Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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.)
- [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. CORPORATION PLAN NUMBER FIFTEEN

1b Three-digit plan number (PN) ▶ 015

1c Effective date of plan 07/01/1966

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

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.	09/30/2017	KAARE A LEIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/30/2017	KAARE A LEIN
	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)

Preparer's telephone number

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**	486
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)**	256
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	234
b	Retired or separated participants receiving benefits	**6b**	119
c	Other retired or separated participants entitled to future benefits	**6c**	83
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	436
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	40
f	Total. Add lines **6d** and **6e**.	**6f**	476
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**	4
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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

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

A Name of plan
YORK INT. CORPORATION PLAN NUMBER FIFTEEN

B Three-digit plan number (PN) ▶ 015

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 2016

2 Assets:

a Market value	**2a**	21700914
b Actuarial value	**2b**	21700914

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	149	6774928	6774928
b For terminated vested participants	81	1882608	1882608
c For active participants	256	8598327	8837189
d Total	486	17255863	17494725

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**	6.17 %
6 Target normal cost	**6**	428961

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

17-04707

Most recent enrollment number

AON CONSULTING, INC.

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)	0	6937835
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	681342
9	Amount remaining (line 7 minus line 8)		6256493
10	Interest on line 9 using prior year's actual return of -0.80%		-50052
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		90194
	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 6.37%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		-722
	c Total available at beginning of current plan year to add to prefunding balance		89472
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	2320000
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	3886441

Part III Funding Percentages

14	Funding target attainment percentage	14	101.82%
15	Adjusted funding target attainment percentage	15	124.04%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	94.12%
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
09/15/2017	310000	0			
			Totals ► 18(b)	310000	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	0

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:	
4.43%	5.91%	6.65%	☐ N/A, full yield curve used

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

22 Weighted average retirement age **22**

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** 428961

b Excess assets, if applicable, but not greater than line 31a **31b** 319748

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** 109213

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	109213	109213

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

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

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

a Total (excess, if any, of line 37 over line 36) **38a** 279964

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 109213

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.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
YORK INT. CORPORATION PLAN NUMBER FIFTEEN

B Three-digit plan number (PN) ▶ 015

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

D Employer Identification Number (EIN)
13-3473472

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

AON HEWITT

4 OVERLOOK POINT
LINCOLNSHIRE, IL 60069

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	51240	Yes [ ] No [X]	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

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
YORK INT. CORPORATION PLAN NUMBER FIFTEEN

B Three-digit plan number (PN) ▶ 015

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

D Employer Identification Number (EIN)
13-3473472

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

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHNSON 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	22730841

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

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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)

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

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
YORK INT. CORPORATION PLAN NUMBER FIFTEEN

B Three-digit plan number (PN) ▶ 015

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	310000
(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)	21612103	22730841
(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	21712103	23040841
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	7129	5029
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	7129	5029
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	21704974	23035812

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)	310000	
	(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)		310000
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)		3204776
(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		3514776
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	754839	
(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)		754839
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)	53717	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	31137	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		84854
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		839693
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2675083
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		1344245

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	
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part V Trust Information

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

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

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 sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
YORK INT. CORPORATION PLAN NUMBER FIFTEEN

B Three-digit plan number (PN) ▶ 015

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** 0

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** 1

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year (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):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

JOHNSON CONTROLS, INC.
PENSION PLANS

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES
YEARS ENDED DECEMBER 31, 2016 AND 2015

JOHNSON CONTROLS, INC. PENSION PLANS
FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES
YEARS ENDED DECEMBER 31, 2016 AND 2015

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*Note: Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income and Security Act of 1974 have been omitted because they are not applicable.

COLEMAN & WILLIAMS, LTD.
A Professional Services Firm

INDEPENDENT AUDITORS' REPORT

To the Participants and Administrator of the
Johnson Controls Pension Plans:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Johnson Controls Pension Plans (the "Plans") which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the 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

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.

Auditor's 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 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, 2016 and 2015, 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, 2016 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, and are presented for the purpose of additional analysis 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.

Coleman & Williams, Ltd

Milwaukee, Wisconsin
October 6, 2017

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2016

	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 at fair value	$ 1,762,454,744	$ 345,039,405	$ 79,428,479	$ —	$ —	$ 80,236,201	$ 2,135,405
Employer contribution receivable	—	—	—	—	—	—	—
Total assets	1,762,454,744	345,039,405	79,428,479	—	—	80,236,201	2,135,405
LIABILITIES							
Accrued administrative expenses	379,489	42,988	44,057	—	—	9,391	2,455
Total liabilities	379,489	42,988	44,057	—	—	9,391	2,455
Net assets available for benefits	$ 1,762,075,255	$ 344,996,417	$ 79,384,422	$ —	$ —	$ 80,226,810	$ 2,132,950

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2016

	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 at fair value	$ 28,405,733	$ 10,834,050	$ 16,932,928	$ 6,122,046	$ 22,730,841	$ 13,216,033	$ 26,639,661
Employer contribution receivable	780,000	560,000	—	450,000	310,000	—	1,700,000
Total assets	29,185,733	11,394,050	16,932,928	6,572,046	23,040,841	13,216,033	28,339,661
LIABILITIES							
Accrued administrative expenses	9,604	3,968	4,736	5,589	5,029	2,847	12,687
Total liabilities	9,604	3,968	4,736	5,589	5,029	2,847	12,687
Net assets available for benefits	$ 29,176,129	$ 11,390,082	$ 16,928,192	$ 6,566,457	$ 23,035,812	$ 13,213,186	$ 28,326,974

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2016

	York Plan 23 (031)	Participating Plans' Total
ASSETS		
Investment in Johnson Controls, Inc.		
Master Pension Trust at fair value	$ 11,697,006	$ 2,405,872,532
Employer contribution receivable	—	3,800,000
Total assets	11,697,006	2,409,672,532
LIABILITIES		
Accrued administrative expenses	3,855	526,695
Total liabilities	3,855	526,695
Net assets available for benefits	$ 11,693,151	$ 2,409,145,837

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2015

	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 at fair value	$ 1,898,681,204	$ 348,972,954	$ 84,085,494	$ 2,689,391	$ 5,609,726	$ 80,719,576	$ 2,202,569
Employer contribution receivable	—	—	—	175,000	25,000	—	—
Total assets	1,898,681,204	348,972,954	84,085,494	2,864,391	5,634,726	80,719,576	2,202,569
LIABILITIES							
Accrued administrative expenses	326,020	77,092	47,575	495	7,136	11,140	5,005
Total liabilities	326,020	77,092	47,575	495	7,136	11,140	5,005
Net assets available for benefits	$ 1,898,355,184	$ 348,895,862	$ 84,037,919	$ 2,863,896	$ 5,627,590	$ 80,708,436	$ 2,197,564

