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. . . . . ▶ [X]

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ADT SECURITY SERVICES PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1913

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

9 ROSZEL ROAD
PRINCETON, NJ 08540-6205

9 ROSZEL ROAD
PRINCETON, NJ 08540-6205

2b Employer Identification Number (EIN)
20-5073412

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

2d Business code (see instructions)
332900

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

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

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

JOHNSON CONTROLS EMPLOYEE BENEFIT POLICY COMMITTEE

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

3b Administrator's EIN: 02-0328430

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

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	5530
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)**	1367
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)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	☒		**H** (Financial Information)
(2)	☐		**I** (Financial Information – Small Plan)
(3)	☐	0	**A** (Insurance Information)
(4)	☒		**C** (Service Provider Information)
(5)	☒		**D** (DFE/Participating Plan Information)
(6)	☐		**G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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
ADT SECURITY SERVICES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
20-5073412

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	221934175
b Actuarial value	**2b**	221934175

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	3279	147514777	147514777
b For terminated vested participants	884	19569661	19569661
c For active participants	1367	39673259	40437158
d Total	5530	206757697	207521596

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**	5.57 %
6 Target normal cost	**6**	3031084

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 — Type or print name of actuary

17-04707 — Most recent enrollment number

AON CONSULTING, INC. — Firm name

874-295-5000 — Telephone number (including area code)

4 OVERLOOK POINT
LINCOLNSHIRE, IL 60069

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	2614444
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	2614444
10	Interest on line 9 using prior year's actual return of 17.76 %	0	464325
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 5.81 %		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		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	3078769

Part III Funding Percentages

14	Funding target attainment percentage	14	105.46%
15	Adjusted funding target attainment percentage	15	106.94%
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	101.70%
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**	0
22 Weighted average retirement age	**22**	63

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**	3031084
b Excess assets, if applicable, but not greater than line 31a	**31b**	3031084

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
ADT SECURITY SERVICES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
20-5073412

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

NORTHERN TRUST CORPORATION

36-2723087

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

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

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

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

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	837634	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	27485	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	TRUSTEE	20560	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)

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	13408	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

AON HEWITT

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	3682	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:	**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
ADT SECURITY SERVICES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
20-5073412

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

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

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

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
20-5073412

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(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)	222175180	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	222175180	0
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	241005	0
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	241005	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	221934175	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)		-9117830
(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		-9117830
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	16070330	
(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)		16070330
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)	895527	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1246892	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		2142419
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		18212749
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-27330579
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		194603596

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

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

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

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

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. **(2)** ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		25000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k	X		
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
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 4185752. (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
ADT SECURITY SERVICES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
20-5073412

Part I Distributions

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

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

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

EIN(s): 36-1561860 41-6271370

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 11

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: 51.5 % Investment-Grade Debt: 37.3 % High-Yield Debt: 0.8 % Real Estate: 8.5 % Other: 1.9 %

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

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

ADT Security Services Pension Plan

Financial Statements

December 31, 2018

ADT Security Services Pension Plan
Table of Contents

	Page(s)
Independent Auditor's Report	2
Statements of Net Assets Available for Benefits as of December 31, 2018 and 2017	3
Statements of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2018 and 2017	4
Notes to Financial Statements	5

WIPFLI LLP

Independent Auditor's Report

To the Participants and Plan Administrator
ADT Security Services Pension Plan

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of ADT Security Services Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and related statements of changes in net assets available for benefits for the years 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 4, which was certified by U.S. Bank National Association, the custodian 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 custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2018 and 2017 and for the years then ended, that the information provided to the plan administrator by the custodian 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 custodian, 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

Statements of Net Assets Available for Benefits

	December 31, 2018	December 31, 2017
Assets		
Investment in the Johnson Controls, Inc. Master Pension Trust, at fair value	$ —	$ 222,175,180
Liabilities		
Administrative Expenses Payable	—	241,005
Net Assets Available for Benefits	$ —	$ 221,934,175

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

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31, 2018	2017
Additions (Reductions)		
Net Investment Income (Loss) from the Johnson Controls, Inc. Master Pension Trust	$ (9,117,830)	$ 23,645,995
Net Investment Income from the Tyco Master Trust	—	14,149,207
Total Additions (Reductions)	(9,117,830)	37,795,202
Deductions		
Benefit Payments	16,070,330	51,677,019
Administrative Expenses	2,142,419	3,808,335
Total Deductions	18,212,749	55,485,354
Net Transfers to other plans	(194,603,596)	—
Net Decrease	(221,934,175)	(17,690,152)
Net Assets Available for Benefits		
Beginning of Year	221,934,175	239,624,327
End of Year	$ —	$221,934,175

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

1. DESCRIPTION OF PLAN

The following brief description of the ADT Security Services Pension Plan (the "Plan"), formerly Kendall/ADT Pension Plan changed from The Kendall Company & Subsidiaries' Pension Plan, is provided for general information purposes only. Selected Plan provisions are described below. Participants should refer to the Plan document and summary of Plan description for more complete information regarding the terms of the Plan.

