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

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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
- [X] 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
YORK INT.CORP. PENSION PLAN NUMBER THIRTEEN

1b Three-digit plan number (PN) ▶ 013

1c Effective date of plan 01/01/1962

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

JOHNSON CONTROLS, INC.
5757 N GREEN BAY AVENUE
MILWAUKEE, WI 53209

2b Employer Identification Number (EIN) 13-3473472

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

2d Business code (see instructions) 333410

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2019	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

EMPLOYEE BENEFITS POLICY COMMITTEE
JOHNSON CONTROLS, INC.
5757 N GREEN BAY AVENUE
MILWAUKEE, WI 53209-4408

3b Administrator's EIN: 39-0380010

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

4 If the name and/or EIN of the plan sponsor 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**	316
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)**	137
a(2) Total number of active participants at the end of the plan year	**6a(2)**	0
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	0
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**	
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 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)		**9b** Plan benefit arrangement (check all that apply)	
(1) Insurance	☐	**(1)** Insurance	☐
(2) Code section 412(e)(3) insurance contracts	☐	**(2)** Code section 412(e)(3) insurance contracts	☐
(3) Trust	X	**(3)** Trust	X
(4) General assets of the sponsor	☐	**(4)** General assets of the sponsor	☐

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

a Pension Schedules

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

b General Schedules

- **(1)** X **H** (Financial Information)
- **(2)** ☐ **I** (Financial Information – Small Plan)
- **(3)** ☐ 0 **A** (Insurance Information)
- **(4)** X **C** (Service Provider Information)
- **(5)** X **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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

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

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

B Three-digit plan number (PN) ▶ 013

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

D Employer Identification Number (EIN)
13-3473472

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2018

2 Assets:

a Market value	**2a**	18413706
b Actuarial value	**2b**	18413706

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	125	5378127	5378127
b For terminated vested participants	54	1387271	1387271
c For active participants	137	5354337	5368959
d Total	316	12119735	12134357

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**	5.65 %
6 Target normal cost	**6**	68962

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: 09/26/2019
CHERYL L. DAVIS	17-04707
Type or print name of actuary	Most recent enrollment number
AON CONSULTING, INC.	847-295-5000
Firm name	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)	2128788	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	2128788	0
10	Interest on line 9 using prior year's actual return of 16.23 %	345502	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.84 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	2474290	0

Part III Funding Percentages

14	Funding target attainment percentage	14	131.35%
15	Adjusted funding target attainment percentage	15	151.74%
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	140.82%
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:	
3.92%	5.52%	6.29%	☐ N/A, full yield curve used

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

23 Mortality table(s) (see instructions)

Prior regulation: ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Current regulation: ☐ 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**	68962
b Excess assets, if applicable, but not greater than line 31a	**31b**	68962

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

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

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

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.**	**2018** **This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

B Three-digit plan number (PN) ▶ 013

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

D Employer Identification Number (EIN)
13-3473472

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

AON 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?
28	NONE	24477	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FOLEY & LARDNER

39-0473800

(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	23442	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALIGHT SOLUTIONS

82-1061233

(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?
28	NONE	14970	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)

WIPFLI LLP

39-0758449

(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	9550	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

B Three-digit plan number (PN) ▶ 013

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

D Employer Identification Number (EIN)
13-3473472

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0380010-024	M	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

B Three-digit plan number (PN) ▶ 013

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

D Employer Identification Number (EIN)
13-3473472

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	18416641	0
(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	18416641	0
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	2935	0
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	2935	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	18413706	0

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)		-761335
(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		-761335
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1304116	
(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)		1304116
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)	72439	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	23384	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		95823
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1399939
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-2161274
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		16252432

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		50000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k	X		
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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)
JOHNSON CONTROLS PENSION PLAN	39-0380010	001

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 4169693. (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

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

B Three-digit plan number (PN) ▶ 013

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

D Employer Identification Number (EIN)
13-3473472

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 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** 9

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): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

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

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

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

JOHNSON CONTROLS, INC.
PENSION PLANS

FINANCIAL STATEMENTS
DECEMBER 31, 2018 AND 2017

JOHNSON CONTROLS, INC. PENSION PLANS
FINANCIAL STATEMENTS
DECEMBER 31, 2018 AND 2017

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WIPFLi LLP

Independent Auditor's Report

To the Participants and Plan Administrator
York International Corporation Pension Plan Number Thirteen

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of York International Corporation Pension Plan Number Thirteen (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of January 1, 2018 and the related statement of changes in accumulated plan 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 audits 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 3, which was certified by U.S. Bank National Association, the trustee 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 the trustee holds the Plans' investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2018 and 2017 and for the years then ended, that the information provided to the plan administrator by the trustee 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. Accordingly, we do not express an opinion on these financial statements.

Report on Form and Content in Compliance with DOL Rules and Regulations
The form and content of the information included in the financial statements, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States 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 12, 2019

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2018

	Johnson Controls Pension (001)	Battery Division Hourly (016)	Johnson Controls Production (017)	York Plan 4 (018)	York Plan 6 (019)	York Plan 7 (020)	York Plan 12 (023)
ASSETS							
Investment in Johnson Controls, Inc. Master Pension Trust at fair value	$ 2,340,596,814	$ 313,176,136	$ —	$ 76,097,947	$ —	$ —	$ —
Total assets	2,340,596,814	313,176,136	—	76,097,947	—	—	—
LIABILITIES							
Accrued administrative expenses	940,476	83,807	—	17,726	—	—	—
Total liabilities	940,476	83,807	—	17,726	—	—	—
Net assets available for benefits	$ 2,339,656,338	$ 313,092,329	$ —	$ 76,080,221	$ —	$ —	$ —

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (Continued)
DECEMBER 31, 2018

	York Plan 13 (024)	York Plan 14 (025)	York Plan 15 (026)	York Plan 18 (028)	York Plan 19 (029)	York Plan 23 (031)	Participating Plans' Total
ASSETS							
Investment in Johnson Controls, Inc.							
Master Pension Trust at fair value	$ —	$ 6,122,746	$ 23,868,450	$ —	$ 26,276,596	$ 10,737,527	$ 2,796,876,216
Total assets	—	6,122,746	23,868,450	—	26,276,596	10,737,527	2,796,876,216
LIABILITIES							
Accrued administrative expenses	—	12,387	13,244	—	26,935	20,524	1,115,099
Total liabilities	—	12,387	13,244	—	26,935	20,524	1,115,099
Net assets available for benefits	$ —	$ 6,110,359	$ 23,855,206	$ —	$ 26,249,661	$ 10,717,003	$ 2,795,761,117