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2015

	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 at fair value	$ 27,493,339	$ 10,826,500	$ 16,554,098	$ 6,331,425	$ 21,612,103	$ 13,274,848	$ 26,427,700
Employer contribution receivable	1,275,000	50,000	—	275,000	100,000	—	125,000
Total assets	28,768,339	10,876,500	16,554,098	6,606,425	21,712,103	13,274,848	26,552,700
LIABILITIES							
Accrued administrative expenses	12,094	4,538	7,160	7,942	7,129	5,380	18,195
Total liabilities	12,094	4,538	7,160	7,942	7,129	5,380	18,195
Net assets available for benefits	$ 28,756,245	$ 10,871,962	$ 16,546,938	$ 6,598,483	$ 21,704,974	$ 13,269,468	$ 26,534,505

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2015

	York Plan 23 (031)	Participating Plans' Total
ASSETS		
Investment in Johnson Controls, Inc.		
Master Pension Trust at fair value	$ 11,206,543	$ 2,556,687,470
Employer contribution receivable	325,000	2,350,000
Total assets	11,531,543	2,559,037,470
LIABILITIES		
Accrued administrative expenses	2,928	539,829
Total liabilities	2,928	539,829
Net assets available for benefits	$ 11,528,615	$ 2,558,497,641

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2016

	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	$ 159,936,647	$ 29,323,437	$ 2,632,235	$ 453,228	$ 344,448	$ 6,880,001	$ 128,805
Employer contributions	—	—	—	—	—	—	—
Total additions	159,936,647	29,323,437	2,632,235	453,228	344,448	6,880,001	128,805
DEDUCTIONS							
Deductions from plan assets attributed to:							
Benefits paid to participants	292,976,051	32,673,459	11,256,868	170,759	557,794	7,098,648	203,472
Administrative expenses	3,240,339	549,422	431,429	24,150	64,454	122,479	46,230
Total deductions	296,216,390	33,222,881	11,688,297	194,909	622,248	7,221,127	249,702
Transfer from (to) other plans	(186)	(1)	4,402,565	(3,122,215)	(5,349,790)	(140,500)	56,283
Net decrease	(136,279,929)	(3,899,445)	(4,653,497)	(2,863,896)	(5,627,590)	(481,626)	(64,614)
Net assets available for benefits, beginning of year	1,898,355,184	348,895,862	84,037,919	2,863,896	5,627,590	80,708,436	2,197,564
Net assets available for benefits, end of year	$ 1,762,075,255	$ 344,996,417	$ 79,384,422	$ —	$ —	$ 80,226,810	$ 2,132,950

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, 2016

	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	$ 3,519,223	$ 1,001,804	$ 1,932,786	$ 352,449	$ 3,204,776	$ 1,154,037	$ 2,656,716
Employer contributions	780,000	560,000	—	450,000	310,000	—	1,700,000
Total additions	4,299,223	1,561,804	1,932,786	802,449	3,514,776	1,154,037	4,356,716
DEDUCTIONS							
Deductions from plan assets attributed to:							
Benefits paid to participants	2,559,064	902,894	965,369	928,451	754,839	1,125,073	1,990,049
Administrative expenses	139,406	64,307	71,192	69,774	84,854	53,032	165,021
Total deductions	2,698,470	967,201	1,036,561	998,225	839,693	1,178,105	2,155,070
Transfer from (to) other plans	(1,180,869)	(76,483)	(514,971)	163,750	(1,344,245)	(32,214)	(409,177)
Net increase (decrease)	419,884	518,120	381,254	(32,026)	1,330,838	(56,282)	1,792,469
Net assets available for benefits, beginning of year	28,756,245	10,871,962	16,546,938	6,598,483	21,704,974	13,269,468	26,534,505
Net assets available for benefits, end of year	$ 29,176,129	$ 11,390,082	$ 16,928,192	$ 6,566,457	$ 23,035,812	$ 13,213,186	$ 28,326,974

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, 2016

	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	$ 1,563,912	$ 215,084,504
Employer contributions	—	3,800,000
Total additions	1,563,912	218,884,504
DEDUCTIONS		
Deductions from plan assets attributed to:		
Benefits paid to participants	740,427	354,903,217
Administrative expenses	57,732	5,183,821
Total deductions	798,159	360,087,038
Transfer to other plans	(601,217)	(8,149,270)
Net increase (decrease)	164,536	(149,351,804)
Net assets available for benefits, beginning of year	11,528,615	2,558,497,641
Net assets available for benefits, end of year	$ 11,693,151	$ 2,409,145,837

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, 2015

	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	$ (13,479,615)	$ (2,675,142)	$ (5,907,502)	$ 45,330	$ 2,698,832	$ (6,009,030)	$ (230,419)
Employer contributions	—	—	—	175,000	225,000	—	—
Total additions (deductions)	(13,479,615)	(2,675,142)	(5,907,502)	220,330	2,923,832	(6,009,030)	(230,419)
DEDUCTIONS							
Deductions from plan assets attributed to:							
Benefits paid to participants	148,542,279	30,387,497	7,121,867	140,165	177,557	6,866,049	316,268
Administrative expenses	2,576,121	547,590	386,404	43,594	82,770	120,668	44,520
Total deductions	151,118,400	30,935,087	7,508,271	183,759	260,327	6,986,717	360,788
Transfer from (to) other plans	—	176	5,165,129	(66,290)	(2,749,472)	5,308,355	215,460
Net decrease	(164,598,015)	(33,610,053)	(8,250,644)	(29,719)	(85,967)	(7,687,392)	(375,747)
Net assets available for benefits, beginning of year	2,062,953,199	382,505,915	92,288,563	2,893,615	5,713,557	88,395,828	2,573,311
Net assets available for benefits, end of year	$ 1,898,355,184	$ 348,895,862	$ 84,037,919	$ 2,863,896	$ 5,627,590	$ 80,708,436	$ 2,197,564

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, 2015

	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 (loss)							
Plan interest in Johnson Controls, Inc. Master Pension Trust	$ 2,225,713	$ (215,196)	$ (980,234)	$ 717,689	$ 1,717,514	$ (1,555,665)	$ 5,463,029
Employer contributions	1,275,000	50,000	—	275,000	100,000	—	125,000
Total additions (deductions)	3,500,713	(165,196)	(980,234)	992,689	1,817,514	(1,555,665)	5,588,029
DEDUCTIONS							
Deductions from plan assets attributed to:							
Benefits paid to participants	1,281,075	268,335	1,095,243	398,964	656,493	1,675,101	1,050,493
Administrative expenses	128,732	58,109	68,116	64,737	80,593	51,697	151,065
Total deductions	1,409,807	326,444	1,163,359	463,701	737,086	1,726,798	1,201,558
Transfer from (to) other plans	(2,429,534)	114,008	837,446	(762,743)	(1,887,594)	1,464,824	(5,619,921)
Net decrease	(338,628)	(377,632)	(1,306,147)	(233,755)	(807,166)	(1,817,639)	(1,233,450)
Net assets available for benefits, beginning of year	29,094,873	11,249,594	17,853,085	6,832,238	22,512,140	15,087,107	27,767,955
Net assets available for benefits, end of year	$ 28,756,245	$ 10,871,962	$ 16,546,938	$ 6,598,483	$ 21,704,974	$ 13,269,468	$ 26,534,505

