investment and recent sales of comparable investments. Assumptions used to revalue the properties are updated every quarter.

Due to the fact that the fund managers calculate net asset value per share, the Company utilizes a practical expedient for measuring the fair value of its Level 3 real-estate investments, as provided for under ASC 820 ASC 820, Fair Value Measurements and Disclosures. In applying the practical expedient, the Company is not required to further adjust the net asset value provided by the fund manager in order to determine the fair value of its investment as the net asset value per share is calculated in a manner consistent with the measurement principles of Topic 946 and as of the Company's measurement date. The Company believes this is an appropriate methodology to obtain the fair value of these assets. For the component of the real estate portfolio under development, the investments are carried at cost until they are completed and valued by a third party appraiser.

Hedge Fund: The fair value of the hedge funds is accounted for by a custodian. The custodian obtains valuations 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 custodian review the methods used by the underlying managers to value the assets. 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. Significant increases (decreases) in any of these inputs in isolation would result in a significantly lower (higher) fair value measurement.

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, 2014 and 2013:

	Level 3 Assets Year Ended December 31, 2014	
	Investment in Hedge Fund	Investment in Real Estate
Balance, January 1, 2014	$ 17,532,448	$ 274,427,959
Purchases and redemptions	(14,228,881)	(25,232,800)
Unrealized gains	125,154	25,076,189
Realized gains	158,273	24,882,560
Balance, December 31, 2014	$ 3,586,994	$ 299,153,908

	Level 3 Assets Year Ended December 31, 2013	
	Investment in Hedge Fund	Investment in Real Estate
Balance, January 1, 2013	$ 95,159,648	$ 255,042,178
Purchases and redemptions	(80,043,459)	(17,255,143)
Unrealized gains (losses)	(11,154,814)	26,767,444
Realized gains	13,571,073	9,873,480
Balance, December 31, 2013	$ 17,532,448	$ 274,427,959

NOTE 11 - SUBSEQUENT EVENTS

After December 31, 2014, but on or before September 15, 2015, the Company made discretionary contributions totaling $302,118,605 for the 2014 plan year in accordance with the Company's funding policy to the Plans listed below. The distributive share as a percentage of total plan assets is:

	Contribution Amount	Percentage of Total Assets
Johnson Controls Pension	$ 250,718,605	12%
Battery Division Hourly	33,600,000	9%
Johnson Controls Production	700,000	1%
Techno Trim	200,000	7%
ASG Production	2,700,000	41%
York Plan 4	100,000	<1%
York Plan 6	100,000	4%
York Plan 7	3,300,000	11%
York Plan 14	1,100,000	16%
York Plan 15	2,200,000	10%
York Plan 19	6,300,000	23%
York Plan 23	1,100,000	9%
	$ 302,118,605	

No such contributions were made in 2014 for the 2013 plan year.

SUPPLEMENTAL SCHEDULES

JOHNSON CONTROLS, INC. PENSION PLANS
SCHEDULE H, 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JOHNSON CONTROLS MASTER PENSION TRUST
PLAN #024, EIN: 39-0380010
DECEMBER 31, 2014

(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	$ 315,690,945	$ 436,898,997
*	U.S. Bank	Columbus	54,721,939	122,189,396
*	U.S. Bank	Thompson, Siegel & Walmsley LLC	53,477,981	114,359,087
*	U.S. Bank	Dodge & Cox	153,887,103	211,292,958
*	U.S. Bank	Prudential	278,106,454	441,765,338
*	U.S. Bank	Prudential 90	84,506,973	86,514,759
*	U.S. Bank	PIMCO	84,009,335	84,074,210
*	U.S. Bank	Cash Fund	54,136,225	54,061,201
*	U.S. Bank	JP Morgan Enchd Index	75,645,742	134,154,670
*	U.S. Bank	JP Morgan 500 Index	151,314,264	281,276,213
*	U.S. Bank	Rockwood IX	29,511,911	32,394,252
*	U.S. Bank	Rockwood Capital	15,255,565	29,669,969
*	U.S. Bank	Morgan Stanley	69,512,293	121,319,953
*	U.S. Bank	Invesco	74,638,925	115,769,734
*	U.S. Bank	Selectinvest	3,556,758	3,586,994
*	U.S. Bank	Mfs	185,959,091	217,383,357
	Total investments		$ 1,683,931,504	$ 2,486,711,088