General

The Plan is a trusteed, noncontributory, defined benefit pension plan covering the eligible employees of the ADT Security Services, Inc. ("ADT") and prior to June 29, 2007, The Kendall Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and the Internal Revenue Code (the "Code"). The Plan was amended and restated effective January 1, 2016.

Effective December 31, 1998, all benefit accruals and future participation under the plan ceased for those not subject to a collective bargaining agreement. For those participants whose terms of employment were negotiated by a collective bargaining unit, freeze dates varied between 1998 and 2011. See Plan document for specific provisions.

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

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

Plan Merger

In July 2018, the Company executed Unanimous Consent Resolutions ("Resolutions") for plan mergers. The Resolutions indicated that at midnight on December 31, 2018, the Plan, along with others, was merged with and into the Johnson Controls Pension Plan, effectively terminating the Plan.

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 Johnson Controls, Inc. Master Pension Trust ("Master Trust") for the benefit of the surviving plan.

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

Funding Policy

The Plan Sponsor's funding policy is to make all required contributions to the pension plan in accordance with applicable pension laws and regulations. Additional, voluntary contributions (in excess of required minimum amounts) are periodically considered based on their individual merits. No Company contributions were necessary during 2018 in order to meet the minimum funding requirements under ERISA.

During 2018, the Plan received approximately $630,000 from the Alert Employee Plan Trust in relation to a previous ADT acquisition.

Pension Benefits
The pension benefit calculations vary due to a number of TIMCO LLC acquisitions and bargaining agreements. Participants who have completed five or more years of continuous service are entitled to annual pension benefits. Generally, participants become 100% vested after five years of vesting service, as defined. For a more complete schedule of pension benefits, participants should refer to the Plan document.

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

Administrative Expenses
Insurance premiums, custodian service charges, audit fees and certain administrative and actuarial fees are paid by the Plan. Investment related fees are included in net investment income (loss). All other expenses associated with the administration of the Plan are paid by the Company.

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Actuarial Valuation Method and Assumptions
Independent actuaries are employed by the Company to determine the Plan's required contributions, present value of accumulated plan benefits, and prior service costs using the standard unit credit cost method. The significant actuarial assumptions including mortality, salary increases, and investment returns, used by the independent actuaries in the January 1, 2018 valuation are summarized as follows:

Interest Rate:	7.50%
Retirement:	Weighted average age 65
Mortality:	Aggregate 2006 base rates from the RP-2014 mortality study, with no collar adjustments, projected generationally from 2006 with Scale MP-2017

Mortality actuarial assumptions discussed above have changed since the January 1, 2017 valuation.

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

The foregoing actuarial assumptions were based on the presumption that the Plan will continue. In conjunction with the Plan merger discussed in Note 1, different actuarial assumptions and other factors might be applicable in the determination of the actuarial present value of the merged plan accumulated plan benefits for future years.

Basis of Accounting
The financial statements of the Plan are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States (GAAP).

Investment Valuation and Income Recognition

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

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

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

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2: Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in markets that are not active; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs for the valuation methodology are unobservable and significant to the fair value measurement.

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

The fair values of the underlying investments of the Master Trust as of December 31, 2018 and 2017 are determined as follows:

Fixed Income Funds: The fair value for the fixed income securities is determined by direct or indirect quoted market prices. If the direct quoted market prices are utilized, the securities publish daily their net asset 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 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 Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodologies used at December 31, 2018 and 2017.

Payment of Benefits
Benefits are recorded when paid.