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, 2015

	York Plan 23 (031)	Participating Plans' Total
ADDITIONS		
Additions to plan assets attributed to:		
Investment income (loss)		
Plan interest in Johnson Controls, Inc.		
Master Pension Trust	$ 32,447	$ (18,152,249)
Employer contributions	325,000	2,550,000
Total additions (deductions)	357,447	(15,602,249)
DEDUCTIONS		
Deductions from plan assets attributed to:		
Benefits paid to participants	1,155,907	201,133,293
Administrative expenses	49,536	4,454,252
Total deductions	1,205,443	205,587,545
Transfer to other plans	(112,748)	(522,904)
Net decrease	(960,744)	(221,712,698)
Net assets available for benefits, beginning of year	12,489,359	2,780,210,339
Net assets available for benefits, end of year	$ 11,528,615	$ 2,558,497,641

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF ACCUMULATED PLAN BENEFITS
JANUARY 1, 2016

	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	$ 475,669,852	$ 113,830,657	$ 45,512,780	$ 1,479,233	$ 162,743	$ 41,707,124	$ 592,398
Other participants	972,354,814	135,433,241	14,155,039	737,394	3,600,488	10,555,699	960,810
	1,448,024,666	249,263,898	59,667,819	2,216,627	3,763,231	52,262,823	1,553,208
Nonvested benefits	67,692,887	8,787,978	36,976	29,704	14,146	772,812	90,942
Total actuarial present value of accumulated plan benefits	$ 1,515,717,553	$ 258,051,876	$ 59,704,795	$ 2,246,331	$ 3,777,377	$ 53,035,635	$ 1,644,150

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF ACCUMULATED PLAN BENEFITS
JANUARY 1, 2016

	York Plan 7 (020)	York Plan 12 (023)	York Plan 13 (024)	York Plan 14 (025)	York Plan 15 (026)	York Plan 18 (028)	York Plan 19 (029)
Actuarial present value of accumulated plan benefits:							
Vested benefits							
Participants currently receiving payments	$ 4,857,398	$ 2,253,742	$ 4,962,906	$ 352,682	$ 6,177,603	$ 4,299,669	$ 4,409,592
Other participants	16,266,129	5,520,122	6,628,584	4,338,885	8,770,764	5,682,616	15,135,714
	21,123,527	7,773,864	11,591,490	4,691,567	14,948,367	9,982,285	19,545,306
Nonvested benefits	—	149,967	47,409	89,706	226,886	24,866	771,701
Total actuarial present value of accumulated plan benefits	$ 21,123,527	$ 7,923,831	$ 11,638,899	$ 4,781,273	$ 15,175,253	$ 10,007,151	$ 20,317,007

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF ACCUMULATED PLAN BENEFITS
JANUARY 1, 2016

	York Plan 23 (031)	Participating Plans' Total
Actuarial present value of accumulated plan benefits:		
Vested benefits		
Participants currently receiving payments	$ 3,531,309	$ 709,799,688
Other participants	5,249,809	1,205,390,108
	8,781,118	1,915,189,796
Nonvested benefits	40,880	78,776,860
Total actuarial present value of accumulated plan benefits	$ 8,821,998	$ 1,993,966,656

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF ACCUMULATED PLAN BENEFITS
JANUARY 1, 2015

	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	$ 462,025,336	$ 114,479,753	$ 48,948,154	$ 1,209,576	$ 167,883	$ 44,178,369	$ 602,504
Other participants	1,025,761,762	137,209,550	15,365,052	1,006,481	3,383,143	11,857,063	1,007,617
	1,487,787,098	251,689,303	64,313,206	2,216,057	3,551,026	56,035,432	1,610,121
Nonvested benefits	76,075,072	9,925,360	72,686	37,416	39,932	1,015,978	101,863
Total actuarial present value of accumulated plan benefits	$ 1,563,862,170	$ 261,614,663	$ 64,385,892	$ 2,253,473	$ 3,590,958	$ 57,051,410	$ 1,711,984

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF ACCUMULATED PLAN BENEFITS
JANUARY 1, 2015

	York Plan 7 (020)	York Plan 12 (023)	York Plan 13 (024)	York Plan 14 (025)	York Plan 15 (026)	York Plan 18 (028)	York Plan 19 (029)
Actuarial present value of accumulated plan benefits:							
Vested benefits							
Participants currently receiving payments	$ 4,927,530	$ 2,180,932	$ 4,637,714	$ 351,013	$ 5,178,686	$ 4,075,794	$ 4,305,830
Other participants	15,699,961	5,318,491	7,351,578	4,271,309	9,268,607	6,919,673	14,364,094
	20,627,491	7,499,423	11,989,292	4,622,322	14,447,293	10,995,467	18,669,924
Nonvested benefits	—	138,510	47,521	105,178	282,614	31,532	749,830
Total actuarial present value of accumulated plan benefits	$ 20,627,491	$ 7,637,933	$ 12,036,813	$ 4,727,500	$ 14,729,907	$ 11,026,999	$ 19,419,754

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF ACCUMULATED PLAN BENEFITS
JANUARY 1, 2015

	York Plan 23 (031)	Participating Plans' Total
Actuarial present value of accumulated plan benefits:		
Vested benefits		
Participants currently receiving payments	$ 3,298,387	$ 700,567,461
Other participants	6,072,128	1,264,856,509
	9,370,515	1,965,423,970
Nonvested benefits	68,273	88,691,765
Total actuarial present value of accumulated plan benefits	$ 9,438,788	$ 2,054,115,735

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS
YEAR ENDED JANUARY 1, 2016

	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, 2015	$ 1,563,862,170	$ 261,614,663	$ 64,385,892	$ 2,253,473	$ 3,590,958	$ 57,051,410	$ 1,711,984
Increase (decrease) attributed to:							
Interest accumulation	111,820,029	18,502,169	4,566,700	163,849	262,784	4,026,034	116,753
Benefits paid	(148,542,279)	(30,387,497)	(7,121,867)	(140,165)	(177,557)	(6,866,049)	(316,268)
Assumption changes	(25,393,481)	(4,337,198)	(1,263,041)	(30,410)	(56,815)	(996,943)	(28,470)
Plan amendments	—	55,466	—	—	—	—	—
Other*	13,971,114	12,604,273	(862,889)	(416)	158,007	(178,817)	160,151
Net increase (decrease)	(48,144,617)	(3,562,787)	(4,681,097)	(7,142)	186,419	(4,015,775)	(67,834)
Actuarial present value of accumulated plan benefits at January 1, 2016	$ 1,515,717,553	$ 258,051,876	$ 59,704,795	$ 2,246,331	$ 3,777,377	$ 53,035,635	$ 1,644,150