* Represents a party-in-interest

JOHNSON CONTROLS, INC. PENSION PLANS
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
JOHNSON CONTROLS MASTER PENSION TRUST
PLAN #024, EIN: 39-0380010
YEAR ENDED DECEMBER 31, 2014

(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 (Loss)
Series of Transactions						
U.S. Bank	JP Morgan 500 Index	5,863,719	—	5,863,719	5,863,719	—
U.S. Bank	JP Morgan 500 Index	—	117,863,718	67,366,256	117,863,718	50,497,462
U.S. Bank	Baird Fixed Income	69,142,794	—	69,142,794	69,142,794	—
U.S. Bank	Baird Fixed Income	—	120,142,794	86,163,848	120,142,794	33,978,946
U.S. Bank	Cash Fund	559,612,787	—	559,612,787	559,612,787	—
U.S. Bank	Cash Fund	—	549,967,973	550,274,966	549,967,973	(306,993)

JOHNSON CONTROLS, INC. PENSION PLANS
SCHEDULE H, 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JOHNSON CONTROLS MASTER PENSION TRUST
PLAN #024, EIN: 39-0380010
DECEMBER 31, 2014

(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	$ 315,690,945	$ 436,898,997
*	U.S. Bank	Columbus	54,721,939	122,189,396
*	U.S. Bank	Thompson, Siegel & Walmsley LLC	53,477,981	114,359,087
*	U.S. Bank	Dodge & Cox	153,887,103	211,292,958
*	U.S. Bank	Prudential	278,106,454	441,765,338
*	U.S. Bank	Prudential 90	84,506,973	86,514,759
*	U.S. Bank	PIMCO	84,009,335	84,074,210
*	U.S. Bank	Cash Fund	54,136,225	54,061,201
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*	U.S. Bank	Rockwood Capital	15,255,565	29,669,969
*	U.S. Bank	Morgan Stanley	69,512,293	121,319,953
*	U.S. Bank	Invesco	74,638,925	115,769,734
*	U.S. Bank	Selectinvest	3,556,758	3,586,994
*	U.S. Bank	Mfs	185,959,091	217,383,357
	Total investments		$ 1,683,931,504	$ 2,486,711,088

* Represents a party-in-interest

Schedule SB Attachment (Form 5500)—2014 Plan Year
York Plan 4
EIN: 13-3473472 PN: 004

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2014

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44				1						
45-49				1						
50-54		1	3	2	3	2	1	3		
55-59		6	5	6	3	6	3	6	16	2
60-64	1		6	5	9	4	6	9	8	15
65-69			1						1	4
70+									1	

N-140

Schedule SB Attachment (Form 5500)—2014 Plan Year
York Plan 4
EIN: 13-3473472 PN: 004

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2013), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.99%
2nd Segment Rate	6.32%
3rd Segment Rate	6.99%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2013), without regard to interest rate stabilization
1st Segment Rate	1.37%
2nd Segment Rate	4.05%
3rd Segment Rate	5.06%
Optional Payment Form Election Percentage	
Retirement Eligible Employees	21% life annuity 19% joint and 50% survivor annuity 60% lump sum
Nonretirement Eligible Employees	17% life annuity 13% joint and 50% survivor annuity 70% lump sum
Lump Sum Conversion Interest Rate	Same as funding interest rates above
Lump Sum Conversion Mortality	Current IRC section 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy and Disabled	2014 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	None
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)

Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limit	Projected benefits are limited by the current IRC section 415 maximum benefit of $210,000.
Valuation of Plan Assets	Fair market value
Trust Expenses Included in Target Normal Cost	Based on the prior year actual plan administrative expenses, $132,250 for 2014
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2014

Table 1

Retirement Rates

Age	Rate
60	50.00%
61	25.00%
62	50.00%
63	20.00%
64	10.00%
65	50.00%
66	50.00%
67	50.00%
68	50.00%
69	50.00%
70+	100.00%