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2017

	Johnson Controls Pension (001)	Battery Division Hourly (016)	Johnson Controls Production (017)	York Plan 4 (018)	York Plan 6 (019)	York Plan 7 (020)	York Plan 12 (023)
ASSETS							
Investment in Johnson Controls, Inc.							
Master Pension Trust at fair value	$ 1,867,197,267	$ 366,765,247	$ 85,064,898	$ 85,847,339	$ 2,330,858	$ 31,276,081	$ 12,464,107
Total assets	1,867,197,267	366,765,247	85,064,898	85,847,339	2,330,858	31,276,081	12,464,107
LIABILITIES							
Accrued benefits payable	—	—	—	—	—	—	—
Accrued administrative expenses	109,072	19,753	18,560	4,942	1,810	5,490	2,623
Total liabilities	109,072	19,753	18,560	4,942	1,810	5,490	2,623
Net assets available for benefits	$ 1,867,088,195	$ 366,745,494	$ 85,046,338	$ 85,842,397	$ 2,329,048	$ 31,270,591	$ 12,461,484

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (Continued)
DECEMBER 31, 2017

	York Plan 13 (024)	York Plan 14 (025)	York Plan 15 (026)	York Plan 18 (028)	York Plan 19 (029)	York Plan 23 (031)	Participating Plans' Total
ASSETS							
Investment in Johnson Controls, Inc.							
Master Pension Trust at fair value	$ 18,416,641	$ 6,921,204	$ 25,836,920	$ 14,597,239	$ 30,300,528	$ 12,285,912	$ 2,559,304,241
Total assets	18,416,641	6,921,204	25,836,920	14,597,239	30,300,528	12,285,912	2,559,304,241
LIABILITIES							
Accrued benefits payable	—	—	—	—	288,054	—	288,054
Accrued administrative expenses	2,935	3,048	3,320	2,034	6,989	2,371	182,947
Total liabilities	2,935	3,048	3,320	2,034	295,043	2,371	471,001
Net assets available for benefits	$ 18,413,706	$ 6,918,156	$ 25,833,600	$ 14,595,205	$ 30,005,485	$ 12,283,541	$ 2,558,833,240

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2018

	Johnson Controls Pension (001)	Battery Division Hourly (016)	Johnson Controls Production (017)	York Plan 4 (018)	York Plan 6 (019)	York Plan 7 (020)	York Plan 12 (023)
ADDITIONS (REDUCTIONS)							
Additions (reductions) to plan assets attributed to:							
Investment income (loss)							
Plan interest in Johnson Controls, Inc. Master Pension Trust	$ (75,948,542)	$ (14,694,966)	$ (3,506,902)	$ (3,520,386)	$ (96,297)	$ (1,279,940)	$ (518,340)
Total additions (reductions)	(75,948,542)	(14,694,966)	(3,506,902)	(3,520,386)	(96,297)	(1,279,940)	(518,340)
DEDUCTIONS							
Deductions from plan assets attributed to:							
Benefits paid to participants	154,654,138	38,339,000	5,788,419	6,117,715	168,655	2,411,435	852,850
Administrative expenses	2,612,866	619,199	408,442	124,075	54,775	185,299	77,151
Total deductions	157,267,004	38,958,199	6,196,861	6,241,790	223,430	2,596,734	930,001
Transfer from (to) other plans *	705,783,689	—	(75,342,575)	—	(2,009,321)	(27,393,917)	(11,013,143)
Net increase (decrease)	472,568,143	(53,653,165)	(85,046,338)	(9,762,176)	(2,329,048)	(31,270,591)	(12,461,484)
Net assets available for benefits, beginning of year	1,867,088,195	366,745,494	85,046,338	85,842,397	2,329,048	31,270,591	12,461,484
Net assets available for benefits, end of year	$ 2,339,656,338	$ 313,092,329	$ —	$ 76,080,221	$ —	$ —	$ —

* Transfers to the Johnson Controls Pension (001) Plan include $560,990,375 from five legacy Tyco pension plans which merged on December 31, 2018. Separate reports are prepared for each of these plans. Refer to Note 1, "Description of Plans" for further detail.

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (Continued)
YEAR ENDED DECEMBER 31, 2018

	York Plan 13 (024)	York Plan 14 (025)	York Plan 15 (026)	York Plan 18 (028)	York Plan 19 (029)	York Plan 23 (031)	Participating Plans' Total
ADDITIONS (REDUCTIONS)							
Additions (reductions) to plan assets attributed to:							
Investment income (loss)							
Plan interest in Johnson Controls, Inc.							
Master Pension Trust	$ (761,335)	$ (280,950)	$ (1,106,432)	$ (592,915)	$ (1,233,839)	$ (502,794)	$ (104,043,638)
Total additions (reductions)	(761,335)	(280,950)	(1,106,432)	(592,915)	(1,233,839)	(502,794)	(104,043,638)
DEDUCTIONS							
Deductions from plan assets attributed to:							
Benefits paid to participants	1,304,116	442,146	779,369	1,155,404	2,209,317	995,531	215,218,095
Administrative expenses	95,823	84,701	92,593	64,960	312,668	68,213	4,800,765
Total deductions	1,399,939	526,847	871,962	1,220,364	2,521,985	1,063,744	220,018,860
Transfer from (to) other plans *	(16,252,432)	—	—	(12,781,926)	—	—	560,990,375
Net increase (decrease)	(18,413,706)	(807,797)	(1,978,394)	(14,595,205)	(3,755,824)	(1,566,538)	236,927,877
Net assets available for benefits, beginning of year	18,413,706	6,918,156	25,833,600	14,595,205	30,005,485	12,283,541	2,558,833,240
Net assets available for benefits, end of year	$ —	$ 6,110,359	$ 23,855,206	$ —	$ 26,249,661	$ 10,717,003	$ 2,795,761,117

* Transfers to the Johnson Controls Pension (001) Plan include $560,990,375 from five legacy Tyco pension plans which merged on December 31, 2018. Separate reports are prepared for each of these plans. Refer to Note 1, "Description of Plans" for further detail.

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2017

	Johnson Controls Pension (001)	Battery Division Hourly (016)	Johnson Controls Production (017)	York Plan 4 (018)	York Plan 6 (019)	York Plan 7 (020)	York Plan 12 (023)
ADDITIONS							
Additions to plan assets attributed to:							
Investment income							
Plan interest in Johnson Controls, Inc. Master Pension Trust	$ 275,239,783	$ 53,498,063	$ 12,356,495	$ 12,463,010	$ 336,360	$ 4,458,000	$ 1,737,483
Total additions	275,239,783	53,498,063	12,356,495	12,463,010	336,360	4,458,000	1,737,483
DEDUCTIONS							
Deductions from plan assets attributed to:							
Benefits paid to participants	167,747,713	31,196,739	6,304,621	6,705,467	96,618	2,224,005	596,393
Administrative expenses	2,479,130	552,247	389,958	141,956	43,644	139,533	69,688
Total deductions	170,226,843	31,748,986	6,694,579	6,847,423	140,262	2,363,538	666,081
Net increase	105,012,940	21,749,077	5,661,916	5,615,587	196,098	2,094,462	1,071,402
Net assets available for benefits, beginning of year	1,762,075,255	344,996,417	79,384,422	80,226,810	2,132,950	29,176,129	11,390,082
Net assets available for benefits, end of year	$ 1,867,088,195	$ 366,745,494	$ 85,046,338	$ 85,842,397	$ 2,329,048	$ 31,270,591	$ 12,461,484