*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, 2016

	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, 2015	$ 20,627,491	$ 7,637,933	$ 12,036,813	$ 4,727,500	$ 14,729,907	$ 11,026,999	$ 19,419,754
Increase (decrease) attributed to:							
Interest accumulation	1,499,890	562,964	862,432	339,872	1,080,570	765,344	1,417,800
Benefits paid	(1,281,075)	(268,335)	(1,095,243)	(398,964)	(656,493)	(1,675,101)	(1,050,493)
Assumption changes	(376,690)	(119,408)	(200,811)	(76,840)	(187,416)	(166,175)	(342,327)
Plan amendments	—	—	—	—	—	—	—
Other*	653,911	110,677	35,708	189,705	208,685	56,084	872,273
Net increase (decrease)	496,036	285,898	(397,914)	53,773	445,346	(1,019,848)	897,253
Actuarial present value of accumulated plan benefits at January 1, 2016	$ 21,123,527	$ 7,923,831	$ 11,638,899	$ 4,781,273	$ 15,175,253	$ 10,007,151	$ 20,317,007

*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, 2016

	York Plan 23 (031)	Participating Plans' Total
Actuarial present value of accumulated plan benefits at January 1, 2015	$ 9,438,788	$ 2,054,115,735
Increase (decrease) attributed to:		
Interest accumulation	665,346	146,652,536
Benefits paid	(1,155,907)	(201,133,293)
Assumption changes	(140,259)	(33,716,284)
Plan amendments	—	55,466
Other*	14,030	27,992,496
Net decrease	(616,790)	(60,149,079)
Actuarial present value of accumulated plan benefits at January 1, 2016	$ 8,821,998	$ 1,993,966,656

*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, 2015

	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, 2014	$ 1,455,560,389	$ 281,969,598	$ 88,391,704	$ 2,475,659	$ 3,285,576	$ 70,230,062	$ 1,922,909
Increase (decrease) attributed to:							
Interest accumulation	105,217,507	19,181,318	5,370,614	164,068	234,544	4,554,859	126,947
Benefits paid	(286,188,778)	(86,061,896)	(43,352,068)	(866,285)	(721,427)	(27,110,194)	(685,323)
Assumption changes	182,249,005	21,662,379	5,189,849	255,842	405,941	4,021,496	201,495
Plan amendments	—	126,515	—	—	55,193	—	—
Other*	107,024,047	24,736,749	8,785,793	224,189	331,131	5,355,187	145,956
Net increase (decrease)	108,301,781	(20,354,935)	(24,005,812)	(222,186)	305,382	(13,178,652)	(210,925)
Actuarial present value of accumulated plan benefits at January 1, 2015	$ 1,563,862,170	$ 261,614,663	$ 64,385,892	$ 2,253,473	$ 3,590,958	$ 57,051,410	$ 1,711,984

*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, 2015

	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, 2014	$ 20,603,987	$ 8,008,680	$ 13,221,552	$ 4,806,380	$ 13,970,002	$ 11,502,297	$ 18,018,736
Increase (decrease) attributed to:							
Interest accumulation	1,450,215	555,857	893,877	332,604	1,024,483	814,483	1,312,044
Benefits paid	(5,049,746)	(2,162,525)	(4,176,532)	(1,323,121)	(2,373,582)	(2,694,350)	(3,299,852)
Assumption changes	1,949,980	816,855	1,389,793	498,198	1,214,228	1,217,905	1,865,719
Plan amendments	—	—	—	—	474,973	—	—
Other*	1,673,055	419,066	708,123	413,439	419,803	186,664	1,523,107
Net increase (decrease)	23,504	(370,747)	(1,184,739)	(78,880)	759,905	(475,298)	1,401,018
Actuarial present value of accumulated plan benefits at January 1, 2015	$ 20,627,491	$ 7,637,933	$ 12,036,813	$ 4,727,500	$ 14,729,907	$ 11,026,999	$ 19,419,754

*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, 2015

	York Plan 23 (031)	Participating Plans' Total
Actuarial present value of accumulated plan benefits at January 1, 2014	$ 9,298,201	$ 2,003,265,732
Increase (decrease) attributed to:		
Interest accumulation	664,447	141,897,867
Benefits paid	(2,024,175)	(468,089,854)
Assumption changes	1,038,565	223,977,250
Plan amendments	—	656,681
Other*	461,750	152,408,059
Net increase	140,587	50,850,003
Actuarial present value of accumulated plan benefits at January 1, 2015	$ 9,438,788	$ 2,054,115,735

*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. ("JCI Inc.") and selected subsidiaries, as designated by the Board of Directors. The Plans are subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

On September 2, 2016, Johnson Controls, Inc. and Tyco International plc ("Tyco") completed a merger, with JCI Inc. being the surviving corporation in the merger and a wholly owned indirect subsidiary of Tyco (the "Merger"). Following the Merger, Tyco changed its name to "Johnson Controls International plc (the "Company")."

On October 31, 2016, Johnson Controls International plc completed the spin-off of its Automotive Experience business by way of transfer to Adient plc. Under the terms of the spin-off, defined benefit plans related to the Automotive Experience business were transfered into a master trust managed by Adient plc on July 1, 2016. The defined benefit plans that were transfered on July 1, 2016 were the Techno Trim, Inc. Pension Plan for Salaried Employees, the Johnson Controls Automotive Systems Group Production Employees Pension Plan and the Johnson Controls Master Pension Trust for Bryan Ohio Union Employees.

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 International plc 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, 2016 and 2015 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, 2016 and 2015.

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,	
	2016	2015
Johnson Controls Pension (001)	73.3%	74.0%
Battery Division Hourly (016)	14.3%	13.6%
Johnson Controls Production (017)	3.3%	3.3%
Techno Trim (046)	—%	0.1%
ASG Production (006)	—%	0.2%
JCIM US, LLC (035)*	—%	0.3%
York Plan 4 (018)	3.3%	3.1%
York Plan 6 (019)	0.1%	0.1%
York Plan 7 (020)	1.2%	1.1%
York Plan 12 (023)	0.5%	0.4%
York Plan 13 (024)	0.7%	0.7%
York Plan 14 (025)	0.3%	0.3%
York Plan 15 (026)	0.9%	0.9%
York Plan 18 (028)	0.5%	0.5%
York Plan 19 (029)	1.1%	1.0%
York Plan 23 (031)	0.5%	0.4%
Total	100.0%	100.0%

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

The statements of financial position as of December 31, 2016 and 2015 and the statement of operations and changes in Participating Plans' equity of the Master Trust for the year ended December 31, 2016 are presented in Note 9.