Table 2—Page 1 of 2

Withdrawal Rates

	Years of Service			
Age	**0**	**1**	**2-3**	**4+**
15	37.50%	30.00%	22.50%	15.00%
16	37.50%	30.00%	22.50%	15.00%
17	37.50%	30.00%	22.50%	15.00%
18	37.50%	30.00%	22.50%	15.00%
19	37.50%	30.00%	22.50%	15.00%
20	37.50%	30.00%	22.50%	15.00%
21	35.25%	28.20%	21.15%	14.10%
22	33.00%	26.40%	19.80%	13.20%
23	30.75%	24.60%	18.45%	12.30%
24	28.75%	23.00%	17.25%	11.50%
25	26.75%	21.40%	16.05%	10.70%
26	25.00%	20.00%	15.00%	10.00%
27	23.25%	18.60%	13.95%	9.30%
28	21.75%	17.40%	13.05%	8.70%
29	20.25%	16.20%	12.15%	8.10%
30	18.75%	15.00%	11.25%	7.50%
31	17.50%	14.00%	10.50%	7.00%
32	16.25%	13.00%	9.75%	6.50%
33	15.00%	12.00%	9.00%	6.00%
34	14.00%	11.20%	8.40%	5.60%
35	13.00%	10.40%	7.80%	5.20%
36	12.00%	9.60%	7.20%	4.80%
37	11.00%	8.80%	6.60%	4.40%
38	10.25%	8.20%	6.15%	4.10%
39	9.50%	7.60%	5.70%	3.80%
40	8.75%	7.00%	5.25%	3.50%
41	8.00%	6.40%	4.80%	3.20%
42	7.50%	6.00%	4.50%	3.00%
43	7.00%	5.60%	4.20%	2.80%
44	6.50%	5.20%	3.90%	2.60%

Table 2—Page 2 of 2

Withdrawal Rates

	Years of Service			
Age	**0**	**1**	**2-3**	**4+**
45	6.00%	4.80%	3.60%	2.40%
46	5.50%	4.40%	3.30%	2.20%
47	5.00%	4.00%	3.00%	2.00%
48	4.50%	3.60%	2.70%	1.80%
49	4.00%	3.20%	2.40%	1.60%
50	3.50%	2.80%	2.10%	1.40%
51	3.00%	2.40%	1.80%	1.20%
52	2.50%	2.00%	1.50%	1.00%
53	2.00%	1.60%	1.20%	0.80%
54	1.75%	1.40%	1.05%	0.70%
55	1.50%	1.20%	0.90%	0.60%
56	1.25%	1.00%	0.75%	0.50%
57	1.00%	0.80%	0.60%	0.40%
58	0.75%	0.60%	0.45%	0.30%
59	0.50%	0.40%	0.30%	0.20%
60+	0.25%	0.20%	0.15%	0.10%

Schedule SB Attachment (Form 5500)—2014 Plan Year
York Plan 4
EIN: 13-3473472 PN: 004

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change from the prior year:

- A change in the optional payment form election percentage for retirement eligible employees from 24% elect the single life annuity, 16% elect the joint and 50% survivor annuity, and 60% elect a lump sum to 21% elect the single life annuity, 19% elect the joint and 50% survivor annuity, and 60% elect a lump sum.

This change was made to better reflect the anticipated plan experience. The funding assumption change did not reduce the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2014 Plan Year
York Plan 4
EIN: 13-3473472 PN: 004

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2014

Date	Amount	Days to Discount to 1/1/2014 at 6.29%	Interest Adjusted Contribution
September 15, 2015	$ 100,000	622	$ 90,127
Total Contribution	$ 100,000		$ 90,127

Schedule SB Attachment (Form 5500)—2014 Plan Year
York Plan 4
EIN: 13-3473472 PN: 004

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)
60.5	50.00%	1.0000	30.25
61.5	25.00%	0.5000	7.69
62.5	50.00%	0.3750	11.72
63.5	20.00%	0.1875	2.38
64.5	10.00%	0.1500	0.97
65.5	50.00%	0.1350	4.42
66.5	50.00%	0.0675	2.24
67.5	50.00%	0.0338	1.14
68.5	50.00%	0.0169	0.58
69.5	50.00%	0.0084	0.29
70	100.00%	0.0042	0.30
		Weighted Average	61.98

