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

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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. . . . . ▶ [ ]

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
SCOTT PENSION PLAN

1b Three-digit plan number (PN) ▶ 061

1c Effective date of plan 02/01/1966

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)

TYCO INTERNATIONAL MANAGEMENT COMPANY LLC

9 ROSZEL ROAD
PRINCETON, NJ 08540-6205

9 ROSZEL ROAD
PRINCETON, NJ 08540-6205

2b Employer Identification Number (EIN)
20-5073412

2c Plan Sponsor's telephone number
609-720-4200

2d Business code (see instructions)
332900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2018	KAARE A LEIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

JOHNSON CONTROLS EMPLOYEE BENEFIT POLICY COMMITTEE

5757 N. GREEN BAY AVENUE
MILWAUKEE, WI 53209-4408

3b Administrator's EIN: 02-0328430

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

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	3544
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)**	147
a(2) Total number of active participants at the end of the plan year	**6a(2)**	17
b Retired or separated participants receiving benefits	**6b**	1971
c Other retired or separated participants entitled to future benefits	**6c**	967
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	2955
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	445
f Total. Add lines **6d** and **6e**.	**6f**	3400
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 who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1B 1I 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)	☐	0	**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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

▶ **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
SCOTT PENSION PLAN

B Three-digit plan number (PN) ▶ 061

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TYCO INTERNATIONAL MANAGEMENT COMPANY LLC

D Employer Identification Number (EIN)
20-5073412

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 2017

2 Assets:

a Market value	**2a**	85696347
b Actuarial value	**2b**	86919899

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	2419	48805921	48805921
b For terminated vested participants	978	21582555	21582555
c For active participants	147	1819213	1908723
d Total	3544	72207689	72297199

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**	5.74 %
6 Target normal cost	**6**	879849

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: 09/28/2018

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	1275778
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	1275778
10	Interest on line 9 using prior year's actual return of 8.90 %	0	113544
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		13362249
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 5.95%		795054
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		14157303
d	Portion of (c) to be added to prefunding balance		14157303
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	15546625

Part III Funding Percentages

14	Funding target attainment percentage	14	98.72%
15	Adjusted funding target attainment percentage	15	120.22%
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	100.40%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required 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? ☐ 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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.16%	5.72%	6.48%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
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**	879849
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	923925	151719
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**	1031568

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1031847	1031847

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**	0

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

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
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.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
SCOTT PENSION PLAN

B Three-digit plan number (PN) ▶ 061

C Plan sponsor's name as shown on line 2a of Form 5500
TYCO INTERNATIONAL MANAGEMENT COMPANY LLC

D Employer Identification Number (EIN)
20-5073412

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).. . . . . [X] 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

NORTHERN TRUST CORPORATION

36-2723087

(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 CONSULTING

22-2232264

(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?
13	NONE	334542	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NORTHERN TRUST COMPANY

36-1561860

(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?
21	TRUSTEE	50278	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

REEDSMITH LLP

25-0749630

(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?
29	NONE	5304	Yes [ ] No [X]	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)

AON HEWITT

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	4131	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MERCER

13-2834414

(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	NONE	2719	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

O'BRIEN RILEY & RYAN P.C.

04-3176941

(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?
10	NONE	2225	Yes [ ] No [X]	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: O'BRIEN RILEY & RYAN, P.C.
b EIN: 04-3176941
c Position: ACCOUNTANT
d Address: 30 BRAINTREE HILL OFFICE PARK
BRAINTREE, MA 02184
e Telephone: 781-410-2300

Explanation: CHANGE MADE AS A RESULT OF RECURRING BID PROCESS.

a Name: MATTHEW KUMPF
b EIN: 13-2834414
c Position: ENROLLED ACTUARY
d Address: 1166 AVENUE OF THE AMERICAS
NEW YORK, NY 10036
e Telephone: 212-345-7000

Explanation: THE CHANGE IS THE RESULT OF A CHANGE IN THE FIRM ACTUARIAL SERVICES.

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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
SCOTT PENSION PLAN

B Three-digit plan number (PN) ▶ 061

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TYCO INTERNATIONAL MANAGEMENT COMPANY LLC

D Employer Identification Number (EIN)
20-5073412

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: TYCO MASTER TRSUT

b Name of sponsor of entity listed in (a): TYCO INTL MANAGEMENT COMPANY LLC

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)
25-1431141-001	M	0

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHNSON CONTROLS INC. MASTER PENSIO

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	92477353

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
SCOTT PENSION PLAN

B Three-digit plan number (PN) ▶ 061

C Plan sponsor's name as shown on line 2a of Form 5500
TYCO INTERNATIONAL MANAGEMENT COMPANY LLC

D Employer Identification Number (EIN)
20-5073412

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)	15900000	0
(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)	70578411	92477353
(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	86478411	92477353
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	149693	137116
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	149693	137116
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	86328718	92340237

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
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)		0
	(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)		0
	(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)		0
	(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)		0

		(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)		12356879
(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		12356879
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5701625	
(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)		5701625
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)	399199	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	244536	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		643735
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6345360
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		6011519
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: WIPFLI LLP **(2)** EIN: 39-0758449

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		25000000
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			
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			

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

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 4093017. (See instructions.)

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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
SCOTT PENSION PLAN

B Three-digit plan number (PN) ▶ 061

C Plan sponsor's name as shown on line 2a of Form 5500
TYCO INTERNATIONAL MANAGEMENT COMPANY LLC

D Employer Identification Number (EIN)
20-5073412

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): 36-1561860 41-6271370

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** 24

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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): _____

---

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: 61.8 % Investment-Grade Debt: 33.1 % High-Yield Debt: 4.2 % Real Estate: 0.0 % Other: 0.9 %

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):

Scott Pension Plan

Financial Statements
December 31, 2017

Scott Pension Plan
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Supplemental Schedules: *

* Certain schedules are included with Form 5500 of the Master Trust (Annual Return/Report of Employee Benefit Plan) filed with the Department of Labor for the plan year ended December 31, 2017 and are not required to be disclosed for this Plan.