NEW ACCOUNTING PRONOUNCEMENTS

Recently Adopted Accounting Pronouncements

In July 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-12 "Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient." Only Part II of ASU 2015-12 is applicable to the Plan. Part II of ASU 2015-12 eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. It also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics, and risks. ASU 2015-12 was effective retrospectively for fiscal years beginning after December 15, 2015. The Plan adopted Part II of this guidance effective January 1, 2016 and applied the change retrospectively to all periods presented. The adoption of this guidance did impact disclosures in the notes to the financial statements, but did not impact the net assets available for benefits.

In May 2015, the FASB issued ASU No. 2015-07, "Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)." ASU No. 2015-07 removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. Such investments should be disclosed separate from the fair value hierarchy. The Plan adopted this guidance January 1, 2016 and applied the change retrospectively to all periods presented. The adoption of this guidance only impacts disclosures in the notes to the financial statements.

Recently Issued Accounting Pronouncements

In February 2017, the FASB issued Accounting Standards Update ASU No. 2017-06, "Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): Employee Benefit Plan Master Trust Reporting." ASU No. 2017-06 clarifies the presentation requirements by a plan's interest in a master trust and requires disclosure of the dollar amount of the plan's interest in each investment type held by a master trust, as well as disclosure of the master trust's other assets and liabilities, and the dollar amount of the plan's interest in each of those balances. ASU No. 2017-06 is effective for fiscal years beginning after December 15, 2018 with early adoption permitted, and will be applied retrospectively to all periods presented. The Company is currently evaluating the impact the adoption of the guidance will have on the Plan's financial statements.

DATE OF MANAGEMENT'S REVIEW

Management has evaluated subsequent events, shown in Note 11, through October 6, 2017, 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, 2016 and 2015 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, 2016 and 2015 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	2016: 2016 Static Mortality Table for annuitants and non-annuitants.	
	2015: 2015 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	2016: Based on segment rates with a four month lookback (as of September 2015), as follows: 1st Segment Rate - 4.43% 2nd Segment Rate - 5.91% 3rd Segment Rate - 6.65%	2015: Based on segment rates with a four month lookback (as of September 2014), as follows: 1st Segment Rate - 4.72% 2nd Segment Rate - 6.11% 3rd Segment Rate - 6.81%

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, 2016 and 2015, 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 2017, that ceiling is $5,369 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, 2016 and 2015 and the statement of operations and changes in participating Plans' equity for the year ended December 31, 2016 for the Master Trust are presented in the following tables:

JOHNSON CONTROLS MASTER PENSION TRUST
STATEMENTS OF FINANCIAL POSITION

	December 31, 2016	December 31, 2015
Assets		
Investments at fair value as determined by quoted market price (direct):		
Fixed Income Fund:		
Cash & cash equivalents	$ 61,912,124	$ 97,617,160
U.S. government and federal agency securities	133,248,920	85,076,995
Corporate issues	483,262,900	507,678,409
Municipal issues	38,495,238	43,750,014
Foreign issues	101,596,386	122,903,979
Equity Investments:		
Domestic stocks	850,245,109	921,272,793
Foreign stocks	259,176,603	282,890,105
Total direct fixed income and equity investments	1,927,937,280	2,061,189,455
Investments at fair value as determined by quoted market price (indirect):		
Fixed Income Fund:		
Other - Fixed Income	145,676,032	192,510,955
Investments Measured at Net Asset Value, as Practical Expedient:		
Investment in real estate	354,760,879	330,638,682
Due from brokers for securities sold	37,275,467	51,128,290
Accrued dividends and interest receivable	10,023,200	11,322,587
	$ 2,475,672,858	$ 2,646,789,969
Liabilities and Participating Plans' Equity		
Due to brokers for securities purchased	$ 69,800,505	$ 82,704,837
Participating Plans' equity	2,405,872,353	2,556,687,477
JCIM US, LLC Pension Plan's equity*	—	7,397,655
Total equity	2,405,872,353	2,564,085,132
	$ 2,475,672,858	$ 2,646,789,969

*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, 2016
Additions	
Investment income:	
Interest and dividends	$ 75,485,154
Net gain on equity investments	102,695,973
Net gain on real estate	28,740,787
	206,921,914
Contributions received from participating Plans	2,350,000
Total additions	209,271,914
Deductions	
Participant withdrawals	346,753,947
Administrative expenses	5,183,821
Total deductions	351,937,768
Net decrease prior to transfers to other plans	(142,665,854)
Transfers to other plans, net **	(8,149,270)
Net decrease in participating Plans' equity	(150,815,124)
Participating Plans' equity	
Beginning of year	2,556,687,477
End of year	$ 2,405,872,353

** On October 31, 2016, Johnson Controls International plc completed the spin-off of its Automotive Experience business by way of transfer to Adient plc. Under the terms of the spin-off, defined benefit plans related to the Automotive Experience business were transfered into a master trust managed by Adient plc on July 1, 2016. See Note 1 for more information.

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, 2016 and 2015:

	Assets at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Fixed Income Fund	$ 818,515,568	$ 145,676,032	$ —	$ 964,191,600
Equity Investments	1,109,421,712	—	—	1,109,421,712
Total Investments at Fair Value	$ 1,927,937,280	$ 145,676,032	$ —	2,073,613,312
Investments Measured at Net Asset Value, as Practical Expedient:				
Investment in Real Estate Measured at Net Asset Value				354,760,879
Total Plan Assets				$ 2,428,374,191

	Assets at Fair Value as of December 31, 2015			
	Level 1	Level 2	Level 3	Total
Fixed Income Fund	$ 857,026,557	$ 192,510,955	$ —	$ 1,049,537,512
Equity Investments	1,204,162,898	—	—	1,204,162,898
Total Investments at Fair Value	$ 2,061,189,455	$ 192,510,955	$ —	2,253,700,410
Investments Measured at Net Asset Value, as Practical Expedient:				
Investment in Real Estate Measured at Net Asset Value				330,638,682
Total Plan Assets				$ 2,584,339,092

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. In the event a direct quoted market price is not available, the fair value of the fund holdings are determined by using pricing inputs that are either directly or indirectly observable and therefore classified as Level 2 assets.

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 certain investments in real estate do not have a readily determinable fair value and requires the fund managers to independently arrive at fair value by calculating NAV per share. In order to calculate NAV 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 NAV per share, the Company utilizes a practical

expedient for measuring the fair value of its real-estate investments, as provided for under ASC 820, "Fair Value Measurement." In applying the practical expedient, the Company is not required to further adjust the NAV provided by the fund manager in order to determine the fair value of its investment as the NAV per share is calculated in a manner consistent with the measurement principles of ASC 946, "Financial Services - Investment Companies," 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. In accordance with ASU No. 2015-07, "Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)," investments for which fair value is measured using the net asset value per share practical expedient should be disclosed separate from the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of total plan assets to the amounts presented in the notes to the consolidated financial statements.

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.