Schedule SB Attachment (Form 5500)—2014 Plan Year
York Plan 4
EIN: 13-3473472 PN: 004

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	The effective date of adoption is August 1, 1950. Amended and restated effective January 1, 2011.
Covered Employees	Grantley U.A.W.
Status of Plan	Ongoing.
Participation	Age 21 with one year of service. No new entrants after July 31, 2006.
Normal Retirement	
Eligibility	Age 65.
Benefit	

Multiplier	Effective Date
$30.00	July 1, 2002
$31.00	August 1, 2009

Early Retirement	
Eligibility	Age 60 with 10 years of service.
Benefit	The normal retirement benefit based on service to date of retirement, but reduced by 0.6% multiplied by the number of months by which the early retirement date precedes the participant's age 62. Participants with 30 or more years of service may receive their unreduced normal retirement benefit at their earliest retirement date.
Total and Permanent Disability Retirement	
Eligibility	Ten years of service.
Benefit	If the participant is eligible for Social Security disability insurance benefits, the disability benefit is equal to the normal retirement benefit based on service to date of disability. Otherwise, the disability benefit is equal to twice the normal retirement benefit based on service to date of disability.
Deferred Vested	
Eligibility	Five years of service.
Benefit	The accrued normal retirement benefit payable at age 65. Benefits may commence as early as age 60 and are reduced for early commencement.

Special Age 65 Benefit	
Eligibility	Participant eligible for normal, early, or disability retirement.
Benefit	$49.50 per month starting at age 65.
Early Retirement Supplement	
Eligibility	Age 60 with 30 years of service.
Benefit	$1,000 per month payable until age 62.
Preretirement Surviving Spouse Benefit	
Eligibility	Eligible for a vested benefit.
Benefit	
Early Retirement Eligible	66⅔% of 95% 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	66⅔% of 95% 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. If the participant is eligible for the supplemental benefit, the retirement benefit will commence at the later of the participant's earliest retirement age or completion of payment of the supplemental benefit. This benefit is payable for the remaining lifetime of the spouse.
Supplemental Preretirement Surviving Spouse Benefit	
Eligibility	Age 40 with 10 years of service.
Benefit	Accrued normal retirement benefit payable as a 10-year temporary annuity.
Optional Payment Form	
Conversion Interest Rate	6.00%.
Conversion Mortality	1951 Group Annuity Mortality Table (males) with ages set back one year for participants and six years for beneficiaries.
Definitions	
Credited Service	Based on elapsed time.
Vesting Service	One year of vesting service is credited for each year a participant completes 1,000 or more hours of service.

Normal Form of Payment	
Single Participant	Life annuity.
Married Participant	66⅔% joint and survivor annuity. This benefit is the actuarial equivalent of the benefit payable as a life annuity.
Lump Sum Form of Payment	
Retirement Eligible Participant	The actuarial equivalent of the benefit payable as a life annuity, including early retirement subsidies.
Nonretirement Eligible Participant	The actuarial equivalent of the benefit payable as a life annuity, excluding early retirement subsidies. The lump sum is only available after the participant reaches commencement eligibility.

Changes in Plan Provisions Since the January 1, 2013 Valuation

The January 1, 2014 funding valuation reflects the following plan changes:

- An increase in the annual maximum benefit limit under IRC section 415 from $205,000 in 2013 to $210,000 in 2014.
- A lump sum payment form was added for the preretirement surviving spouse death benefit.
- An update to the mortality for determining minimum lump sum payments under IRC section 417(e)(3) to the applicable rates for the current plan year.

Changes in Plan Provisions Since the January 1, 2012 Valuation

The January 1, 2013 funding valuation reflected the following plan change:

- An increase in the annual maximum benefit limit under IRC section 415 from $200,000 in 2012 to $205,000 in 2013.

Changes in Plan Provisions Since the January 1, 2011 Valuation

The January 1, 2012 funding valuation reflected the following plan change:

- An increase in the annual maximum benefit limit under IRC section 415 from $195,000 in 2011 to $200,000 in 2012.

Changes in Plan Provisions Since the January 1, 2010 Valuation

The January 1, 2011 funding valuation did not reflect any plan changes.