WIPFLi LLP

Independent Auditor's Report

To the Participants and Plan Administrator
Scott Pension Plan

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of Scott Pension Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2017, and related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

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; 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. 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, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Northern Trust Company and U.S. Bank, N.A., the custodians of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that Northern Trust held the Plan's investment assets and executed investment transactions from January 1, 2017 to December 31, 2017 and U.S. Bank, N.A. held the Plan's investment assets and executed investment transactions from May 1, 2017 to December 31, 2017. The plan administrator has obtained a certification from the custodians as of and for the year ended December 31, 2017, that the information provided to the plan administrator by the custodians is complete and accurate.

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 on the 2017 financial statements. Accordingly, we do not express an opinion on the 2017 financial statements referred to in the first paragraph.

Other Matter – 2016 Financial Statements
The financial statements of the Plan as of December 31, 2016, were audited by predecessor auditors. 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 (ERISA), the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Northern Trust Company, the trustee of the Plan. Their report, dated October 12, 2017, indicated that (a) because of the significance of the information that they did not audit, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Form and Content in Compliance with DOL Rules and Regulations 2017
The form and content of the information included in the 2017 financial statements, other than that derived from the information certified by the custodians, 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.

Wipfli LLP

Wipfli LLP
Milwaukee, WI
September 28, 2018

Statements of Net Assets Available for Benefits

	December 31, 2017	December 31, 2016
Assets		
Investment in the Tyco Master Trust, at fair value	$ —	$ 70,578,411
Investment in the Johnson Controls, Inc. Master Pension Trust, at fair value	92,477,353	—
Employer Contributions Receivable	—	15,900,000
Total Assets	92,477,353	86,478,411
Liabilities		
Administrative Expenses Payable	137,116	149,693
Net Assets Available for Benefits	$ 92,340,237	$ 86,328,718

The accompanying notes are an integral part of the financial statements.

Statement of Changes in Net Assets Available for Benefits

	Year Ended December 31, 2017
Additions	
Net Investment Income from the Tyco Master Trust	$ 4,126,420
Net Investment Income from the Johnson Controls, Inc. Master Pension Trust	8,230,459
Total Additions	12,356,879
Deductions	
Benefit Payments	5,701,625
Administrative Expenses	643,735
Total Deductions	6,345,360
Net Increase	6,011,519
Net Assets Available for Benefits	
Beginning of Year	86,328,718
End of Year	$ 92,340,237

The accompanying notes are an integral part of the financial statements.

1. DESCRIPTION OF PLAN

The following brief description of the Scott Pension Plan (the "Plan"), formerly the Scott Technologies, Inc. Retirement Income Plan II, is provided for general information purposes only. Selected Plan provisions are described below. Participants should refer to the Plan document and summary of Plan description for more complete information regarding the terms of the Plan.

General

The Plan is a trusteed, noncontributory, defined benefit pension plan which was established to provide retirement benefits to eligible salaried and non-bargaining employees (and their beneficiaries) of certain participating divisions and subsidiaries of Scott Technologies, Inc. (formerly Figgie International, Inc.) ("Scott"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and the Internal Revenue Code (the "Code"). The Plan was amended and restated effective January 1, 2016.

Scott is part of a controlled group of entities with Tyco International Management Company, LLC ("TIMCO LLC"), which is the Plan Sponsor.

Effective December 31, 2001, all benefit accruals and future participation under the plan ceased.

On September 2, 2016, Johnson Controls, Inc. ("JCI Inc.") and Tyco International plc ("Tyco"), TIMCO LLC's parent company, 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").

Funding Policy

The Plan Sponsor's funding policy is to make all required contributions to the pension plan in accordance with applicable pension laws and regulations. Additional, voluntary contributions (in excess of required minimum amounts) are periodically considered based on their individual merits. No Company contributions were necessary during 2017 in order to meet the minimum funding requirements under ERISA.

Although it has not expressed any intention to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions set forth in ERISA.

Pension Benefits

A participant becomes eligible to receive normal retirement benefits upon attaining age 65. Early retirement benefits are available to vested participants who have attained at least age 55. Generally, participants become 100% vested after five years of vesting service, as defined. Normal retirement benefits accrued by participants are based upon their participation, as defined, and their eligible earnings.

Disability and Death Benefits

Participants who terminate employment due to total and permanent disability or spouses of vested participants who die may be entitled to receive benefits under this Plan.

Administrative Expenses

Insurance premiums, custodian service charges, audit fees, investment related fees and certain administrative and actuarial fees are paid by the Plan. All other expenses associated with the administration of the Plan are paid by the Company.

Plan Administration
Johnson Controls Employee Benefit Policy Committee serves as plan administrator. The Investment Committee acts in the capacity of plan fiduciary and appoints the investment managers to manage the assets of the Master Trusts.

Plan Termination
In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. 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 Plan. 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.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (the "PBGC"), a U.S. government agency, up to the applicable limitations.
3. All other vested benefits; that is, vested benefits not insured by the PBGC.
4. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. 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 Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits should the 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.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Actuarial Valuation Method and Assumptions
Independent actuaries are employed by the Company to determine the Plan's required contributions, present value of accumulated plan benefits, and prior service costs using the standard unit credit cost method. The significant actuarial assumptions including mortality, salary increases, and investment returns, used by the independent actuaries in the January 1, 2017 valuation are summarized as follows:

Interest Rate:	7.50%
Retirement:	Weighted average age 65
Mortality:	Aggregate 2006 base rates from the RP-2014 mortality study, with white collar/blue collar adjustments, projected generationally from 2006 with Scale MP-2016

Interest rates and mortality actuarial assumptions discussed above have changed since the January 1, 2016 valuation.

The effect of these changes is included in note 3 under the caption change in actuarial assumptions.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

Basis of Accounting
The financial statements of the Plan are presented on the accrual basis of accounting.

Investment Valuation and Income Recognition
The investment in the Master Trusts is shown at estimated fair value based on the fair values of the underlying investments held in the Master Trusts. The Plan's interest in the Master Trusts are based on the beginning of the year value of the Plan's interest in the Master Trusts plus actual contributions and allocated net investment income or loss (including interest, dividends, net unrealized and realized gains and losses) less actual distributions and allocated administrative expenses. Net investment income or loss and certain administrative expenses are allocated to the individual plans based upon the ratio of the plans holdings in the Master Trusts of the prior month end.