NOTE 11 - SUBSEQUENT EVENTS

After December 31, 2016, but on or before September 15, 2017, the Company made discretionary contributions totaling $3,800,000 for the 2016 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
York Plan 7	$ 780,000	3%
York Plan 12	560,000	5%
York Plan 14	450,000	7%
York Plan 15	310,000	1%
York Plan 19	1,700,000	6%
	$ 3,800,000	

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, 2016

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	**Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value**	**Cost**	**Current Value**
*	U.S. Bank	Baird Fixed Income	$ 272,134,866	$ 385,281,148
*	U.S. Bank	Columbus	59,486,179	116,336,857
*	U.S. Bank	Thompson, Siegel & Walmsley LLC	58,094,633	119,172,959
*	U.S. Bank	Dodge & Cox	186,100,258	228,016,632
*	U.S. Bank	Prudential	243,800,784	391,731,598
*	U.S. Bank	Prudential 90	55,140,252	58,938,607
*	U.S. Bank	PIMCO	54,064,895	57,034,315
*	U.S. Bank	Cash Fund	40,831,788	40,956,699
*	U.S. Bank	JP Morgan Enchd Index	141,354,401	209,443,919
*	U.S. Bank	JP Morgan 500 Index	132,124,236	212,896,185
*	U.S. Bank	Rockwood IX	33,494,869	45,525,685
*	U.S. Bank	Rockwood X	11,040,129	10,897,550
*	U.S. Bank	Rockwood Capital	2,833,343	6,611,713
*	U.S. Bank	Morgan Stanley	70,258,116	151,845,921
*	U.S. Bank	Invesco	75,278,940	139,880,009
*	U.S. Bank	Mfs	199,324,106	231,302,556
*	U.S. Bank	Cash and Equivalents	179	179
	Total investments		$ 1,635,361,974	$ 2,405,872,532

* 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, 2016

(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	Cash Fund	407,704,076	—	407,704,076	407,704,076	—
U.S. Bank	Cash Fund	—	377,184,252	377,337,397	377,184,252	(153,145)

Schedule SB Attachment (Form 5500)—2016 Plan Year
York Plan 15
EIN: 13-3473472 PN: 015

Schedule SB, Part V—Summary of Plan Provisions

Effective Date

The effective date of adoption is July 1, 1966. Amended and restated effective January 1, 2016.

Covered Employees

Frick U.A.W. employees.

Status of Plan

Ongoing.

Participation

January 1 or July 1 after one year of service. No new entrants after January 1, 2014.

Normal Retirement

Eligibility

Age 65.

Benefit

Benefit multiplier (listed below) per month multiplied by years of credited service.

Effective Date	Benefit Multiplier
2/1/2010	$24.50
2/1/2011	$24.75
2/1/2012	$25.25
2/1/2013	$26.25
2/1/2014	$28.00

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 5/9 of 1% for each month by which the early retirement date precedes the participant's normal retirement date.

Total and Permanent Disability Retirement

Eligibility

Ten years of service.

Benefit

Normal retirement benefit based on service to date of disability.

Deferred Vested

Eligibility

Five years of service.

Benefit

The accrued normal retirement benefit payable at age 65. Benefits may commence early with 10 years of service. Benefits are reduced for early commencement.

Preretirement Surviving Spouse Benefit	
Eligibility	Eligible for a vested benefit.
Benefit	
Early Retirement Eligible	50% of the benefit the participant was entitled to receive under the early retirement provisions had he terminated employment as of the date of death and elected payment in the form of a 50% joint and survivor annuity. This benefit is payable for the life of the spouse.
Not Early Retirement Eligible	50% of the benefit to which the participant was entitled under the plan provisions had the participant terminated employment on the date of death, survived to his earliest retirement age, and elected payment in the form of a 50% joint and survivor annuity. This benefit is payable for the remaining lifetime of the spouse, beginning at the participant's earliest retirement date.
Form of Payment	
Normal	Single life annuity payable monthly, but for married participants, unless elected otherwise, there is in effect an automatic 50% joint and survivor option on an actuarially equivalent basis.
Optional	100%, 75%, 66⅔%, or 50% joint and survivor annuity, 15-year certain and life annuity, 10-year certain and life annuity, 5-year certain and life annuity, or single life annuity.
Optional Payment Form Conversion	See Table 1.
Definitions	
Credited Service	One year of service for benefit accrual is credited for each year a participant completes 1,800 or more hours of service.
Vesting Service	One year of vesting service is credited for each year a participant completes 1,000 or more hours of service.

Table 1

Optional Form Factors

Participant Retirement Age (NBD)	5 C&C	10 C&C	15 C&C	50% J&S	66⅔% J&S	75% J&S	100% J&S
70+	0.9500	0.8750	0.8000	0.9000	0.8667	0.8500	0.8000
69	0.9550	0.8850	0.8150	0.9025	0.8700	0.8540	0.8050
68	0.9600	0.8950	0.8300	0.9050	0.8733	0.8580	0.8100
67	0.9650	0.9050	0.8450	0.9075	0.8767	0.8520	0.8150
66	0.9700	0.9150	0.8600	0.9100	0.8800	0.8660	0.8200
65	0.9750	0.9250	0.8750	0.9125	0.8833	0.8700	0.8250
64	0.9775	0.9300	0.8825	0.9150	0.8867	0.8740	0.8300
63	0.9800	0.9350	0.8900	0.9175	0.8900	0.8780	0.8350
62	0.9825	0.9400	0.8975	0.9200	0.8933	0.8820	0.8400
61	0.9850	0.9450	0.9050	0.9225	0.8967	0.8860	0.8450
60	0.9875	0.9500	0.9125	0.9250	0.9000	0.8900	0.8500
59	0.9900	0.9550	0.9200	0.9275	0.9033	0.8940	0.8550
58	0.9900	0.9600	0.9275	0.9300	0.9067	0.8980	0.8600
57	0.9900	0.9650	0.9350	0.9325	0.9100	0.9020	0.8650
56	0.9900	0.9700	0.9425	0.9350	0.9133	0.9060	0.8700
55 or younger	0.9900	0.9750	0.9500	0.9375	0.9167	0.9100	0.8750

Adjustment to J&S for age difference of participant and survivor:

(Add for each whole year survivor is older) (Subtract for each year survivor is younger)				0.0050	0.0050	0.0060	0.0075
Maximum Factor	0.9900	0.9750	0.9500	0.9750	0.9667	0.9625	0.9500
Minimum Factor	0.9500	0.8750	0.8000	0.8000	0.7667	0.7500	0.7000

Plan Changes Since the January 1, 2015 Valuation

The January 1, 2016 funding valuation does not reflect any plan changes.

Plan Changes Since the January 1, 2014 Valuation

The January 1, 2015 funding valuation reflected the following plan change:

- The minimum benefit multiplier was increased from $26.25 to $28.00 as of February 1, 2014.

Plan Changes Since the January 1, 2013 Valuation

The January 1, 2014 funding valuation reflected 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.
- Effective January 1, 2014, no employee shall become a participant or resume participation after December 31, 2013.