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

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

3. ACCUMULATED PLAN BENEFITS

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

	January 1, 2018
Vested benefits:	
Participants or beneficiaries currently receiving payments	$ 132,886,091
Other participants	48,730,305
	181,616,396
Nonvested benefits	635,265
Total actuarial present value of accumulated plan benefits	$ 182,251,661

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

	Year Ended January 1, 2018
Actuarial present value of accumulated plan benefits at beginning of year	$ 210,838,645
Increase (decrease) during the year attributable to:	
Change in actuarial assumptions	(1,211,940)
Increase for interest due to decrease in discount period	13,910,044
Benefits paid	(51,677,019)
Other changes	10,391,931
Total changes	(28,586,984)
Actuarial present value of accumulated plan benefits at end of year	$ 182,251,661

4. INFORMATION CERTIFIED BY THE CUSTODIAN

The following summarized information and certain underlying detail included in the accompanying financial statements was obtained from data that has been prepared and certified to as complete and accurate by U.S. Bank, N.A., the custodian for the Plan as of December 31, 2018 and 2017.

	December 31, 2018	December 31, 2017
Investment in the Johnson Controls, Inc. Master Pension Trust, at fair value	$ —	$ 222,175,180
Plan Interest in the Johnson Controls, Inc. Master Pension Trust		
Net Investment Income (Loss)	$ (9,117,830)	$ 23,645,995
Plan Interest in the Tyco Master Trust		
Net Investment Income	$ —	$ 14,149,207

5. INVESTMENT IN THE MASTER TRUST

As of January 1, 2017, the Plan's sole investment was in the Tyco Master Trust, which was established for the investment of assets of the Plan and several other TIMCO LLC and affiliated companies' sponsored retirement plans. As of December 31, 2017, the Plan's sole investment was in the Johnson Controls, Inc. Master Pension Trust. The assets of the Master Trusts were held by its custodians, The Northern Trust Company from January 1, 2017 to December 31, 2017 and U.S. Bank, N.A from May 1, 2017 to December 31, 2017 and all of 2018. Each participating retirement plan has an undivided interest in the assets of the Master Trust except for any other securities, which, if applicable, are identifiable with individual plans. The Plan's interest in the net assets of the Johnson Controls, Inc. Master Pension Trust is approximately 0% and 7% at December 31, 2018 and 2017, respectively.

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

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

	December 31, 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
Investments at fair value	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 Johnson Controls 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 Johnson Controls, Inc. Master Pension Trust on May 1, 2017, and merged into the Johnson Controls Pension Plan on December 31, 2018.

The following are the changes in net assets held in the Johnson Controls, Inc. Master Pension Trust for the year ended December 31, 2018.

	Years Ended December 31, 2018
Additions (Reductions)	
Net investment loss in Johnson Controls, Inc. Master Pension Trust	$ (129,306,379)
Contributions received from participating Plans	2,500,000
Total reductions	(126,806,379)
Deductions	
Participant withdrawals	273,542,262
Administrative expenses	11,528,266
Total deductions	285,070,528
Net decrease in participating Plans' equity	(411,876,907)
Participating Plans' equity	
Beginning of period	3,208,753,123
End of period	$ 2,796,876,216

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

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

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

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

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

The following table sets forth by level, within the fair value hierarchy, the Johnson Controls, Inc. Master Pension Trust's investments measured at fair value on a recurring basis as of December 31, 2018.

	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 Assets in the Fair Value Hierarchy	$ 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

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

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

Transfers Between Levels

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

Management or the Plan Sponsor evaluated the significance of transfers between levels based upon the nature of the financial instruments and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2018 and 2017, there were no significant transfers in or out of any levels.

6. RISKS & UNCERTAINTIES

The Plan's 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 financial statements.

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.

7. PARTY-IN-INTEREST TRANSACTIONS

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

8. SUBSEQUENT EVENT

The Plan Sponsor has evaluated subsequent events through September 12, 2019, which is the date the financial statements were available to be issued.

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADT Security Services Pension Plan
EIN: 20-5073412 PN: 001

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	4	3								
40-44	23 $135	66 $528	8	3						
45-49	25 $155	115 $625	53 $2,548	6	1					
50-54	17	102 $810	86 $2,726	64 $4,197	19	5				
55-59	22 $150	98 $799	100 $2,962	88 $4,328	66 $6,517	20 $10,021	6			
60-64	16	50 $771	30 $2,691	64 $4,710	47 $7,332	38 $10,042	22 $10,856	3	1	
65-69	8	16	14	13	10	10	9	3	1	
70+		4	3	2			1	1		1

N-1,367

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADT Security Services Pension Plan
EIN: 20-5073412 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of January 2018), 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 no lookback (as of January 2018), without regard to interest rate stabilization
1st Segment Rate	1.81%
2nd Segment Rate	3.68%
3rd Segment Rate	4.53%
Optional Payment Form Election Percentage	
Retirement Eligible Employees	75% life annuity 25% joint and 50% survivor annuity
Nonretirement Eligible Employees	75% life annuity 25% joint and 50% survivor annuity
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
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 85% of males and 75% of females have an eligible spouse, and that males are three years older than their spouses.