Other significant accounting policies include: investment transactions are recorded on the trade date, net appreciation (depreciation) in fair value of investments includes gains and losses on investments bought and sold as well as held during the year. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date.

Fair value is the price that would be received by the Plan to sell an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by its investment advisers and custodians. The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (level 1 measurements) and gives the lowest priority to unobservable inputs (level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

> Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
>
> Level 2: Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in markets that are not active; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.
>
> If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
>
> Level 3: Inputs for the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of the observable inputs and minimize the use of unobservable inputs.

Investment Valuation and Income Recognition, continued

The fair values of the underlying investments of the Master Trust as of December 31, 2017 are determined as follows:

Fixed Income Funds: 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 values (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 fair values of the underlying investments of the Master Trust as of December 31, 2016 are determined as follows:

Cash and cash equivalents: These are primarily investments in various money market funds. The fair value is determined by obtaining quoted prices on nationally recognized securities exchanges (level 1 inputs).

Common stocks: Common stocks are valued by obtaining prices on recognized and highly liquid exchanges (level 1 inputs).

Common collective trusts: These trusts are valued based upon their NAV, as reported by custodians of the common collective trusts and as supported by actual redemption prices (level 2 inputs). Included in the common collective trusts are money market funds which are valued at the NAV per share as quoted

Investment Valuation and Income Recognition, continued

by such companies or funds as of the valuation date. The money market funds are institutional commingled funds. Although not traded on active markets the NAV per share is observable. Cash is valued at the amounts deposited in the fund, plus accrued interest (level 1 inputs).

Corporate bonds: These bonds primarily consist of more than 200 corporate investment grade and high yield credit bonds ("Corporate credits"), as well as asset backed securities ("ABS"). The Corporate credits are generally priced using the most recent bid prices or potentially the mean of the latest bid and ask prices. ABS are generally valued using matrix pricing through recognized financial models utilized by the investment manager and the custodian that incorporate other observable inputs such as cash flow, security structure, or market information, when there is no broker/dealer quote available (level 2 inputs).

U.S. government securities: Government securities are direct obligations of the U.S. government or its agencies. These securities are generally priced using the most recent bid prices or potentially the mean of the latest bid and ask prices. This category also includes mortgage backed securities issued by U.S. government agencies that may utilize models, such as a single cash flow model, that incorporate data on interest rate movements, pass-thru securities markets, bid evaluations, and other pertinent data (level 2 inputs).

Registered investment companies: Registered investment companies are valued by obtaining quoted prices on nationally recognized securities exchanges (level 1 inputs). Some registered investment companies have private open-ended mutual funds which are valued based on their NAV, as reported by custodians of the registered investment companies and as supported by actual redemption prices (level 2 inputs).

Other investments: These investments include derivative futures, municipal bond, non-U.S. government bonds, and sundry assets which are valued either by obtaining quoted prices on nationally recognized securities exchanges (level 1 inputs) or by third party pricing sources obtained by the custodian which may utilize models that incorporate pertinent data to determine pricing and non-U.S. sovereign debt securities, where the custodian will utilize available broker/dealer quotes (level 2 inputs).

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodologies used at December 31, 2017 and 2016.

Payment of Benefits
Benefits are recorded when paid.

Use of Estimates
The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain 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, and changes therein. Actual results could differ from those estimates.

Federal Income Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated April 11, 2017, that the Plan and related trust are designed in compliance with applicable sections of the Code. The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes is required.

New Accounting Pronouncements

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.

3. ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits is as follows:

	January 1, 2017
Vested benefits:	
Participants or beneficiaries currently receiving payments	$ 45,743,941
Other participants	20,601,328
	66,345,269
Nonvested benefits	72,296
Total actuarial present value of accumulated plan benefits	$ 66,417,565

The change in the actuarial present value of accumulated plan benefits is as follows:

	Year Ended January 1, 2017
Actuarial present value of accumulated plan benefits at beginning of year	$ 91,243,505
Increase (decrease) during the year attributable to:	
Change in actuarial assumptions	(21,122,965)
Increase for interest due to decrease in discount period	3,369,782
Benefits paid	(5,648,384)
Other changes	(1,424,373)
Total changes	(24,825,940)
Actuarial present value of accumulated plan benefits at end of year	$ 66,417,565

4. INFORMATION CERTIFIED BY THE CUSTODIANS

The following summarized information and certain underlying detail included in the accompanying financial statements was obtained from data that has been prepared and certified to as complete and accurate by The Northern Trust Company and U.S. Bank, N.A., the custodians for the Plan as of December 31, 2017 and 2016, respectively. The Plan became part of the Johnson Controls, Inc. Master Pension Trust on May 1, 2017.

	December 31, 2017	December 31, 2016
Investment in the Tyco Master Trust, at fair value	$ —	$ 70,578,411
Investment in the Johnson Controls, Inc. Master Pension Trust, at fair value	$ 92,477,353	$ —
Plan Interest in the Tyco Master Trust		
Net Investment Income	$ 4,126,420	
Plan Interest in the Johnson Controls, Inc. Master Pension Trust		
Net Investment Income	$ 8,230,459	

5. INVESTMENT IN THE MASTER TRUSTS

As of December 31, 2016, the Plan's sole investment was in the Tyco Master Trust, which was established for the investment of assets of the Plan and several other TIMCO LLC and affiliated companies' sponsored retirement plans. As of December 31, 2017, the Plan's sole investment was in the Johnson Controls, Inc. Master Pension Trust. The assets of the Master Trusts were held by its custodians, The Northern Trust Company from January 1, 2017 to December 31, 2017 and U.S. Bank, N.A from May 1, 2017 to December 31, 2017. Each participating retirement plan has an undivided interest in the assets of the Master Trusts except for any other securities, which, if applicable, are identifiable with individual plans. The Plan's interest in the net assets of the Johnson Controls, Inc. Master Pension Trust is approximately 3% at December 31, 2017. The Plan's interest in the net assets of the Tyco Master Trust at December 31, 2016 is approximately 10%.

The following financial information was obtained from data that has been prepared and certified to as complete and accurate by the custodians of the Master Trusts. Such financial information has not been audited by the Plan's independent auditors.

The following table presents the net assets of the Johnson Controls, Inc. Master Pension Trust.