Plan Changes Since the January 1, 2012 Valuation

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

- An increase in the annual maximum benefit limit under IRC section 415 from $200,000 in 2012 to $205,000 in 2013.
- The minimum benefit multiplier was increased from $25.25 to $26.25 as of February 1, 2013.

Plan Changes Since the January 1, 2011 Valuation

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

- An increase in the annual maximum benefit limit under IRC section 415 from $195,000 in 2011 to $200,000 in 2012.
- The minimum benefit multiplier was increased from $24.75 to $25.25 as of February 1, 2012.

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

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

JOHNSON CONTROLS, 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, 2016

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	**Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value**	**Cost**	**Current Value**
*	U.S. Bank	Baird Fixed Income	$ 272,134,866	$ 385,281,148
*	U.S. Bank	Columbus	59,486,179	116,336,857
*	U.S. Bank	Thompson, Siegel & Walmsley LLC	58,094,633	119,172,959
*	U.S. Bank	Dodge & Cox	186,100,258	228,016,632
*	U.S. Bank	Prudential	243,800,784	391,731,598
*	U.S. Bank	Prudential 90	55,140,252	58,938,607
*	U.S. Bank	PIMCO	54,064,895	57,034,315
*	U.S. Bank	Cash Fund	40,831,788	40,956,699
*	U.S. Bank	JP Morgan Enchd Index	141,354,401	209,443,919
*	U.S. Bank	JP Morgan 500 Index	132,124,236	212,896,185
*	U.S. Bank	Rockwood IX	33,494,869	45,525,685
*	U.S. Bank	Rockwood X	11,040,129	10,897,550
*	U.S. Bank	Rockwood Capital	2,833,343	6,611,713
*	U.S. Bank	Morgan Stanley	70,258,116	151,845,921
*	U.S. Bank	Invesco	75,278,940	139,880,009
*	U.S. Bank	Mfs	199,324,106	231,302,556
*	U.S. Bank	Cash and Equivalents	179	179
	Total investments		$ 1,635,361,974	$ 2,405,872,532

* Represents a party-in-interest

Schedule SB Attachment (Form 5500)—2016 Plan Year
York Plan 15
EIN: 13-3473472 PN: 015

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2016

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		8	1							
25-29		10	7							
30-34		10	7	1						
35-39		8	2	2	1					
40-44		3	4	2	2	7				
45-49		2	7	5	3	13	7			
50-54		4	5	3	4	13	10	5		
55-59		2	5	5	5	10	18	10	4	1
60-64		3	4	4	1	4	5	5	6	6
65-69									1	1
70+										

N-256

Schedule SB Attachment (Form 5500)—2016 Plan Year
York Plan 15
EIN: 13-3473472 PN: 015

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 2015), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.43%
2nd Segment Rate	5.91%
3rd Segment Rate	6.65%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2015), without regard to interest rate stabilization
1st Segment Rate	1.34%
2nd Segment Rate	4.03%
3rd Segment Rate	5.06%
Optional Payment Form Election Percentage	
Retirement Eligible Employees	46% life annuity 54% joint and 75% survivor annuity
Nonretirement Eligible Employees	46% life annuity 54% joint and 75% survivor annuity
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2016 static mortality table for annuitants and non-annuitants per §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, $80,593 for 2016
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2016

Table 1

Retirement Rates

Age	Rate
60	10.00%
61	5.00%
62	45.00%
63	30.00%
64	10.00%
65	70.00%
66	50.00%
67	50.00%
68	50.00%
69	50.00%
70+	100.00%

Table 2—Page 1 of 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)—2016 Plan Year
York Plan 15
EIN: 13-3473472 PN: 015

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2016

Date	Amount	Days to Discount to 1/1/2016 at 6.17%	Interest Adjusted Contribution
September 15, 2017	$ 310,000	623	$ 279,964
Total Contribution	$ 310,000		$ 279,964

Schedule SB Attachment (Form 5500)—2016 Plan Year
York Plan 15
EIN: 13-3473472 PN: 015

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	10.00%	1.0000	6.05
61.5	5.00%	0.9000	2.77
62.5	45.00%	0.8550	24.05
63.5	30.00%	0.4703	8.96
64.5	10.00%	0.3292	2.12
65.5	70.00%	0.2963	13.58
66.5	50.00%	0.0889	2.96
67.5	50.00%	0.0444	1.50
68.5	50.00%	0.0222	0.76
69.5	50.00%	0.0111	0.39
70	100.00%	0.0056	0.39
		Weighted Average	63.53

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, 2016

(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	Cash Fund	407,704,076	—	407,704,076	407,704,076	—
U.S. Bank	Cash Fund	—	377,184,252	377,337,397	377,184,252	(153,145)

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

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

▶ **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 FIFTEEN

B Three-digit plan number (PN) ▶ 015

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 2016

2 Assets:

a Market value	**2a**	21,700,914
b Actuarial value	**2b**	21,700,914

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	149	6,774,928	6,774,928
b For terminated vested participants	81	1,882,608	1,882,608
c For active participants	256	8,598,327	8,837,189
d Total	486	17,255,863	17,494,725

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**	6.17%
6 Target normal cost	**6**	428,961

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 CLD — Signature of actuary — 09/29/2017 — Date

CHERYL L. DAVIS — Type or print name of actuary — 1704707 — Most recent enrollment number

AON CONSULTING, INC. — 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)	0	6,937,835
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	681,342
9	Amount remaining (line 7 minus line 8)	0	6,256,493
10	Interest on line 9 using prior year's actual return of -0.80%	0	-50,052
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		90,194
	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 6.37%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		-722
	c Total available at beginning of current plan year to add to prefunding balance		89,472
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	2,320,000
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	3,886,441

Part III Funding Percentages

14	Funding target attainment percentage	14	101.82%
15	Adjusted funding target attainment percentage	15	124.04%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	94.12%
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
09/15/2017	310,000	0			
			Totals ► 18(b)	310,000	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	279,964

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:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	4.43 %	5.91 %	6.65%	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	64

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	428,961
b Excess assets, if applicable, but not greater than line 31a	31b	319,748

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	109,213

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	109,213	109,213

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	279,964
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	279,964
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	109,213
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)—2016 Plan Year
York Plan 15
EIN: 13-3473472 PN: 015

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2016

Date	Amount	Days to Discount to 1/1/2016 at 6.17%	Interest Adjusted Contribution
September 15, 2017	$ 310,000	623	$ 279,964
Total Contribution	$ 310,000		$ 279,964

Schedule SB Attachment (Form 5500)—2016 Plan Year
York Plan 15
EIN: 13-3473472 PN: 015

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	10.00%	1.0000	6.05
61.5	5.00%	0.9000	2.77
62.5	45.00%	0.8550	24.05
63.5	30.00%	0.4703	8.96
64.5	10.00%	0.3292	2.12
65.5	70.00%	0.2963	13.58
66.5	50.00%	0.0889	2.96
67.5	50.00%	0.0444	1.50
68.5	50.00%	0.0222	0.76
69.5	50.00%	0.0111	0.39
70	100.00%	0.0056	0.39
		Weighted Average	63.53