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

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

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

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A This return/report is for:
- [ ] a multiemployer plan;
- [X] a single-employer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the forms instr.); or
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report;
- [ ] an amended return/report;
- [ ] the final 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
YORK INT. CORP. PENSION PLAN NUMBER FOUR

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 10/01/1957

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

YORK INTERNATIONAL CORPORATION

JOHNSON CONTROLS, INC.
5757 N GREEN BAY AVENUE

MILWAUKEE WI 53209

2b Employer Identification Number (EIN) 13-3473472

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

2d Business code (see instructions) 333410

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

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

SIGN HERE	Signature of plan administrator	Date 10/14/15	SHERRY WEINBERG Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date 10/14/15	SHERRY WEINBERG Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

COLEMAN & WILLIAMS, LTD.
7127 N GREEN BAY AVE
MILWAUKEE WI 53209

Preparer's telephone number (optional) 414-278-0170

1019
Form **8955-SSA**
Department of the Treasury
Internal Revenue Service

Annual Registration Statement Identifying Separated Participants With Deferred Vested Benefits

Under Section 6057 of the Internal Revenue Code

▶ Information about Form 8955-SSA and its instructions is at www.irs.gov/form8955ssa.

OMB No. 1545-2187

2014

This Form is NOT Open to Public Inspection

PART I Annual Statement Identification Information

For the plan year beginning 01/01/2014 , and ending 12/31/2014

A ☐ ◀ Check here if plan is a government, church, or other plan that elects to voluntarily file Form 8955-SSA. (See instructions.)

B ☐ ◀ Check here if this is an amended registration statement.

C Check the appropriate box if filing under: ☒ Form 5558 ☐ Automatic extension ☐ Special extension (enter description)

PART II Basic Plan Information - enter all requested information

1a Name of plan: YORK INT. CORP. PENSION PLAN NUMBER FOUR

1b Plan Number (PN): 004

Plan Sponsor Information

2a Plan sponsor's name: YORK INTERNATIONAL CORPORATION

2b Employer Identification Number (EIN): 13-3473472

2c Trade name (if different from plan sponsor name):

2d Plan sponsor's phone number: 414-524-1200

2e In care of name: JOHNSON CONTROLS, INC.

2f Mailing address (room, apt., suite no. and street, or P.O. Box): 5757 N GREEN BAY AVENUE

2g City: MILWAUKEE

2h State: WI

2i ZIP code: 53209

2j Foreign province (or state):

2k Foreign country:

2l Foreign postal code:

Plan Administrator Information

3a Plan administrator's name (if other than plan sponsor): EMPLOYEE BENEFITS POLICY COMMITTEE

3b Employer Identification Number (EIN): 39-0380010

3c In care of name: JOHNSON CONTROLS, INC.

3d Plan administrator's phone number: 414-524-1200

3e Mailing address (room, apt., suite no. and street, or P.O. Box): 5757 N. GREEN BAY AVENUE

3f City: MILWAUKEE

3g State: WI

3h ZIP code: 53209-4408

3i Foreign province (or state):

3j Foreign country:

3k Foreign postal code:

4 If the name or EIN of the **plan administrator** has changed since the last return filed for this plan, enter the name and EIN from the last filed return:

Plan administrator's name:

EIN:

5 If the name or EIN of the **plan sponsor** has changed since the last return filed for this plan, enter the name, EIN, and plan number from that return:

Plan sponsor's name:

EIN:

Plan Number (PN):

6a Participants who separated with a deferred vested benefit required to be reported on this Form 8955-SSA	6a	3
b. Participants who separated with a deferred vested benefit voluntarily reported on this Form 8955-SSA in the same year as the separation occurred	6b	
7 Total number of participants reported on lines 6a and 6b	7	3
8 Did the plan administrator provide an individual statement to each participant required to receive a statement?	☒ Yes	☐ No

Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here ▶	Signature of plan sponsor	Date signed	Signature of plan administrator	Date signed
	Sherry Weinberg	10/14/15	Sherry Weinberg	10/14/15

JOHNSON CONTROLS, INC. PENSION PLANS
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
JOHNSON CONTROLS MASTER PENSION TRUST
PLAN #024, EIN: 39-0380010
YEAR ENDED DECEMBER 31, 2014