	December 31, 2017
Assets	
Investments at fair value as determined by quoted market price (direct):	
Fixed Income Fund:	
Cash & cash equivalents	$ 88,428,223
U.S. government and federal agency securities	260,646,283
Corporate issues	593,531,510
Municipal issues	52,951,619
Foreign issues	129,258,131
Equity Investments:	
Domestic stocks	668,045,307
Foreign stocks	576,391,918
Total direct fixed income and equity investments	2,369,252,991
Investments at fair value as determined by quoted market price (indirect):	
Fixed Income Fund:	
Other - Fixed Income	177,222,286
Equity Investments:	
Domestic stocks	295,761,279
Foreign stocks	112,637,138
Investments Measured at Net Asset Value, as Practical Expedient:	
Investment in real estate	272,083,707
Investments at fair value	3,226,957,401
Due from brokers for securities sold	19,290,563
Accrued dividends and interest receivable	10,693,453
	$ 3,256,941,417
Liabilities and Participating Plans' Equity	
Due to brokers for securities purchased	$ 48,188,294
Participating Johnson Controls Plans' equity	2,559,304,241
ADT Pension Plan*	222,175,180
Scott Pension Plan*	92,477,353
Simplex Time Recorder Pension Plan*	305,025,004
TGL Pension Plan*	14,378,596
TGL Union Pension Plan*	15,392,749
Total equity	3,208,753,123
	$ 3,256,941,417

*These five plans are legacy Tyco pension plans that were transferred to the Johnson Controls, Inc. Master Pension Trust on May 1, 2017.

The following table presents the net assets of the Tyco Master Trust.

	December 31, 2016
Assets	
Investments, at fair value	
Cash and cash equivalents	$ 491,194
Common stocks	12,156,702
Common collective trusts	451,648,753
Corporate bonds	64,174,308
U.S. government securities	42,612,979
Registered investment companies	99,992,168
Other investments	13,859,235
Total Investments, at fair value	684,935,339
Other receivables	1,533,152
Total Assets	686,468,491
Liabilities	
Other payables	10,548,199
Net Assets	$ 675,920,292

The following are the changes in net assets held in the Tyco Master Trust for the period from January 1, 2017 through May 1, 2017.

Additions	
Net investment income in Tyco Master Trust	$ 39,762,133
Deductions	
Participant withdrawals	13,846,800
Administrative expenses	863,362
Total deductions	14,710,162
Net increase in participating Plans' equity	25,051,971
Participating Plans' equity	
Beginning of period	675,920,292
End of period prior to transfer	700,972,263
Transfer to Johnson Controls, Inc. Master Pension Trust	(700,972,263)
End of period after transfer	$ —

The following are the changes in net assets held in the Johnson Controls, Inc. Master Pension Trust for the period from May 1, 2017 through December 31, 2017.

Additions		
Net investment income in Johnson Controls, Inc. Master Pension Trust	$	318,034,170
Contributions received from participating Plans		34,300,000
Total additions		352,334,170
Deductions		
Participant withdrawals		288,132,135
Administrative expenses		13,049,266
Total deductions		301,181,401
Net increase prior to transfers from other plans		51,152,769
Transfers from other plans, net **		700,972,263
Net increase in participating Plans' equity		752,125,032
Participating Plans' equity		
Beginning of period		2,456,628,091
End of period	$	3,208,753,123

** These transfers are from legacy Tyco pension plans that were transferred to the Johnson Controls, Inc. Master Pension Trust on May 1, 2017.

The following table sets forth by level, within the fair value hierarchy, the Johnson Controls, Inc. Master Pension Trust's investments measured at fair value on a recurring basis as of December 31, 2017.

	Assets at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Fixed Income Funds	$ 1,124,815,766	$ 177,222,286	$ —	$ 1,302,038,052
Equity Investments	1,244,437,225	408,398,417	—	1,652,835,642
Total Assets in the Fair Value Hierarchy	$ 2,369,252,991	$ 585,620,703	$ —	2,954,873,694
Investments Measured at Net Asset Value, as Practical Expedient:				
Investment in Real Estate Measured at Net Asset Value				272,083,707
Total Assets at Fair Value				$ 3,226,957,401

The following table sets forth by level, within the fair value hierarchy, the Tyco Master Trust's investments measured at fair value on a recurring basis as of December 31, 2016.

	Assets at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Cash and Cash Equivalents	$ 491,194	$ —	$ —	$ 491,194
Common Stocks	12,156,702	—	—	12,156,702
Common Collective Trusts	25,787,602	425,861,151	—	451,648,753
Corporate Bonds	—	64,174,308	—	64,174,308
U.S. Government Securities	—	42,612,979	—	42,612,979
Registered Investment Companies	45,377,918	54,614,250	—	99,992,168
Oher Investments	753,000	13,106,235	—	13,859,235
Total Investments at Fair Value	$ 84,566,416	$ 600,368,923	$ —	$ 684,935,339

Transfers Between Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

Management or the Plan Sponsor evaluated the significance of transfers between levels based upon the nature of the financial instruments and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2017 and 2016, there were no significant transfers in or out of any levels.

6. DERIVATIVE FINANCIAL INSTRUMENTS

The Plan (through the Tyco Master Trust) used derivative financial instruments to meet fund objectives and manage exposure to foreign currency, interest rates and market fluctuations. These instruments involve market risk, credit risk or both kinds of risks. Risk arises from the possible inability of counterparties to meet the terms of their contracts. The following is a description of the types of derivate contracts the Tyco Master Trust may enter into.

Foreign exchange contracts: Foreign currency exchange rate movements create a degree of risk by affecting the U.S. dollar value of instruments denominated in foreign currencies. Forward contracts are used by investment managers to manage foreign exchange rate risks associated with certain investments. These contracts are presented net (buy side of the contract as a receivable netting against the sell side of the contract as a payable) in the Tyco Master Trust.

Interest rate contracts: Interest rate movements create a degree of risk by affecting the amount of interest payments and the value of debt instruments. Investment managers may use interest rate swaps, total return swaps, futures contracts, options and swaptions to manage interest rate risk.