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (Continued)
YEAR ENDED DECEMBER 31, 2017

	York Plan 13 (024)	York Plan 14 (025)	York Plan 15 (026)	York Plan 18 (028)	York Plan 19 (029)	York Plan 23 (031)	Participating Plans' Total
ADDITIONS							
Additions to plan assets attributed to:							
Investment income							
Plan interest in Johnson Controls, Inc.							
Master Pension Trust	$ 2,651,261	$ 961,534	$ 3,644,826	$ 2,082,768	$ 4,214,818	$ 1,808,752	$ 375,453,153
Total additions	2,651,261	961,534	3,644,826	2,082,768	4,214,818	1,808,752	375,453,153
DEDUCTIONS							
Deductions from plan assets attributed to:							
Benefits paid to participants	1,096,785	538,453	762,133	648,952	2,360,745	1,165,290	221,443,914
Administrative expenses	68,962	71,382	84,905	51,797	175,562	53,072	4,321,836
Total deductions	1,165,747	609,835	847,038	700,749	2,536,307	1,218,362	225,765,750
Net increase	1,485,514	351,699	2,797,788	1,382,019	1,678,511	590,390	149,687,403
Net assets available for benefits, beginning of year	16,928,192	6,566,457	23,035,812	13,213,186	28,326,974	11,693,151	2,409,145,837
Net assets available for benefits, end of year	$ 18,413,706	$ 6,918,156	$ 25,833,600	$ 14,595,205	$ 30,005,485	$ 12,283,541	$ 2,558,833,240

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENT OF ACCUMULATED PLAN BENEFITS
JANUARY 1, 2018

	** Johnson Controls Pension (001)	Battery Division Hourly (016)	*** Johnson Controls Production (017)	York Plan 4 (018)	*** York Plan 6 (019)	*** York Plan 7 (020)	*** York Plan 12 (023)
Actuarial present value of accumulated plan benefits:							
Vested benefits							
Participants currently receiving payments	$ 493,819,358	$ 110,668,555	$ 40,227,857	$ 37,606,213	$ 573,337	$ 4,456,062	$ 2,370,530
Other participants	902,796,399	154,081,505	11,010,415	8,972,697	1,113,595	18,402,450	6,540,615
	1,396,615,757	264,750,060	51,238,272	46,578,910	1,686,932	22,858,512	8,911,145
Nonvested benefits	46,527,176	8,367,865	22,072	226,569	71,910	—	91,092
Total actuarial present value of accumulated plan benefits	$ 1,443,142,933	$ 273,117,925	$ 51,260,344	$ 46,805,479	$ 1,758,842	$ 22,858,512	$ 9,002,237

** As described in the notes to the financial statements (Note 1), the merge of other plans into the Johnson Controls Pension occurred on December 31, 2018 and accordingly, the actuarial present value of accumulated plan benefits disclosed above excludes accumulated benefits of the merging plans.

*** As described in the notes to the financial statements (Note 1), these plans, along with five legacy Tyco pension plans not presented here, merged into the Johnson Controls Pension on December 31, 2018. The actuarial present value of accumulated plan benefits disclosed above is prior to the merge and therefore reflected separately by plan for the merging plans.

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENT OF ACCUMULATED PLAN BENEFITS (Continued)
JANUARY 1, 2018

	*** York Plan 13 (024)	York Plan 14 (025)	York Plan 15 (026)	*** York Plan 18 (028)	York Plan 19 (029)	York Plan 23 (031)	Participating Plans' Total
Actuarial present value of accumulated plan benefits:							
Vested benefits							
Participants currently receiving payments	$ 5,004,948	$ 383,669	$ 6,557,800	$ 4,551,272	$ 5,423,738	$ 3,542,060	$ 715,185,399
Other participants	6,837,623	4,615,893	9,646,596	5,500,595	18,267,599	5,593,009	1,153,378,991
	11,842,571	4,999,562	16,204,396	10,051,867	23,691,337	9,135,069	1,868,564,390
Nonvested benefits	24,963	42,027	144,446	25,857	976,683	21,783	56,542,443
Total actuarial present value of accumulated plan benefits	$ 11,867,534	$ 5,041,589	$ 16,348,842	$ 10,077,724	$ 24,668,020	$ 9,156,852	$ 1,925,106,833

** As described in the notes to the financial statements (Note 1), the merge of other plans into the Johnson Controls Pension occurred on December 31, 2018 and accordingly, the actuarial present value of accumulated plan benefits disclosed above excludes accumulated benefits of the merging plans.

*** As described in the notes to the financial statements (Note 1), these plans, along with five legacy Tyco pension plans not presented here, merged into the Johnson Controls Pension on December 31, 2018. The actuarial present value of accumulated plan benefits disclosed above is prior to the merge and therefore reflected separately by plan for the merging plans.

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
YEAR ENDED JANUARY 1, 2018

	Johnson Controls Pension (001)	Battery Division Hourly (016)	Johnson Controls Production (017)	York Plan 4 (018)	York Plan 6 (019)	York Plan 7 (020)	York Plan 12 (023)
Actuarial present value of accumulated plan benefits at January 1, 2017	$ 1,416,220,080	$ 262,971,906	$ 53,075,565	$ 49,734,984	$ 1,603,559	$ 21,466,960	$ 8,091,266
Increase (decrease) attributed to:							
Interest accumulation	100,039,688	18,574,165	3,748,518	3,483,215	116,709	1,528,130	584,885
Benefits paid	(167,747,713)	(31,196,739)	(6,304,621)	(6,705,467)	(96,618)	(2,224,005)	(596,393)
Assumption changes	70,049,463	9,708,678	550,155	343,524	77,264	1,414,496	465,859
Plan amendments	—	42,208	—	—	—	—	—
Other*	24,581,415	13,017,707	190,727	(50,777)	57,928	672,931	456,620
Net increase (decrease)	26,922,853	10,146,019	(1,815,221)	(2,929,505)	155,283	1,391,552	910,971
Actuarial present value of accumulated plan benefits at January 1, 2018	$ 1,443,142,933	$ 273,117,925	$ 51,260,344	$ 46,805,479	$ 1,758,842	$ 22,858,512	$ 9,002,237

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

See the notes to the financial statements

JOHNSON CONTROLS, INC. PENSION PLANS
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS (Continued)
YEAR ENDED JANUARY 1, 2018