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADT Security Services Pension Plan
EIN: 20-5073412 PN: 001

Benefit Limit	N/A
Valuation of Plan Assets	Fair market value
Trust Expenses Included in Target Normal Cost	The prior year's actual expenses (excluding PBGC premium) plus the estimated PBGC premium for the current year, $3,031,084 for 2018
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2018

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADT Security Services Pension Plan
EIN: 20-5073412 PN: 001

Table 1

Retirement Rates

	Years of Service			
Age	**0-20**	**21**	**22**	**23+**
55	5.00%	5.00%	5.00%	5.00%
56	5.00%	5.00%	5.00%	5.00%
57	5.00%	5.00%	5.00%	5.00%
58	5.00%	5.00%	5.00%	5.00%
59	5.00%	5.00%	5.00%	5.00%
60	5.00%	5.00%	5.00%	5.00%
61	10.00%	10.00%	10.00%	10.00%
62	15.00%	15.00%	15.00%	20.00%
63	10.00%	10.00%	20.00%	20.00%
64	10.00%	15.00%	15.00%	15.00%
65	30.00%	30.00%	30.00%	30.00%
66	30.00%	30.00%	30.00%	30.00%
67	30.00%	30.00%	30.00%	30.00%
68	30.00%	30.00%	30.00%	30.00%
69	30.00%	30.00%	30.00%	30.00%
70+	100.00%	100.00%	100.00%	100.00%

Table 2

Withdrawal Rates

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

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
ADT SECURITY SERVICES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
20-5073412

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

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

Part I Basic Information

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

2 Assets:

a Market value	2a	221,934,175
b Actuarial value	2b	221,934,175

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	3,279	147,514,777	147,514,777
b For terminated vested participants	884	19,569,661	19,569,661
c For active participants	1,367	39,673,259	40,437,158
d Total	5,530	206,757,697	207,521,596

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	5.57%
6 Target normal cost	6	3,031,084

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

874-295-5000
Telephone number (including area code)

4 OVERLOOK POINT
LINCOLNSHIRE IL 60069
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	2,614,444
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	2,614,444
10 Interest on line 9 using prior year's actual return of 17.76%	0	464,325
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 5.81%		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)	0	3,078,769

Part III Funding Percentages

14 Funding target attainment percentage	14	105.46%
15 Adjusted funding target attainment percentage	15	106.94%
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	101.70%
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 [X] 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: 0

22 Weighted average retirement age — 22: 63

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	3,031,084
b Excess assets, if applicable, but not greater than line 31a	31b	3,031,084

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
ADT Security Services Pension Plan
EIN: 20-5073412 PN: 001

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.

Years of Service 0-20

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	5.00%	0.7738	2.34
61.5	10.00%	0.7351	4.52
62.5	15.00%	0.6616	6.20
63.5	10.00%	0.5623	3.57
64.5	10.00%	0.5061	3.26
65.5	30.00%	0.4555	8.95
66.5	30.00%	0.3188	6.36
67.5	30.00%	0.2232	4.52
68.5	30.00%	0.1562	3.21
69.5	30.00%	0.1094	2.28
70	100.00%	0.0766	5.36
		Weighted Average	63.55

Years of Service 21

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	5.00%	0.7738	2.34
61.5	10.00%	0.7351	4.52
62.5	15.00%	0.6616	6.20
63.5	10.00%	0.5623	3.57
64.5	15.00%	0.5061	4.90
65.5	30.00%	0.4302	8.45
66.5	30.00%	0.3011	6.01
67.5	30.00%	0.2108	4.27
68.5	30.00%	0.1476	3.03
69.5	30.00%	0.1033	2.15
70	100.00%	0.0723	5.06
		Weighted Average	63.48

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADT Security Services Pension Plan
EIN: 20-5073412 PN: 001

Years of Service 22

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	5.00%	0.7738	2.34
61.5	10.00%	0.7351	4.52
62.5	15.00%	0.6616	6.20
63.5	20.00%	0.5623	7.14
64.5	15.00%	0.4499	4.35
65.5	30.00%	0.3824	7.51
66.5	30.00%	0.2677	5.34
67.5	30.00%	0.1874	3.79
68.5	30.00%	0.1312	2.70
69.5	30.00%	0.0918	1.91
70	100.00%	0.0643	4.50
		Weighted Average	63.28