During 2016, the Tyco Master Trust was a party to futures contracts held for trading purposes for U.S. Treasury Bonds and Notes and Eurodollars. At December 31, 2016, other investments of the Tyco Master Trust include derivative investment assets with a notional value of approximately $4.4 million which were offset by derivative investment liabilities with a notional value of approximately $4.4 million.

7. MASTER NETTING AGREEMENTS

The Tyco Master Trust was subject to master netting agreements, or netting arrangements, with certain counterparties. These agreements govern the terms of certain transactions and reduce the counterparty risk associated with relevant transactions by specifying offsetting mechanisms and collateral posting arrangements at pre-arranged exposure levels. Since different types of transactions have different mechanics and are sometimes traded out of different legal entities of a particular counterparty organization, each type of transaction may be covered by a different master netting arrangement possibly resulting in the need for multiple agreements with a single counterparty. Master netting agreements are specific to each different asset type; therefore, they allow the company to close out and net its total exposure to a specified counterparty in the event of a default with respect to any and all the transactions governed under a single agreement with the counterparty.

The following is a summary of the Tyco Master Trust's net exposure to derivative assets and liabilities, by financial instrument type, available for offset and net of collateral under master netting agreements as of December 31, 2016:

	December 31, 2016		
Derivative Type	Gross Amounts of Recognized Derivative Assets	Gross Amounts of Recognized Derivative Liabilities	Net Amount of Derivatives Presented in the Statement of Net Assets
Futures Contracts			
Interest Rate	$ 4,443,002	$ 4,443,002	$ —
Total	$ 4,443,002	$ 4,443,002	$ —

8. RISKS & 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 statement 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.

9. PARTY-IN-INTEREST TRANSACTIONS

Certain investments of the Master Trusts are managed by The Northern Trust Company and U.S. Bank, N.A., the custodians for the Plan. As described in Note 1, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

10. SUBSEQUENT EVENTS

In July 2018, the Company executed Unanimous Consent Resolutions ("Resolutions") for future plan mergers. The Resolutions indicate that at midnight on December 31, 2018, the Plan, along with others, is to be merged with and into the Johnson Controls Pension Plan.

The Resolutions indicate that effective January 1, 2019, the Johnson Controls Pension Plan is to be merged with and into the York International Corporation Miller-Picking Pension Plan. The merged plan sponsor is transferred from York International Corporation to Johnson Controls, Inc., and the surviving plan is renamed the "Johnson Controls Pension Plan."

The Resolutions indicate that effective January 1, 2020, the Johnson Controls Pension Plan is to be merged with and into the York International Corporation Pension Plan Number Fourteen. The merged plan sponsor is transferred from York International Corporation to Johnson Controls, Inc., and the surviving plan is renamed the "Johnson Controls Pension Plan."

The Resolutions indicate that the assets held under each of the merged (non-surviving) plans shall be consolidated into the assets held under combined single pool Trust Agreement for the benefit of the surviving plan.

Finally, the Resolutions indicate that the amount of benefits to participants shall be unaffected by the plan mergers.

The Plan Sponsor has evaluated subsequent events through September 28, 2018, which is the date the financial statements were available to be issued.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Scott Pension Plan
EIN: 20-5073412 PN: 061

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2017

Number of Participants and Average Accrued Benefit

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

N-17

Schedule SB Attachment (Form 5500)—2017 Plan Year
Scott Pension Plan
EIN: 20-5073412 PN: 061

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of January 2017), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.16%
2nd Segment Rate	5.72%
3rd Segment Rate	6.48%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of January 2017), without regard to interest rate stabilization
1st Segment Rate	1.57%
2nd Segment Rate	3.77%
3rd Segment Rate	4.73%
Optional Payment Form Election Percentage	
Retirement Eligible Employees	60% life annuity 40% joint and 66.67% survivor annuity
Nonretirement Eligible Employees	60% life annuity 40% joint and 66.67% survivor annuity
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2017 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
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 85% of males and 75% of females have an eligible spouse, and that males are three years older than their spouses

Benefit Limit	N/A
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2015 Plan Year	6.25%
2016 Plan Year	7.50%, limited to 6.65%
2017 Plan Year	7.50%, limited to 6.48%
Trust Expenses Included in Target Normal Cost	The prior year's actual expenses (excluding PBGC premium) plus the estimated PBGC premium for the current year, $879,849 for 2017
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2017

Table 1

Retirement Rates

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	5.00%
61	7.50%
62	10.00%
63	10.00%
64	10.00%
65	25.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70+	100.00%

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	5.00%	45	5.00%
16	5.00%	46	5.00%
17	5.00%	47	5.00%
18	5.00%	48	5.00%
19	5.00%	49	5.00%
20	5.00%	50	3.00%
21	5.00%	51	3.00%
22	5.00%	52	3.00%
23	5.00%	53	3.00%
24	5.00%	54	3.00%
25	5.00%	55+	0.00%
26	5.00%		
27	5.00%		
28	5.00%		
29	5.00%		
30	5.00%		
31	5.00%		
32	5.00%		
33	5.00%		
34	5.00%		
35	5.00%		
36	5.00%		
37	5.00%		
38	5.00%		
39	5.00%		
40	5.00%		
41	5.00%		
42	5.00%		
43	5.00%		
44	5.00%		

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.021%	0.023%	45	0.202%	0.323%
16	0.023%	0.025%	46	0.226%	0.354%
17	0.024%	0.026%	47	0.255%	0.391%
18	0.025%	0.027%	48	0.285%	0.434%
19	0.027%	0.029%	49	0.320%	0.480%
20	0.029%	0.030%	50	0.358%	0.533%
21	0.030%	0.032%	51	0.405%	0.592%
22	0.032%	0.035%	52	0.465%	0.660%
23	0.034%	0.038%	53	0.539%	0.745%
24	0.036%	0.042%	54	0.626%	0.847%
25	0.038%	0.047%	55	0.722%	0.952%
26	0.040%	0.052%	56	0.822%	1.045%
27	0.042%	0.058%	57	0.924%	1.115%
28	0.044%	0.065%	58	1.030%	1.130%
29	0.046%	0.072%	59	1.141%	1.144%
30	0.048%	0.080%	60	1.256%	1.159%
31	0.050%	0.089%	61	1.368%	1.173%
32	0.054%	0.099%	62	1.475%	1.188%
33	0.059%	0.110%	63	1.572%	1.234%
34	0.064%	0.123%	64	1.663%	1.292%
35	0.069%	0.136%	65	1.753%	1.358%
36	0.077%	0.150%	66	1.846%	1.430%
37	0.085%	0.165%	67	1.950%	1.505%
38	0.095%	0.180%	68	2.063%	1.582%
39	0.105%	0.195%	69	2.180%	1.664%
40	0.117%	0.211%	70+	0.000%	0.000%
41	0.131%	0.229%			
42	0.147%	0.250%			
43	0.164%	0.273%			
44	0.182%	0.295%			