	York Plan 13 (024)	York Plan 14 (025)	York Plan 15 (026)	York Plan 18 (028)	York Plan 19 (029)	York Plan 23 (031)	Participating Plans' Total
Actuarial present value of accumulated plan benefits at January 1, 2017	$ 11,694,931	$ 4,730,277	$ 15,658,068	$ 9,658,397	$ 21,978,447	$ 8,892,445	$ 1,885,776,885
Increase (decrease) attributed to:							
Interest accumulation	836,734	334,944	1,146,292	700,484	1,572,063	624,025	133,289,852
Benefits paid	(1,096,785)	(538,453)	(762,133)	(648,952)	(2,072,691)	(1,165,290)	(221,155,860)
Assumption changes	449,874	338,150	(97,519)	357,860	1,368,082	354,077	85,379,963
Plan amendments	—	—	—	—	—	—	42,208
Other*	(17,220)	176,671	404,134	9,935	1,822,119	451,595	41,773,785
Net increase (decrease)	172,603	311,312	690,774	419,327	2,689,573	264,407	39,329,948
Actuarial present value of accumulated plan benefits at January 1, 2018	$ 11,867,534	$ 5,041,589	$ 16,348,842	$ 10,077,724	$ 24,668,020	$ 9,156,852	$ 1,925,106,833

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

See the notes to the financial statements

NOTE 1 - DESCRIPTION OF PLANS

The following description of Johnson Controls, Inc. Pension Plans (the "Plans") provides only general information. Participants should refer to the Summary Plan Description provided to all participants for a more complete description of the Plans' provisions.

GENERAL

The Plans are defined benefit pension plans that cover eligible employees of Johnson Controls, Inc. ("JCI Inc." or "Company") and selected subsidiaries, as designated by the Board of Directors. The Plans are subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

The Plans are administered by the Employee Benefit Policy Committee appointed by the Company. The Company has contracted with Alight for plan administration.

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

Name of Plan	Eligible Employees (Subject to Other Plan Requirements)
Johnson Controls Pension Plan (Johnson Controls Pension - Plan 001)	Salaried, nonunion production employees and certain hourly union employees (whose labor agreements call for their participation in this plan) of Johnson Controls International plc and some of its affiliated companies. Employees who were eligible under other plans which merged into this Plan (including the five legacy Tyco plans merged in effective December 31, 2018); See Plan Document for specific provisions.
Johnson Controls Pension Plan Battery Division Hourly Employees (Battery Division Hourly - Plan 016)	Power Solutions union hourly employees, whose labor agreements call for their participation in this plan (excludes former union hourly employees who were covered by the Johnson Controls Pension Plan Battery Division/ Owosso UAW)
Johnson Controls Production Employees Pension Plan (Johnson Controls Production 017)	Eligible production, hourly and union employees who were eligible under other plans which merged into this Plan; See Plan Document for specific provisions. All of the eligible employee groups are closed facilities of the Company.
York International Corporation Pension Plan Number Four (UAW) (York Plan 4 - Plan 018)	Employees at the Company's York, PA location who are subject to the terms and conditions of the Collective Bargaining Agreement between the Company and the International Union, United Automobile, Aerospace, and Agricultural Implement Workers of America, UAW and Local Union No. 1872 (Grantley plant)
York International Corporation Pension Plan Number Six (Field Wage) (York Plan 6 - Plan 019)	Certain nonunion hourly field wage employees of the Engineered Systems Division
York International Corporation Pension Plan Number Seven (Norman Plant) (York Plan 7 - Plan 020)	Nonunion hourly employees of the Norman, Oklahoma plant
York International Corporation Pension Plan Number Twelve (York Plan 12 - Plan 023)	Nonunion employees of the Frigid Coil East division, (E. York, PA), Tempmaster and former salaried employees of the Portland, Oregon and Salisbury, Maryland facilities
York International Corporation Pension Plan Number Thirteen (York Plan 13 - Plan 024)	Salaried and non-bargaining hourly employees in the Frigid Coil/Frick, Fort Lauderdale and Imeco and Coil Services divisions

Name of Plan	Eligible Employees (Subject to Other Plan Requirements)
York International Corporation Pension Plan Number Fourteen (York Plan 14 - Plan 025)	Salaried and nonunion hourly employees at the Engineered Systems and the San Antonio, Texas plants
York International Corporation Pension Plan Number Fifteen (York Plan 15 - Plan 026)	Union hourly employees of the Frick Waynesboro, PA location
York International Corporation Pension Plan Number Eighteen (York Plan 18 - Plan 028)	Salaried employees at the Company's Wichita, KS location (formerly York Evcon)
York International Corporation Pension Plan Number Nineteen (York Plan 19 - Plan 029)	Union hourly employees at the Wichita, KS location (formerly Evcon Industries, Inc.) including employees covered by the Collective Bargaining Agreement with the International Association of Machinists and Aerospace Workers AFL-CIO District 70, Local 2799
York International Corporation Miller-Picking Pension Plan (York Plan 23 - Plan 031)	Nonunion employees of the Miller-Picking Hattiesburg, MS and Johnstown, PA locations

PLAN MERGERS

2018 Merger:

In 2018, the Company executed Unanimous Consent Resolutions ("Resolutions") for plan mergers. The Resolutions indicate that at midnight on December 31, 2018, the following plans were merged with and into the Johnson Controls Pension Plan, effectively terminating the merging Plans:

- Johnson Controls Production Employees Pension Plan
- York International Corporation Pension Plan Number Six
- York International Corporation Pension Plan Number Seven
- York International Corporation Pension Plan Number Twelve
- York International Corporation Pension Plan Number Thirteen
- York International Corporation Pension Plan Number Eighteen
- ADT Security Services Pension Plan *(Legacy Tyco plan)*
- TGL Union Pension Plan *(Legacy Tyco plan)*
- TGL Pension Plan *(Legacy Tyco plan)*
- Scott Pension Plan *(Legacy Tyco plan)*
- Simplex Time Recorder Pension Plan *(Legacy Tyco plan)*

Future Mergers:

The Resolutions indicate that effective January 1, 2019, the Johnson Controls Pension Plan was 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."

It is further the Company's intention that effective January 1, 2020, the following plans are to merge into the Johnson Controls Pension Plan:

- York International Corporation Plan Number Fourteen
- York International Corporation Plan Number Fifteen
- York International Corporation Plan Number Nineteen

The Resolutions indicate that the assets held and liabilities owed under each of the merged (non-surviving) plans shall be consolidated into the assets held and liabilities owed in the surviving plan, which is a participant in the Master Trust.

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

PENSION BENEFITS

Benefits are determined based on the years of credited service and either average compensation formula or a determined year of service factor. See specific Plan document for Plan calculations and payment options based on early, late, disability and normal retirement.

VESTING

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

FUNDING POLICY

The Company's funding policy is to make contributions to the Plans in amounts that meet or exceed the minimum amounts required by ERISA. No contributions were required for 2018 and 2017 to meet required minimum ERISA requirements.

Although it has not expressed any intention to do so, the Company has the right under the Plans to discontinue its contributions at any time and to terminate the Plans subject to the provisions set forth in ERISA.

ADMINISTRATIVE EXPENSES

Administrative expenses are paid by the Plans, as allowed by the Plans' provisions, with all remaining expenses paid by the Company.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF PRESENTATION

The accompanying financial statements are prepared on the accrual basis of accounting.