(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 (Loss)
Series of Transactions						
U.S. Bank	JP Morgan 500 Index	5,863,719	—	5,863,719	5,863,719	—
U.S. Bank	JP Morgan 500 Index	—	117,863,718	67,366,256	117,863,718	50,497,462
U.S. Bank	Baird Fixed Income	69,142,794	—	69,142,794	69,142,794	—
U.S. Bank	Baird Fixed Income	—	120,142,794	86,163,848	120,142,794	33,978,946
U.S. Bank	Cash Fund	559,612,787	—	559,612,787	559,612,787	—
U.S. Bank	Cash Fund	—	549,967,973	550,274,966	549,967,973	(306,993)

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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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

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

A Name of plan: York Int Corp Pension Plan Number Four

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN): 13-3473472

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

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

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2014

2 Assets:

a Market value	**2a**	105,707,119
b Actuarial value	**2b**	105,707,119

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	842	64,063,083	64,063,083
b For terminated vested participants	73	2,474,135	2,474,135
c For active participants	140	9,742,153	11,108,284
d Total	1,055	76,279,371	77,645,502

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**	6.29 %
6 Target normal cost	**6**	322,149

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 Cheryl L. Davis CD

Signature of actuary

10/01/2015

Date

Cheryl L. Davis

Type or print name of actuary

14-04707

Most recent enrollment number

Hewitt Associates LLC

Firm name

(847) 295-5000

Telephone number (including area code)

4 Overlook Point

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)	778,705	28,945,683
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	331,230	0
9	Amount remaining (line 7 minus line 8)	447,475	28,945,683
10	Interest on line 9 using prior year's actual return of 14.68%	65689	4249226
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.14%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	513,164	33194909

Part III Funding Percentages

14	Funding target attainment percentage	14	92.72 %
15	Adjusted funding target attainment percentage	15	136.14 %
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	88.95 %
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
09/15/2015	100,000				
			Totals ► 18(b)	100,000	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	90,127

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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

Part VI Miscellaneous Items

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6)	**31a**	322,149
b Excess assets, if applicable, but not greater than line 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**	322,149

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	278,519	0	278,519

36 Additional cash requirement (line 34 minus line 35)	**36**	43,630
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	90,127
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	46,497
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	46,497
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

a Schedule elected	☐ 2 plus 7 years	☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

Schedule SB Attachment (Form 5500)—2014 Plan Year
York Plan 4
EIN: 13-3473472 PN: 004

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2014

Date	Amount	Days to Discount to 1/1/2014 at 6.29%	Interest Adjusted Contribution
September 15, 2015	$ 100,000	622	$ 90,127
Total Contribution	$ 100,000		$ 90,127

Schedule SB Attachment (Form 5500)—2014 Plan Year
York Plan 4
EIN: 13-3473472 PN: 004

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)
60.5	50.00%	1.0000	30.25
61.5	25.00%	0.5000	7.69
62.5	50.00%	0.3750	11.72
63.5	20.00%	0.1875	2.38
64.5	10.00%	0.1500	0.97
65.5	50.00%	0.1350	4.42
66.5	50.00%	0.0675	2.24
67.5	50.00%	0.0338	1.14
68.5	50.00%	0.0169	0.58
69.5	50.00%	0.0084	0.29
70	100.00%	0.0042	0.30
		Weighted Average	61.98

Schedule SB Attachment (Form 5500)—2014 Plan Year
York Plan 4
EIN: 13-3473472 PN: 004

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2013), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.99%
2nd Segment Rate	6.32%
3rd Segment Rate	6.99%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2013), without regard to interest rate stabilization
1st Segment Rate	1.37%
2nd Segment Rate	4.05%
3rd Segment Rate	5.06%
Optional Payment Form Election Percentage	
Retirement Eligible Employees	21% life annuity 19% joint and 50% survivor annuity 60% lump sum
Nonretirement Eligible Employees	17% life annuity 13% joint and 50% survivor annuity 70% lump sum
Lump Sum Conversion Interest Rate	Same as funding interest rates above
Lump Sum Conversion Mortality	Current IRC section 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy and Disabled	2014 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	None
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)

Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limit	Projected benefits are limited by the current IRC section 415 maximum benefit of $210,000.
Valuation of Plan Assets	Fair market value
Trust Expenses Included in Target Normal Cost	Based on the prior year actual plan administrative expenses, $132,250 for 2014
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2014

Table 1

Retirement Rates

Age	Rate
60	50.00%
61	25.00%
62	50.00%
63	20.00%
64	10.00%
65	50.00%
66	50.00%
67	50.00%
68	50.00%
69	50.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2014 Plan Year
York Plan 4
EIN: 13-3473472 PN: 004

Table 2—Page 1 of 2

Withdrawal Rates

	Years of Service			
Age	**0**	**1**	**2-3**	**4+**
15	37.50%	30.00%	22.50%	15.00%
16	37.50%	30.00%	22.50%	15.00%
17	37.50%	30.00%	22.50%	15.00%
18	37.50%	30.00%	22.50%	15.00%
19	37.50%	30.00%	22.50%	15.00%
20	37.50%	30.00%	22.50%	15.00%
21	35.25%	28.20%	21.15%	14.10%
22	33.00%	26.40%	19.80%	13.20%
23	30.75%	24.60%	18.45%	12.30%
24	28.75%	23.00%	17.25%	11.50%
25	26.75%	21.40%	16.05%	10.70%
26	25.00%	20.00%	15.00%	10.00%
27	23.25%	18.60%	13.95%	9.30%
28	21.75%	17.40%	13.05%	8.70%
29	20.25%	16.20%	12.15%	8.10%
30	18.75%	15.00%	11.25%	7.50%
31	17.50%	14.00%	10.50%	7.00%
32	16.25%	13.00%	9.75%	6.50%
33	15.00%	12.00%	9.00%	6.00%
34	14.00%	11.20%	8.40%	5.60%
35	13.00%	10.40%	7.80%	5.20%
36	12.00%	9.60%	7.20%	4.80%
37	11.00%	8.80%	6.60%	4.40%
38	10.25%	8.20%	6.15%	4.10%
39	9.50%	7.60%	5.70%	3.80%
40	8.75%	7.00%	5.25%	3.50%
41	8.00%	6.40%	4.80%	3.20%
42	7.50%	6.00%	4.50%	3.00%
43	7.00%	5.60%	4.20%	2.80%
44	6.50%	5.20%	3.90%	2.60%

Table 2—Page 2 of 2

Withdrawal Rates

	Years of Service			
Age	**0**	**1**	**2-3**	**4+**
45	6.00%	4.80%	3.60%	2.40%
46	5.50%	4.40%	3.30%	2.20%
47	5.00%	4.00%	3.00%	2.00%
48	4.50%	3.60%	2.70%	1.80%
49	4.00%	3.20%	2.40%	1.60%
50	3.50%	2.80%	2.10%	1.40%
51	3.00%	2.40%	1.80%	1.20%
52	2.50%	2.00%	1.50%	1.00%
53	2.00%	1.60%	1.20%	0.80%
54	1.75%	1.40%	1.05%	0.70%
55	1.50%	1.20%	0.90%	0.60%
56	1.25%	1.00%	0.75%	0.50%
57	1.00%	0.80%	0.60%	0.40%
58	0.75%	0.60%	0.45%	0.30%
59	0.50%	0.40%	0.30%	0.20%
60+	0.25%	0.20%	0.15%	0.10%

Schedule SB, Part V—Summary of Plan Provisions

Effective Date

The effective date of adoption is August 1, 1950. Amended and restated effective January 1, 2011.

Covered Employees

Grantley U.A.W.

Status of Plan

Ongoing.

Participation

Age 21 with one year of service. No new entrants after July 31, 2006.

Normal Retirement

Eligibility

Age 65.

Benefit

Multiplier	Effective Date
$30.00	July 1, 2002
$31.00	August 1, 2009

Early Retirement

Eligibility

Age 60 with 10 years of service.

Benefit

The normal retirement benefit based on service to date of retirement, but reduced by 0.6% multiplied by the number of months by which the early retirement date precedes the participant's age 62. Participants with 30 or more years of service may receive their unreduced normal retirement benefit at their earliest retirement date.