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

	December 31,	
	2017	2016
Johnson Controls Pension (001)	58.2%	73.3%
Battery Division Hourly (016)	11.4%	14.3%
Johnson Controls Production (017)	2.7%	3.3%
York Plan 4 (018)	2.7%	3.3%
York Plan 6 (019)	0.1%	0.1%
York Plan 7 (020)	1.0%	1.2%
York Plan 12 (023)	0.4%	0.5%
York Plan 13 (024)	0.6%	0.7%
York Plan 14 (025)	0.2%	0.3%
York Plan 15 (026)	0.8%	0.9%
York Plan 18 (028)	0.4%	0.5%
York Plan 19 (029)	0.9%	1.1%
York Plan 23 (031)	0.4%	0.5%
ADT Pension Plan (7500)*	6.9%	—%
Scott Pension Plan (061)* 20-5073412	2.9%	—%
Simplex Time Recorder Pension Plan (7502)*	9.5%	—%
TGL Pension Plan (7506)*	0.4%	—%
TGL Union Pension Plan (7509)*	0.5%	—%
Total	100.0%	100.0%

*These five plans are legacy Tyco pension plans and transferred to the Master Trust on May 1, 2017. As such, a separate report is prepared for each of these plans.

The statements of financial position as of December 31, 2017 and 2016 and the statement of operations and changes in Participating Plans' equity of the Master Trust for the year ended December 31, 2017 are presented in Note 9.

NEW ACCOUNTING PRONOUNCEMENTS

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 through **September 28, 2018**, the date which the financial statements were available to be issued.

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, 2017

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	**Description of Asset**	**Purchase Price**	**Selling Price**	**Cost of Asset**	**Current Value of Asset on Transaction Date**	**Net Gain (Loss)**
Single Transaction						
U.S. Bank	Northern Trust Large Cap Equity Fund	$ 147,589,592	$ —	$ 147,589,592	$ 147,589,592	$ —
Series of Transactions						
U.S. Bank	Dodge & Cox International Equity Fund	50,260,722	—	50,260,722	50,260,722	—
U.S. Bank	Dodge & Cox International Equity Fund	—	110,260,723	83,426,776	110,260,723	26,833,947
U.S. Bank	Prudential Long Duration Fund	120,057,108	—	120,057,108	120,057,108	—
U.S. Bank	Prudential Long Duration Fund	—	140,057,115	125,768,922	140,057,115	14,288,193
U.S. Bank	MFS International Equity Growth Fund	89,726,287	—	89,726,287	89,726,287	—
U.S. Bank	MFS International Equity Growth Fund	—	114,726,289	101,591,458	114,726,289	13,134,831
U.S. Bank	Pimco Long Duration Fund	71,614,879	—	71,614,879	71,614,879	—
U.S. Bank	Pimco Long Duration Fund	—	71,614,875	71,194,748	71,614,875	420,127
U.S. Bank	Dodge & Cox Long Duration Fund	70,971,852	—	70,971,852	70,971,852	—
U.S. Bank	Dodge & Cox Long Duration Fund	—	70,971,849	70,105,101	70,971,849	866,748
U.S. Bank	Blackrock Long Duration Fund	70,438,231	—	70,438,231	70,438,231	—
U.S. Bank	Blackrock Long Duration Fund	—	70,438,228	68,354,066	70,438,228	2,084,162
U.S. Bank	Blackrock International Equity Fund	79,600,163	—	79,600,163	79,600,163	—
U.S. Bank	Blackrock International Equity Fund	—	79,600,167	76,786,583	79,600,167	2,813,584
U.S. Bank	Northern Trust Large Cap Equity Fund	231,291,018	—	231,291,018	231,291,018	—
U.S. Bank	Northern Trust Large Cap Equity Fund	—	231,291,021	135,994,066	231,291,021	95,296,955
U.S. Bank	JP Morgan Enhcd Indx Fund	56,095,984	—	56,095,984	56,095,984	—
U.S. Bank	JP Morgan Enhcd Indx Fund	—	121,095,978	95,018,192	121,095,978	26,077,786
U.S. Bank	JP Morgan 500 Index Fund	62,445,581	—	62,445,581	62,445,581	—
U.S. Bank	JP Morgan 500 Index Fund	—	117,445,578	90,785,399	117,445,578	26,660,179
U.S. Bank	Baird Fixed Income Long Duration Fund	122,832,805	—	122,832,805	122,832,805	—
U.S. Bank	Baird Fixed Income Long Duration Fund	—	142,832,807	130,055,501	142,832,807	12,777,306
U.S. Bank	Cash Fund - Money Market	566,625,730	—	566,625,730	566,625,730	—
U.S. Bank	Cash Fund - Money Market	—	551,922,821	552,510,917	551,922,821	(588,096)

See Independent Auditor's Report.