USE OF ESTIMATES

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

INVESTMENT VALUATION AND INCOME RECOGNITION

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plans' Investment Committee determines the Plans' valuation policies utilizing information provided by its investment advisers, custodians, and insurance company. See note 10 for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plans' gains and losses on investments bought and sold as well as held during the year.

PAYMENT OF BENEFITS

Benefit payments to participants are recorded upon distribution.

ADMINISTRATIVE EXPENSES

The Plans' expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

JOHNSON CONTROLS MASTER PENSION TRUST

The Company has entered into a master trust agreement with U.S. Bank, N.A. (the "Trustee"). Under the agreement, the Plans participate under a master trust arrangement whereby all the assets of the Plans are pooled and invested in one or more investment accounts.

The Master Trust holds investments in short-term securities, U.S. government securities, bonds, mutual and pooled equity funds, and common stocks as of December 31, 2018 and 2017.

The Company requires collateral at a minimum of 102% of the value of any securities lending transactions.

Each plan's interest in the investments of the Master Trust is evidenced by units of participation, as no plan has a right, title or ownership of any of the specific assets in the Master Trust. In accordance with the master trust agreement, net investment income or loss of the Master Trust is prorated to each participating plan in proportion to the number of units held by each plan. Plan participation in the Master Trust is adjusted as required to reflect benefit payments to the Plans' participants and for Company contributions.

The following financial information was obtained from data that has been prepared and certified to as complete and accurate by the Trustee of the Master Trust. Such financial information has not been audited by the Plans' independent accountants.

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

	December 31,	
	2018	2017
Johnson Controls Pension (001)	83.7%	58.2%
Battery Division Hourly (016)	11.2%	11.4%
Johnson Controls Production (017)	—%	2.7%
York Plan 4 (018)	2.7%	2.7%
York Plan 6 (019)	—%	0.1%
York Plan 7 (020)	—%	1.0%
York Plan 12 (023)	—%	0.4%
York Plan 13 (024)	—%	0.6%
York Plan 14 (025)	0.2%	0.2%
York Plan 15 (026)	0.9%	0.8%
York Plan 18 (028)	—%	0.4%
York Plan 19 (029)	0.9%	0.9%
York Plan 23 (031)	0.4%	0.4%
ADT Pension Plan (7500)*	—%	6.9%
Scott Pension Plan (7511)*	—%	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, 2018 and 2017 and the statement of operations and changes in participating plans' equity of the Master Trust for the year ended December 31, 2018 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 12, 2019, the date which the financial statements were available to be issued.

NOTE 3 - INVESTMENTS

Assets of the Plans, with the exception of accrued administrative expenses, accrued benefits paid to participants and Company contribution receivable, if any, as shown in the statements of net assets available for benefits, investment income (loss) as shown in the statements of changes in net assets available for benefits, and the Master Trust financial information appearing in Note 9, have been derived from information prepared and certified as complete and accurate by the Trustee, in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

NOTE 4 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments that are attributable under the Plans' benefit provisions based on employees' years of service. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits. The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. The current actuarial assumptions are based on the presumption that the Plans will continue. If the Plans were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by Aon Hewitt.

The significant actuarial assumptions used in the valuations at January 1, 2018 are as follows:

Description	Assumption
Retirement Age	Varies based on the probability of retirement social security retirement age of 65 to 67, with 100% at age 70.
Mortality Rates	2006 base rates from RP-2014 mortality, with varying adjustments, projected generationally from 2006 with Scale MP-2017.
Withdrawal Rates	A graduated scale from higher to lower as years of service increase.
Disability Rates	A graduated scale from lower to higher as age advances.
Interest Rates	7.5%

NOTE 5 - TAX STATUS

The Company has received favorable determination letters from the IRS as to the qualified status of the Plans under the Internal Revenue Code ("IRC") and these plans are, therefore, exempt from federal income taxes. Some of the Plans have been amended since receiving the determination letters. However, the Plan administrator believes that all the Plans are currently designed and being operated in compliance with applicable requirements of the IRC.

U.S. GAAP requires the Plans' management to evaluate tax positions taken by the Plans and recognize a tax liability if the Company has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or Department of Labor. The plan administrator has analyzed the tax positions taken by the Plans, and has concluded that as of December 31, 2018 and 2017, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plans are subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 6 - PLAN TERMINATION

The Company anticipates and believes the Plans will continue without interruption but reserves the right to discontinue any plan at any time in accordance with the respective plan provisions and provisions set forth in ERISA. In the event of a plan termination or permanent discontinuance of contributions to a plan, the assets of the plan will be distributed in accordance with the requirements of 29 CFR 4044 of ERISA.

Certain benefits under the Plans are insured by the Pension Benefit Guaranty Corporation ("PBGC"), a U.S. government agency, in the event of Plan termination. The net assets of the Plans will be allocated as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plans. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
3. Other vested benefits insured by the PBGC up to the applicable limitations.
4. All other vested benefits (not insured by the PBGC).
5. All non-vested benefits.

Certain benefits under the Plans are insured by the PBGC if the Plans terminate. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plans, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plans are guaranteed at the level in effect on the date of the Plans' termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2019, that ceiling is $5,608 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants, or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should a plan terminate at some future time will depend on the sufficiency, at that time, of the plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan's sponsor and the level of benefits guaranteed by the PBGC.

NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS

Transactions involving the account administered by the Trustee and the funds of the investment managers for the Plans are considered party-in-interest transactions. These transactions are not, however, considered prohibited transactions under 29 CFR 408(b) of the ERISA regulations.

NOTE 8 - RISKS AND UNCERTAINTIES

The Plans' investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the values of investments, it is at least reasonably possible that changes in risks in the near term would materially affect the amounts reported in the statements of net assets available for benefits and the 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.

NOTE 9 - JOHNSON CONTROLS MASTER PENSION TRUST

The statements of financial position as of December 31, 2018 and 2017 and the statement of operations and changes in participating plans' equity for the year ended December 31, 2018 for the Master Trust are presented in the following tables:

JOHNSON CONTROLS MASTER PENSION TRUST
STATEMENTS OF FINANCIAL POSITION

	December 31, 2018	December 31, 2017
Assets		
Investments at fair value as determined by quoted market price (direct):		
Fixed Income Fund:		
Cash & cash equivalents	$ 83,456,868	$ 88,428,223
U.S. government and federal agency securities	312,379,392	260,646,283
Corporate issues	762,046,417	593,531,510
Municipal issues	70,400,465	52,951,619
Foreign issues	154,299,717	129,258,131
Equity Investments:		
Domestic stocks	463,371,118	668,045,307
Foreign stocks	343,144,159	576,391,918
Total direct fixed income and equity investments	2,189,098,136	2,369,252,991
Investments at fair value as determined by quoted market price (indirect):		
Fixed Income Fund:		
Other - Fixed Income	220,539,685	177,222,286
Equity Investments:		
Domestic stocks	104,344,786	295,761,279
Foreign stocks	53,605,287	112,637,138
Total indirect fixed income and equity investments	378,489,758	585,620,703
Investments Measured at Net Asset Value, as Practical Expedient:		
Investment in real estate	298,731,367	272,083,707
Total Investments	2,866,319,261	3,226,957,401
Due from brokers for securities sold	5,408,664	19,290,563
Accrued dividends and interest receivable	14,257,148	10,693,453
	$ 2,885,985,073	$ 3,256,941,417
Liabilities and Participating Plans' Equity		
Due to brokers for securities purchased	$ 89,108,857	$ 48,188,294
Participating Plans' equity	2,796,876,216	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	2,796,876,216	3,208,753,123
	$ 2,885,985,073	$ 3,256,941,417

*These five plans are legacy Tyco pension plans that were transferred to the Master Trust on May 1, 2017, and merged into the Johnson Controls Pension Plan on December 31, 2018. A separate report is prepared for each of these plans.

JOHNSON CONTROLS MASTER PENSION TRUST
STATEMENTS OF OPERATIONS AND CHANGES IN PARTICIPATING PLANS' EQUITY

	Years Ended	
	December 31, 2018	December 31, 2017
Additions (Reductions)		
Investment income (loss):		
Interest and dividends	$ 82,366,808	$ 74,874,787
Net gain (loss) on investments	(211,673,187)	368,195,921
	(129,306,379)	443,070,708
Contributions received from participating plans	2,500,000	34,300,000
Total additions (reductions)	(126,806,379)	477,370,708
Deductions		
Participant withdrawals	273,542,262	361,850,755
Administrative expenses	11,528,266	13,611,446
Total deductions	285,070,528	375,462,201
Net increase (decrease) prior to transfers from other plans	(411,876,907)	101,908,507
Transfers from other plans, net **	—	700,972,263
Net increase (decrease) in participating Plans' equity	(411,876,907)	802,880,770
Participating Plans' equity		
Beginning of year	3,208,753,123	2,405,872,353
End of year	$ 2,796,876,216	$ 3,208,753,123

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

NOTE 10 - FAIR VALUE MEASUREMENTS

Accounting Standards Codification (ASC) 820, "Fair Value Measurement," defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. ASC 820 also establishes a three-level fair value hierarchy that prioritizes information used in developing assumptions when pricing an asset or liability as follows:

Level 1: Observable inputs such as quoted prices in active markets;
Level 2: Inputs, other than quoted prices in active markets, that are observable either directly or indirectly; and
Level 3: Unobservable inputs where there is little or no market data, which requires the reporting entity to develop its own assumptions.

ASC 820 requires the use of observable market data, when available, in making fair value measurements. When inputs used to measure fair value fall within different levels of the hierarchy, the level within which the fair value measurement is categorized is based on the lowest level input that is significant to the fair value measurement.

The following table sets forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of December 31, 2018 and 2017:

	Assets at Fair Value as of December 31, 2018			
	Level 1	Level 2	Level 3	Total
Fixed Income Funds	$ 1,382,582,859	$ 220,539,685	$ —	$ 1,603,122,544
Equity Investments	806,515,277	157,950,073	—	964,465,350
Total Investments at Fair Value	$ 2,189,098,136	$ 378,489,758	$ —	2,567,587,894
Investments Measured at Net Asset Value, as Practical Expedient:				
Investment in Real Estate Measured at Net Asset Value				298,731,367
Total Assets at Fair Value				$ 2,866,319,261

	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 Investments at Fair Value	$ 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

Following is a description of the valuation methodologies used for assets measured at fair value:

Fixed Income Fund: The fair value for the fixed income securities is determined by direct or indirect quoted market prices. If the direct quoted market prices are utilized, the securities publish daily their net asset value (NAV) after the close of trading on regulated financial exchanges. The NAV represents the current market value of the fund's holdings after deducting the fund's liabilities. In the event a direct quoted market price is not available, the fair value of the fund holdings are determined by using pricing inputs that are either directly or indirectly observable and therefore classified as Level 2 assets.

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

Investments in Real Estate: The fair value of certain investments in real estate do not have a readily determinable fair value and requires the fund managers to independently arrive at fair value by calculating NAV per share. In order to calculate NAV per share, the fund managers value the real estate investments using any one, or a combination of, the following methods: independent third party appraisals, discounted cash flow analysis of net cash flows projected to be generated by the investment and recent sales of comparable investments. Assumptions used to revalue the properties are updated every quarter. Due to the fact that the fund managers calculate NAV per share, the Company utilizes a practical expedient for measuring the fair value of its real-estate investments, as provided for under ASC 820, "Fair Value Measurement." In applying the practical expedient, the Company is not required to further adjust the NAV provided by the fund manager in order to determine the fair value of its investment as the NAV per share is calculated in a manner consistent with the measurement principles of ASC 946, "Financial Services - Investment Companies," and as of the

Company's measurement date. The Company believes this is an appropriate methodology to obtain the fair value of these assets. For the component of the real estate portfolio under development, the investments are carried at cost until they are completed and valued by a third party appraiser. In accordance with ASU No. 2015-07, "Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)," investments for which fair value is measured using the net asset value per share practical expedient should be disclosed separate from the fair value hierarchy. The fair value amounts presented in the tables are intended to permit reconciliation of total plan assets to the amounts presented in the notes to the consolidated financial statements.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plans believe the valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. The fair values of other assets and liabilities approximate their carrying values.

Schedule SB Attachment (Form 5500)—2018 Plan Year
York International Corporation Pension Plan Number Thirteen
EIN: 13-3473472 PN: 013

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2018

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										
40-44		2	7	1						
45-49		5	12	2						
50-54		3	6	8	3					
55-59	1	12	9	8	6	3				
60-64	1	5	8	5	5	7	1	1		
65-69		6	3	3	1	1				
70+						1	1			

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Schedule SB Attachment (Form 5500)—2018 Plan Year
York International Corporation Pension Plan Number Thirteen
EIN: 13-3473472 PN: 013

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2017), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	3.92%
2nd Segment Rate	5.52%
3rd Segment Rate	6.29%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2017), without regard to interest rate stabilization
1st Segment Rate	1.75%
2nd Segment Rate	3.76%
3rd Segment Rate	4.66%
Optional Payment Form Election Percentage	
Retirement Eligible Employees	23% life annuity 7% joint and 75% survivor annuity 70% lump sum
Nonretirement Eligible Employees	19% life annuity 6% joint and 75% survivor annuity 75% lump sum
Lump Sum Conversion Interest Rate	Same as funding interest rates above
Lump Sum Conversion Mortality	Current IRC section 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2018 static mortality table (with new basis adoption deferred to 2019) for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	None

Schedule SB Attachment (Form 5500)—2018 Plan Year
York International Corporation Pension Plan Number Thirteen
EIN: 13-3473472 PN: 013

Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limit	N/A
Valuation of Plan Assets	Fair market value
Trust Expenses Included in Target Normal Cost	Based on the prior year actual plan administrative expenses, $68,962 for 2018
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2018

Table 1

Retirement Rates

Age	Rate
55	5.00%
56	1.00%
57	1.00%
58	1.00%
59	1.00%
60	5.00%
61	3.00%
62	25.00%
63	15.00%
64	10.00%
65	70.00%
66	50.00%
67	50.00%
68	50.00%
69	50.00%
70+	100.00%

Table 2

Withdrawal Rates

Age	Male	Female	Age	Male	Female
15	29.40%	49.20%	45	1.50%	4.50%
16	29.40%	49.20%	46	1.40%	4.20%
17	29.40%	49.20%	47	1.30%	3.90%
18	29.40%	49.20%	48	1.20%	3.60%
19	29.40%	49.20%	49	1.10%	3.30%
20	29.40%	49.20%	50	1.00%	3.00%
21	25.40%	45.00%	51	0.90%	2.70%
22	21.40%	40.80%	52	0.80%	2.40%
23	19.20%	36.60%	53	0.70%	2.10%
24	17.00%	32.40%	54	0.60%	1.80%
25	14.80%	28.20%	55	0.50%	1.50%
26	12.60%	24.00%	56	0.40%	1.20%
27	10.40%	19.80%	57	0.30%	0.90%
28	9.80%	19.20%	58	0.20%	0.60%
29	9.20%	18.60%	59	0.10%	0.30%
30	8.60%	18.00%	60+	0.10%	0.30%
31	8.00%	17.40%			
32	7.40%	16.80%			
33	7.00%	16.20%			
34	6.60%	15.60%			
35	6.20%	15.00%			
36	5.80%	14.40%			
37	5.40%	13.80%			
38	5.00%	13.20%			
39	4.60%	12.60%			
40	4.20%	12.00%			
41	1.90%	5.70%			
42	1.80%	5.40%			
43	1.70%	5.10%			
44	1.60%	4.80%			

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

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

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

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

B Three-digit plan number (PN) ▶ 013

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

D Employer Identification Number (EIN)
13-3473472

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2018

2 Assets:

a Market value	2a	18,413,706
b Actuarial value	2b	18,413,706

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	125	5,378,127	5,378,127
b For terminated vested participants	54	1,387,271	1,387,271
c For active participants	137	5,354,337	5,368,959
d Total	316	12,119,735	12,134,357

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	5.65%
6 Target normal cost	6	68,962

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 CLD Cheryl L. Davis — Signature of actuary

09/26/2019 — 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)	2,128,788	0
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)	2,128,788	0
10 Interest on line 9 using prior year's actual return of 16.23%	345,502	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.84%		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	2,474,290	0

Part III Funding Percentages

14 Funding target attainment percentage	14	131.35%
15 Adjusted funding target attainment percentage	15	151.74%
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	140.82%
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:	
3.92 %	5.52 %	6.29%	☐ N/A, full yield curve used

b Applicable month (enter code) — 21b: 4

22 Weighted average retirement age — 22: 64

23 Mortality table(s) (see instructions)

Prior regulation: ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Current regulation: ☐ 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: 68,962

b Excess assets, if applicable, but not greater than line 31a — 31b: 68,962

32 Amortization installments:

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

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) — 34: 0

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

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

Schedule SB Attachment (Form 5500)—2018 Plan Year
York International Corporation Pension Plan Number Thirteen
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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	1.00%	0.9500	0.54
57.5	1.00%	0.9405	0.54
58.5	1.00%	0.9311	0.54
59.5	1.00%	0.9218	0.55
60.5	5.00%	0.9126	2.76
61.5	3.00%	0.8669	1.60
62.5	25.00%	0.8409	13.14
63.5	15.00%	0.6307	6.01
64.5	10.00%	0.5361	3.46
65.5	70.00%	0.4825	22.12
66.5	50.00%	0.1447	4.81
67.5	50.00%	0.0724	2.44
68.5	50.00%	0.0362	1.24
69.5	50.00%	0.0181	0.63
70	100.00%	0.0090	0.63
		Weighted Average	63.79

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	The effective date of adoption is January 1, 1962. Amended and restated effective January 1, 2016.
Covered Employees	Frick Salaried, Fort Lauderdale, Frigid Coil West, and Imeco.
Status of Plan	Benefits are frozen as of December 31, 2003.
Participation	No new entrants after December 31, 2003.
Normal Retirement	
Eligibility	Age 65.
Frick, Imeco, and Fort Lauderdale Benefit (Monthly)	The sum of (1), (2), and (3): (1) Accrued benefit as of January 1, 1989, if applicable. (2) 0.85% of monthly compensation for service after January 1, 1989 (December 31, 2001 for Imeco and Fort Lauderdale). (3) 0.65% of monthly compensation in excess of $500 for service after January 1, 1989 (December 31, 2001 for Imeco and Fort Lauderdale).
Frigid Coil West Benefit (Monthly)	The sum of (1) and (2): (1) $7.00 per month multiplied by years of credited service. (2) 1/12 of 1% of annual compensation in excess of $17,700 for each plan year during which the participant receives credit for a full or partial year of service.
Early Retirement	
Eligibility	For Frick employees with less than one hour of service on or after January 1, 2002, age 60 with 10 years of service. For Frick employees with at least one hour of service on or after January 1, 2002 and for Frigid Coil West employees, age 55 with 10 years of service.
Benefit	The normal retirement benefit based on service to date of retirement, but reduced 6.667% for each year of the first five years, and if applicable, 3.333% for each year of the next five years by which the early retirement date precedes the participant's normal retirement date.

Total and Permanent Disability Retirement	
Eligibility	Ten years of service.
Benefit	Normal retirement benefit based on service to date of disability.
Deferred Vested	
Eligibility	Five years of service.
Benefit	The accrued normal retirement benefit payable at age 65. Benefits are reduced for early commencement.
Preretirement Surviving Spouse Benefit	
Eligibility	Eligible for a vested benefit.
Benefit	
Early Retirement Eligible	50% of the benefit the participant was entitled to receive under the early retirement provisions had he terminated employment as of the date of death and elected payment in the form of a 50% joint and survivor annuity. This benefit is payable for the life of the spouse.
Not Early Retirement Eligible	50% of the benefit to which the participant was entitled under the plan provisions had the participant terminated employment on the date of death, survived to his earliest retirement age, and elected payment in the form of a 50% joint and survivor annuity. This benefit is payable for the remaining lifetime of the spouse, beginning at the participant's earliest retirement date.
Form of Payment	
Normal	Single life annuity payable monthly, but for married participants, unless elected otherwise, there is in effect an automatic 50% joint and survivor option on an actuarially equivalent basis.
Optional	100%, 75%, 66⅔%, or 50% joint and survivor annuity, 15-year certain and life annuity, 10-year certain and life annuity, 5-year certain and life annuity, single life annuity, or lump sum.
Optional Payment Form	
Conversion Interest Rate	
Non-Lump Sums	See Table 1.
Lump Sums	417(e) Interest Rate (August lookback).