Schedule SB Attachment (Form 5500)—2016 Plan Year
York Plan 15
EIN: 13-3473472 PN: 015

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 2015), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.43%
2nd Segment Rate	5.91%
3rd Segment Rate	6.65%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2015), without regard to interest rate stabilization
1st Segment Rate	1.34%
2nd Segment Rate	4.03%
3rd Segment Rate	5.06%
Optional Payment Form Election Percentage	
Retirement Eligible Employees	46% life annuity 54% joint and 75% survivor annuity
Nonretirement Eligible Employees	46% life annuity 54% joint and 75% survivor annuity
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2016 static mortality table for annuitants and non-annuitants per §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, $80,593 for 2016
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2016

Table 1
Retirement Rates

Age	Rate
60	10.00%
61	5.00%
62	45.00%
63	30.00%
64	10.00%
65	70.00%
66	50.00%
67	50.00%
68	50.00%
69	50.00%
70+	100.00%

Table 2—Page 1 of 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 July 1, 1966. Amended and restated effective January 1, 2016.
Covered Employees	Frick U.A.W. employees.
Status of Plan	Ongoing.
Participation	January 1 or July 1 after one year of service. No new entrants after January 1, 2014.
Normal Retirement	
Eligibility	Age 65.
Benefit	Benefit multiplier (listed below) per month multiplied by years of credited service.

Effective Date	Benefit Multiplier
2/1/2010	$24.50
2/1/2011	$24.75
2/1/2012	$25.25
2/1/2013	$26.25
2/1/2014	$28.00

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 5/9 of 1% for each month by which the early retirement date precedes the participant's normal retirement date.
Total and Permanent Disability Retirement	
Eligibility	Ten years of service.
Benefit	Normal retirement benefit based on service to date of disability.
Deferred Vested	
Eligibility	Five years of service.
Benefit	The accrued normal retirement benefit payable at age 65. Benefits may commence early with 10 years of service. Benefits are reduced for early commencement.

Preretirement Surviving Spouse Benefit	
Eligibility	Eligible for a vested benefit.
Benefit	
Early Retirement Eligible	50% of the benefit the participant was entitled to receive under the early retirement provisions had he terminated employment as of the date of death and elected payment in the form of a 50% joint and survivor annuity. This benefit is payable for the life of the spouse.
Not Early Retirement Eligible	50% of the benefit to which the participant was entitled under the plan provisions had the participant terminated employment on the date of death, survived to his earliest retirement age, and elected payment in the form of a 50% joint and survivor annuity. This benefit is payable for the remaining lifetime of the spouse, beginning at the participant's earliest retirement date.
Form of Payment	
Normal	Single life annuity payable monthly, but for married participants, unless elected otherwise, there is in effect an automatic 50% joint and survivor option on an actuarially equivalent basis.
Optional	100%, 75%, 66⅔%, or 50% joint and survivor annuity, 15-year certain and life annuity, 10-year certain and life annuity, 5-year certain and life annuity, or single life annuity.
Optional Payment Form Conversion	See Table 1.
Definitions	
Credited Service	One year of service for benefit accrual is credited for each year a participant completes 1,800 or more hours of service.
Vesting Service	One year of vesting service is credited for each year a participant completes 1,000 or more hours of service.

Table 1
Optional Form Factors

Participant Retirement Age (NBD)	5 C&C	10 C&C	15 C&C	50% J&S	66⅔% J&S	75% J&S	100% J&S
70+	0.9500	0.8750	0.8000	0.9000	0.8667	0.8500	0.8000
69	0.9550	0.8850	0.8150	0.9025	0.8700	0.8540	0.8050
68	0.9600	0.8950	0.8300	0.9050	0.8733	0.8580	0.8100
67	0.9650	0.9050	0.8450	0.9075	0.8767	0.8520	0.8150
66	0.9700	0.9150	0.8600	0.9100	0.8800	0.8660	0.8200
65	0.9750	0.9250	0.8750	0.9125	0.8833	0.8700	0.8250
64	0.9775	0.9300	0.8825	0.9150	0.8867	0.8740	0.8300
63	0.9800	0.9350	0.8900	0.9175	0.8900	0.8780	0.8350
62	0.9825	0.9400	0.8975	0.9200	0.8933	0.8820	0.8400
61	0.9850	0.9450	0.9050	0.9225	0.8967	0.8860	0.8450
60	0.9875	0.9500	0.9125	0.9250	0.9000	0.8900	0.8500
59	0.9900	0.9550	0.9200	0.9275	0.9033	0.8940	0.8550
58	0.9900	0.9600	0.9275	0.9300	0.9067	0.8980	0.8600
57	0.9900	0.9650	0.9350	0.9325	0.9100	0.9020	0.8650
56	0.9900	0.9700	0.9425	0.9350	0.9133	0.9060	0.8700
55 or younger	0.9900	0.9750	0.9500	0.9375	0.9167	0.9100	0.8750

Adjustment to J&S for age difference of participant and survivor:

(Add for each whole year survivor is older) (Subtract for each year survivor is younger)				0.0050	0.0050	0.0060	0.0075
Maximum Factor	0.9900	0.9750	0.9500	0.9750	0.9667	0.9625	0.9500
Minimum Factor	0.9500	0.8750	0.8000	0.8000	0.7667	0.7500	0.7000

Plan Changes Since the January 1, 2015 Valuation

The January 1, 2016 funding valuation does not reflect any plan changes.

Plan Changes Since the January 1, 2014 Valuation

The January 1, 2015 funding valuation reflected the following plan change:

- The minimum benefit multiplier was increased from $26.25 to $28.00 as of February 1, 2014.

Plan Changes Since the January 1, 2013 Valuation

The January 1, 2014 funding valuation reflected 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.
- Effective January 1, 2014, no employee shall become a participant or resume participation after December 31, 2013.

Plan Changes Since the January 1, 2012 Valuation

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

- An increase in the annual maximum benefit limit under IRC section 415 from $200,000 in 2012 to $205,000 in 2013.
- The minimum benefit multiplier was increased from $25.25 to $26.25 as of February 1, 2013.

Plan Changes Since the January 1, 2011 Valuation

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

- An increase in the annual maximum benefit limit under IRC section 415 from $195,000 in 2011 to $200,000 in 2012.
- The minimum benefit multiplier was increased from $24.75 to $25.25 as of February 1, 2012.

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)—2016 Plan Year
York Plan 15
EIN: 13-3473472 PN: 015

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2016

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		8	1							
25-29		10	7							
30-34		10	7	1						
35-39		8	2	2	1					
40-44		3	4	2	2	7				
45-49		2	7	5	3	13	7			
50-54		4	5	3	4	13	10	5		
55-59		2	5	5	5	10	18	10	4	1
60-64		3	4	4	1	4	5	5	6	6
65-69									1	1
70+										

N-256