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial 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) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	2017 — This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

▶ **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: SCOTT PENSION PLAN	**B** Three-digit plan number (PN) ▶ 061
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF: TYCO INTERNATIONAL MANAGEMENT COMPANY LLC	**D** Employer Identification Number (EIN): 20-5073412

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 2017

2 Assets:

a Market value	2a	85,696,347
b Actuarial value	2b	86,919,899

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	2,419	48,805,921	48,805,921
b For terminated vested participants	978	21,582,555	21,582,555
c For active participants	147	1,819,213	1,908,723
d Total	3,544	72,207,689	72,297,199

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	5.74%
6 Target normal cost	6	879,849

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	09/28/2018 — 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	1,275,778
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	1,275,778
10 Interest on line 9 using prior year's actual return of 8.90%	0	113,544
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		13,362,249
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 5.95%		795,054
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		14,157,303
d Portion of (c) to be added to prefunding balance		14,157,303
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	15,546,625

Part III Funding Percentages

14 Funding target attainment percentage	14	98.72%
15 Adjusted funding target attainment percentage	15	120.22%
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	100.40%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required 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? ☐ 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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.16 %	5.72 %	6.48%	

b Applicable month (enter code)	21b	0
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	879,849
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	923,925	151,719
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	1,031,568

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1,031,847	1,031,847

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	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
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)—2017 Plan Year
Scott Pension Plan
EIN: 20-5073412 PN: 061

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

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	5.00%	0.7738	2.34
61.5	7.50%	0.7351	3.39
62.5	10.00%	0.6800	4.25
63.5	10.00%	0.6120	3.89
64.5	10.00%	0.5508	3.55
65.5	25.00%	0.4957	8.12
66.5	25.00%	0.3718	6.18
67.5	25.00%	0.2788	4.71
68.5	25.00%	0.2091	3.58
69.5	25.00%	0.1568	2.73
70	100.00%	0.1176	8.23
		Weighted Average	63.95

Schedule SB, Part V—Summary of Plan Provisions

Salaried

Effective Date	November 1, 1998. Amended and restated effective January 1, 2016.
Eligibility for Participation	Salaried employees of a participating division of Scott Technologies who met the eligibility requirements for participation in effect for that division prior to the freeze date. The plan was frozen effective December 31, 2001.
Normal Retirement	
Eligibility	Age 65.
Benefit	A monthly amount equal to the greater of (1) plus (2) or (3): (1) 0.7% multiplied by the lesser of average pensionable earnings and covered compensation and credited service. (2) 1.2% multiplied by average pensionable earnings in excess of covered compensation and the lesser of (a) and (b): (i) Credited service minus credited service earned prior to January 1, 1999 during which the participant elected not to contribute to the Supplemental Part of the Salaried Program. (ii) 35 minus the number of years the participant was credited with supplemental future service retirement income credits under the prior plan. (3) The prior Salaried plan accrued benefit as of December 31, 1998. Earnings and service were frozen as of December 31, 2001.
Early Retirement	
Eligibility	Age 55 and 10 years of continuous service.
Benefit	A monthly benefit equal to the normal retirement benefit reduced by 0.5% for each month early retirement precedes normal retirement.

Late Retirement	
Eligibility	Retirement after age 65.
Benefit	A monthly benefit equal to the normal retirement benefit increased on an actuarially equivalent basis to the late retirement age.
Vested Termination	
Eligibility	Five years of continuous service.
Benefit	The accrued benefit at the date of termination. Reduced payments may begin any time after eligibility for early retirement with the same reductions as early retirement from active status.
Disability	
Eligibility	In receipt of disability income payments under the Salaried Disability Program.
Benefit	The continued accrual of the benefit while disabled based on the pay at the date of disability. Accruals continue for a maximum 30 months, however, no accruals after December 31, 2001 are included. For participants who do not qualify for Social Security disability benefits, an additional 0.7% of average pensionable earnings in excess of covered compensation for service while disabled.
Surviving Spouse	
Eligibility	Five years of continuous service and married for at least one year at the time of death.
Benefit	A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.
Postretirement Death Benefit	
Eligibility	In receipt of retirement benefit payments.
Benefit	A lump sum amount of $1,350.

Normal Form of Annuity	
Without Spouse	Single life annuity.
With Spouse	50% joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.
Optional Forms of Annuity	Single life annuity 50% joint and survivor annuity 75% joint and survivor annuity 100% joint and survivor annuity 5 year certain and life annuity 10 year certain and life annuity 15 year certain and life annuity 20 year certain and life annuity Lump sums less than $1,000
Actuarial Equivalence	UP-84 Mortality Table unadjusted for participants and set back three years for beneficiaries and 7% interest rate.
Definitions	
Credited Service	One year of credited service is earned for each year in the period beginning on date of participation and ending on severance date, excluding periods prior to November 1, 1988, periods when not active and the period after December 31, 2001.
Continuous Service	One year of continuous service is earned for each year in the period beginning on date of hire and ending on severance date.
Average Pensionable Earnings	Highest consecutive five years of earnings out of the last 10 years prior to termination of employment.
Covered Compensation	The average of the contribution and benefit bases in effect under the Social Security Act for each year in the averaging period ending immediately prior to such calendar year.
Participant-Funded Benefit	For participants who made prior employee contributions, the benefit shall equal the actuarial equivalent value of the sum of the prior employee contributions plus interest compounded annual at 120% of the Federal mid-term rate in effect for the first month of each plan year.

Hourly

Effective Date	July 31, 1993. Amended and restated effective January 1, 2016.
Eligibility for Participation	Hourly employees of a participating division of Scott Technologies, excluding those covered by a collective bargaining agreement, who met the eligibility requirements for participation in effect for that division prior to the freeze date. The plan was frozen effective December 31, 2001.
Normal Retirement	
Eligibility	Age 65 and five years of participation or five years of continuous service, if earlier.
Benefit	**Corporate Headquarters:** A monthly amount equal to credited service multiplied by the pension credit in effect as shown below:

Credited Service Earned	Pension Credit
Prior to 1/1/1981	$4.00
1/1/1981–12/31/1983	$5.00
1/1/1984–12/31/1984	$6.00
1/1/1985–12/31/1985	$6.50
1/1/1986–12/31/1986	$7.00
On and after 1/1/1987	$8.00

Credited service was frozen effective December 31, 2001.

Interstate Electronics:

A monthly amount equal to credited service multiplied by the pension credit in effect as shown below:

Credited Service Earned	Pension Credit
Prior to 1/1/1987	$13.00
On and after 1/1/1987	$13.50

No pension credits were granted after the closing date of June 30, 1999.