Total and Permanent Disability Retirement

Eligibility

Ten years of service.

Benefit

If the participant is eligible for Social Security disability insurance benefits, the disability benefit is equal to the normal retirement benefit based on service to date of disability. Otherwise, the disability benefit is equal to twice the normal retirement benefit based on service to date of disability.

Deferred Vested

Eligibility

Five years of service.

Benefit

The accrued normal retirement benefit payable at age 65. Benefits may commence as early as age 60 and are reduced for early commencement.

Special Age 65 Benefit	
Eligibility	Participant eligible for normal, early, or disability retirement.
Benefit	$49.50 per month starting at age 65.
Early Retirement Supplement	
Eligibility	Age 60 with 30 years of service.
Benefit	$1,000 per month payable until age 62.
Preretirement Surviving Spouse Benefit	
Eligibility	Eligible for a vested benefit.
Benefit	
Early Retirement Eligible	66⅔% of 95% 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	66⅔% of 95% 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. If the participant is eligible for the supplemental benefit, the retirement benefit will commence at the later of the participant's earliest retirement age or completion of payment of the supplemental benefit. This benefit is payable for the remaining lifetime of the spouse.
Supplemental Preretirement Surviving Spouse Benefit	
Eligibility	Age 40 with 10 years of service.
Benefit	Accrued normal retirement benefit payable as a 10-year temporary annuity.
Optional Payment Form	
Conversion Interest Rate	6.00%.
Conversion Mortality	1951 Group Annuity Mortality Table (males) with ages set back one year for participants and six years for beneficiaries.
Definitions	
Credited Service	Based on elapsed time.
Vesting Service	One year of vesting service is credited for each year a participant completes 1,000 or more hours of service.

Normal Form of Payment	
Single Participant	Life annuity.
Married Participant	66⅔% joint and survivor annuity. This benefit is the actuarial equivalent of the benefit payable as a life annuity.
Lump Sum Form of Payment	
Retirement Eligible Participant	The actuarial equivalent of the benefit payable as a life annuity, including early retirement subsidies.
Nonretirement Eligible Participant	The actuarial equivalent of the benefit payable as a life annuity, excluding early retirement subsidies. The lump sum is only available after the participant reaches commencement eligibility.

Changes in Plan Provisions Since the January 1, 2013 Valuation

The January 1, 2014 funding valuation reflects the following plan changes:

- An increase in the annual maximum benefit limit under IRC section 415 from $205,000 in 2013 to $210,000 in 2014.
- A lump sum payment form was added for the preretirement surviving spouse death benefit.
- An update to the mortality for determining minimum lump sum payments under IRC section 417(e)(3) to the applicable rates for the current plan year.

Changes in Plan Provisions Since the January 1, 2012 Valuation

The January 1, 2013 funding valuation reflected the following plan change:

- An increase in the annual maximum benefit limit under IRC section 415 from $200,000 in 2012 to $205,000 in 2013.

Changes in Plan Provisions Since the January 1, 2011 Valuation

The January 1, 2012 funding valuation reflected the following plan change:

- An increase in the annual maximum benefit limit under IRC section 415 from $195,000 in 2011 to $200,000 in 2012.

Changes in Plan Provisions Since the January 1, 2010 Valuation

The January 1, 2011 funding valuation did not reflect any plan changes.

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

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

Schedule SB Attachment (Form 5500)—2014 Plan Year
York Plan 4
EIN: 13-3473472 PN: 004

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change from the prior year:

- A change in the optional payment form election percentage for retirement eligible employees from 24% elect the single life annuity, 16% elect the joint and 50% survivor annuity, and 60% elect a lump sum to 21% elect the single life annuity, 19% elect the joint and 50% survivor annuity, and 60% elect a lump sum.

This change was made to better reflect the anticipated plan experience. The funding assumption change did not reduce the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2014 Plan Year
York Plan 4
EIN: 13-3473472 PN: 004

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2014

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44				1						
45-49				1						
50-54		1	3	2	3	2	1	3		
55-59		6	5	6	3	6	3	6	16	2
60-64	1		6	5	9	4	6	9	8	15
65-69			1						1	4
70+									1	

N-140