Conversion Mortality	
Non-Lump Sums	See Table 1.
Lump Sums	417(e) Mortality Table.
Lump Sum Form of Payment	
Retirement Eligible Participant	The actuarial equivalent of the benefit payable as a life annuity, including early retirement subsidies.
Nonretirement Eligible Participant	The actuarial equivalent of the benefit payable as a life annuity, excluding early retirement subsidies. The lump sum is only available after the participant reaches commencement eligibility.
Definitions	
Credited Service	Elapsed time method. Credited service was frozen as of December 31, 2003.
Vesting Service	One year of vesting service is credited for each year a participant completes 1,000 or more hours of service.
Compensation	For Frick employees, rate of base pay in effect on the first day of the plan year, excluding overtime and commissions plus elective contributions under Section 125. For Frigid Coil West employees, the amount of earnings subject to federal income tax plus elective contributions under Section 125. For hourly employees, the participant's hourly rate of pay in effect on the first day of the plan year multiplied by 2,080 hours. Compensation was frozen as of December 31, 2003.

Schedule SB Attachment (Form 5500)—2018 Plan Year
York International Corporation Pension Plan Number Thirteen
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Table 1

Optional Form Factors

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

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

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

Schedule SB Attachment (Form 5500)—2018 Plan Year
York International Corporation Pension Plan Number Thirteen
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Plan Changes Since the January 1, 2017 Valuation

The January 1, 2018 funding valuation reflects the following plan change:

- An update to the mortality rates for determining minimum lump sum payments under IRC section 417(e)(3) to the applicable rates for the current plan year.

Plan Changes Since the January 1, 2016 Valuation

The January 1, 2017 funding valuation reflected the following plan change:

- An update to the mortality rates for determining minimum lump sum payments under IRC section 417(e)(3) to the applicable rates for the current plan year.

Plan Changes Since the January 1, 2015 Valuation

The January 1, 2016 funding valuation reflected the following plan change:

- An update to the mortality rates for determining minimum lump sum payments under IRC section 417(e)(3) to the applicable rates for the current plan year.

Plan Changes Since the January 1, 2014 Valuation

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

- An update to the mortality rates for determining minimum lump sum payments under IRC section 417(e)(3) to the applicable rates for the current plan year.

Plan Changes Since the January 1, 2013 Valuation

The January 1, 2014 funding valuation reflected the following plan change:

- A lump sum optional payment form was added.

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.

Effective December 31, 2018, the York International Corporation Pension Plan Number Thirteen was merged with and into the Johnson Controls Pension Plan (EIN: 39-0380010; PN: 001).

JOHNSON CONTROLS MASTER PENSION TRUST

The Company has entered into a master trust agreement with U.S. Bank, N.A. (the "Trustee"). Under the agreement, the Plans participate under a master trust arrangement whereby all the assets of the Plans are pooled and invested in one or more investment accounts.

The Master Trust holds investments in short-term securities, U.S. government securities, bonds, mutual and pooled equity funds, and common stocks as of December 31, 2018 and 2017.

The Company requires collateral at a minimum of 102% of the value of any securities lending transactions.

Each plan's interest in the investments of the Master Trust is evidenced by units of participation, as no plan has a right, title or ownership of any of the specific assets in the Master Trust. In accordance with the master trust agreement, net investment income or loss of the Master Trust is prorated to each participating plan in proportion to the number of units held by each plan. Plan participation in the Master Trust is adjusted as required to reflect benefit payments to the Plans' participants and for Company contributions.

The following financial information was obtained from data that has been prepared and certified to as complete and accurate by the Trustee of the Master Trust. Such financial information has not been audited by the Plans' independent accountants.

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

	December 31,	
	2018	2017
Johnson Controls Pension (001)	83.7%	58.2%
Battery Division Hourly (016)	11.2%	11.4%
Johnson Controls Production (017)	—%	2.7%
York Plan 4 (018)	2.7%	2.7%
York Plan 6 (019)	—%	0.1%
York Plan 7 (020)	—%	1.0%
York Plan 12 (023)	—%	0.4%
York Plan 13 (024)	—%	0.6%
York Plan 14 (025)	0.2%	0.2%
York Plan 15 (026)	0.9%	0.8%
York Plan 18 (028)	—%	0.4%
York Plan 19 (029)	0.9%	0.9%
York Plan 23 (031)	0.4%	0.4%
ADT Pension Plan (7500)*	—%	6.9%
Scott Pension Plan (7511)*	—%	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, 2018 and 2017 and the statement of operations and changes in participating plans' equity of the Master Trust for the year ended December 31, 2018 are presented in Note 9.

NOTE 9 - JOHNSON CONTROLS MASTER PENSION TRUST

The statements of financial position as of December 31, 2018 and 2017 and the statement of operations and changes in participating plans' equity for the year ended December 31, 2018 for the Master Trust are presented in the following tables:

JOHNSON CONTROLS MASTER PENSION TRUST
STATEMENTS OF FINANCIAL POSITION

	December 31, 2018	December 31, 2017
Assets		
Investments at fair value as determined by quoted market price (direct):		
Fixed Income Fund:		
Cash & cash equivalents	$ 83,456,868	$ 88,428,223
U.S. government and federal agency securities	312,379,392	260,646,283
Corporate issues	762,046,417	593,531,510
Municipal issues	70,400,465	52,951,619
Foreign issues	154,299,717	129,258,131
Equity Investments:		
Domestic stocks	463,371,118	668,045,307
Foreign stocks	343,144,159	576,391,918
Total direct fixed income and equity investments	2,189,098,136	2,369,252,991
Investments at fair value as determined by quoted market price (indirect):		
Fixed Income Fund:		
Other - Fixed Income	220,539,685	177,222,286
Equity Investments:		
Domestic stocks	104,344,786	295,761,279
Foreign stocks	53,605,287	112,637,138
Total indirect fixed income and equity investments	378,489,758	585,620,703
Investments Measured at Net Asset Value, as Practical Expedient:		
Investment in real estate	298,731,367	272,083,707
Total Investments	2,866,319,261	3,226,957,401
Due from brokers for securities sold	5,408,664	19,290,563
Accrued dividends and interest receivable	14,257,148	10,693,453
	$ 2,885,985,073	$ 3,256,941,417
Liabilities and Participating Plans' Equity		
Due to brokers for securities purchased	$ 89,108,857	$ 48,188,294
Participating Plans' equity	2,796,876,216	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	2,796,876,216	3,208,753,123
	$ 2,885,985,073	$ 3,256,941,417

*These five plans are legacy Tyco pension plans that were transferred to the Master Trust on May 1, 2017, and merged into the Johnson Controls Pension Plan on December 31, 2018. A separate report is prepared for each of these plans.