	Monroe Plant:
	A monthly amount equal to credited service multiplied by the $12.00. Credited service was frozen effective December 31, 2001.
	South Haven, Michigan Plant:
	A monthly amount equal to credited service multiplied by the $12.00. Credited service was frozen effective December 31, 2001.
Early Retirement	
Eligibility	Age 60 and 15 years of continuous service. For Interstate, age 55 and 10 years of continuous service.
Benefit	A monthly benefit equal to the normal retirement benefit reduced by 0.6% for each month early retirement precedes normal retirement.
Late Retirement	
Eligibility	Retirement after age 65.
Benefit	A monthly benefit equal to the normal retirement benefit increased on an actuarially equivalent basis to the late retirement age.
Vested Termination	
Eligibility	Five years of continuous service.
Benefit	The accrued benefit at the date of termination. Reduced payments may begin any time after eligibility for early retirement with the same reductions as early retirement from active status.
Disability	
Eligibility	Permanently and totally disabled and completion of 15 years of continuous service. Participants from the Corporate Headquarters and Monroe Plant are not eligible.
Benefit	A monthly benefit equal to the normal retirement benefit payable immediately.

Surviving Spouse	
Eligibility	Five years of continuous service and married for at least one year at the time of death.
Benefit	A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.
Postretirement Death Benefit	
Eligibility	In receipt of retirement benefit payments. Participants from the Monroe Plant are not eligible.
Benefit	A lump sum amount of $1,350.
Normal Form of Annuity	
Without Spouse	Single life annuity.
With Spouse	50% joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.
Optional Forms of Annuity	Single life annuity 50% joint and survivor annuity 75% joint and survivor annuity 100% joint and survivor annuity 5 year certain and life annuity 10 year certain and life annuity 15 year certain and life annuity 20 year certain and life annuity Lump sums less than $1,000
Actuarial Equivalence	UP-84 Mortality Table unadjusted for participants and set back three years for beneficiaries and 7% interest rate.
Definitions	
Credited Service	One year of credited service is earned for each year in the period beginning on date of participation and ending on severance date, excluding the period after December 31, 2001.
Continuous Service	One year of continuous service is earned for each calendar year in which the employee completes 1,000 hours.

Plan Changes Since the January 1, 2016 Valuation

The January 1, 2017 funding valuation does not reflect any plan changes.

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

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

As a result of a change in the firms providing actuarial services, the Enrolled Actuary has changed from Matthew Kumpf to Cheryl L. Davis.

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

	December 31,	
	2017	2016
Johnson Controls Pension (001)	58.2%	73.3%
Battery Division Hourly (016)	11.4%	14.3%
Johnson Controls Production (017)	2.7%	3.3%
York Plan 4 (018)	2.7%	3.3%
York Plan 6 (019)	0.1%	0.1%
York Plan 7 (020)	1.0%	1.2%
York Plan 12 (023)	0.4%	0.5%
York Plan 13 (024)	0.6%	0.7%
York Plan 14 (025)	0.2%	0.3%
York Plan 15 (026)	0.8%	0.9%
York Plan 18 (028)	0.4%	0.5%
York Plan 19 (029)	0.9%	1.1%
York Plan 23 (031)	0.4%	0.5%
ADT Pension Plan (7500)*	6.9%	—%
Scott Pension Plan (061)* 20-5073412	2.9%	—%
Simplex Time Recorder Pension Plan (7502)*	9.5%	—%
TGL Pension Plan (7506)*	0.4%	—%
TGL Union Pension Plan (7509)*	0.5%	—%
Total	100.0%	100.0%

*These five plans are legacy Tyco pension plans and transferred to the Master Trust on May 1, 2017. As such, a separate report is prepared for each of these plans.

The statements of financial position as of December 31, 2017 and 2016 and the statement of operations and changes in Participating Plans' equity of the Master Trust for the year ended December 31, 2017 are presented in Note 9.

NEW ACCOUNTING PRONOUNCEMENTS

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 through **September 28, 2018**, the date which the financial statements were available to be issued.

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, 2017

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	U.S. Bank	Baird Fixed Income Long Duration Fund	$ 264,912,169	$ 407,189,463
*	U.S. Bank	Dodge & Cox International Equity Fund	189,842,069	275,697,098
*	U.S. Bank	Prudential Long Duration Fund	238,088,976	410,051,837
*	U.S. Bank	Prudential 90 Absolute Return Fund	55,259,862	62,712,594
*	U.S. Bank	PIMCO Absolute Return Fund	54,158,186	59,838,266
*	U.S. Bank	Cash Fund - Money Market	58,994,223	59,797,492
*	U.S. Bank	JP Morgan Enchd Index Fund	102,432,188	181,911,686
*	U.S. Bank	JP Morgan 500 Index Fund	103,784,415	201,559,384
*	U.S. Bank	Rockwood IX Real Estate Fund	17,937,322	29,246,908
*	U.S. Bank	Rockwood X Real Estate Fund	17,591,143	17,259,098
*	U.S. Bank	Rockwood VIII Capital Real Estate Fund	1,364,811	3,520,941
*	U.S. Bank	Morgan Stanley Prime Real Estate Fund	50,462,135	117,585,509
*	U.S. Bank	Invesco Real Estate Fund	52,450,296	104,471,251
*	U.S. Bank	MFS International Equity Growth Fund	187,458,934	282,737,826
*	U.S. Bank	QMA Small Cap Equity Growth Fund	136,529,515	152,082,811
*	U.S. Bank	Macquarie Small Cap Equity Value Fund	114,697,495	151,693,330
*	U.S. Bank	Pimco Long Duration Fund	86,263,517	94,518,581
*	U.S. Bank	Dodge & Cox Long Duration Fund	83,015,603	95,617,750
*	U.S. Bank	Blackrock Long Duration Fund	74,257,977	92,862,881
*	U.S. Bank	Blackrock International Equity Fund	82,145,939	112,637,138
*	U.S. Bank	Northern Trust Large Cap Equity Fund	243,204,265	295,761,279
	Total investments		$ 2,214,851,040	$ 3,208,753,123

* Represents a party-in-interest

Schedule SB Attachment (Form 5500)—2017 Plan Year
Scott Pension Plan
EIN: 20-5073412 PN: 061

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 923,925	January 1, 2017	7	$ 151,719

Schedule SB Attachment (Form 5500)—2017 Plan Year
Scott Pension Plan
EIN: 20-5073412 PN: 061

Schedule SB, line 25—Change in Method

The funding valuation reflects the following method change:

- A change in the valuation software as a result of a change in the enrolled actuary for the plan and the business organization providing actuarial services to the plan. This change meets the conditions for automatic approval provided in IRS Announcement 2015-3.