Years of Service 23+

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	5.00%	0.7738	2.34
61.5	10.00%	0.7351	4.52
62.5	20.00%	0.6616	8.27
63.5	20.00%	0.5293	6.72
64.5	15.00%	0.4234	4.10
65.5	30.00%	0.3599	7.07
66.5	30.00%	0.2519	5.03
67.5	30.00%	0.1764	3.57
68.5	30.00%	0.1234	2.54
69.5	30.00%	0.0864	1.80
70	100.00%	0.0605	4.23
		Weighted Average	63.17

Based on the plan's active participant demographics, the average retirement age is 63.

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADT Security Services Pension Plan
EIN: 20-5073412 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	April 1, 1913. Amended and restated effective January 1, 2016.
Eligibility for Participation	Employees of the company other than residential employees, leased employees and temporary employees that are not hired into a frozen group are eligible to participate in the plan on January 1 or July 1 next following the completion of one year of continuous service and attainment of age 21.
Normal Retirement	
Eligibility	Age 65 and five years of participation.
Benefit	A monthly amount equal to 1% of final average earnings multiplied by years of credited service. Credited service for non-union participants was frozen as of December 31, 1998. Credited service for all union locations is frozen. Freeze dates vary by union location. Final average earnings were frozen as of the applicable freeze date for all participants.
Early Retirement	
Eligibility	Age 55 and 10 years of continuous service.
Benefit	A monthly benefit equal to the normal retirement benefit reduced by 0.45% for each month early retirement precedes normal retirement. The normal retirement benefit is unreduced for participants retiring after age 62 whose age plus service is greater than 85.
Late Retirement	
Eligibility	Retirement after age 65.
Benefit	A monthly benefit equal to the greater of (1) or (2): (1) The normal retirement benefit determined as of the late retirement date with continued accruals (up until the applicable freeze date).

	(2) The normal retirement benefit increased on an actuarially equivalent basis to the late retirement age.
Vested Termination	
Eligibility	Five years of continuous service.
Benefit	The accrued benefit at the date of termination. Reduced payments may begin any time after eligibility for early retirement reduced on an actuarial equivalent basis.
Disability	
Eligibility	Ten years of continuous service.
Benefit	The accrued benefit based at the date of disability. Reduced payments may begin any time after eligibility for early retirement based on the same reductions as early retirement from active status.
Surviving Spouse	
Eligibility	Married (spouse or domestic partner) with five years of continuous service.
Benefit	For deaths that occur after eligibility for early retirement, a monthly benefit payable to the surviving spouse beginning immediately equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit. For deaths that occur prior to eligibility for early retirement, a monthly benefit payable to the surviving spouse beginning at the earlier of the death of the participant or when the participant would have attained age 55 equal to 50% of the amount payable if the participant had elected a 50% joint and survivor benefit, actuarially reduced from age 65.
Normal Form of Annuity	
Without Spouse	Single life annuity.
With Spouse	50% joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.

Optional Forms of Annuity	Single life annuity 50% joint and survivor annuity 75% joint and survivor annuity 100% joint and survivor annuity Lump sums less than $1,000
Actuarial Equivalence	1983 Group Annuity Mortality Table blended 80% male and 20% female and 5% interest rate.
Definitions	
Credited Service	One year of credited service is earned for each full year in the period beginning on date of participation and ending on severance date. Partial years of service are granted. Credited service for non-union participants was frozen on December 31, 1998. Credited service for union participants was frozen for all locations (freeze dates vary by location).
Continuous Service	One year of continuous service is earned for each full year in the period beginning on date of hire and ending on severance date. Partial years of service are granted. Service earned prior to December 31, 1988 is credited in accordance with the terms of the prior plan in effect.
Final Average Earnings	Highest consecutive 60 months of earnings.

Plan Changes Since the January 1, 2017

The January 1, 2018 funding valuation does not reflect any plan changes.

Plan Changes Since the January 1, 2016 Valuation

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

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

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

Effective December 31, 2018, the ADT Security Services Pension Plan was merged with and into the Johnson Controls Pension Plan (EIN: 39-0380010; PN: 001).

ATTACHMENT TO SCH. H, LINE 4(i) 20-5073412

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.

ATTACHMENT TO SCH. H, LINE 4(i) 20-5073412

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.

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADT Security Services Pension Plan
EIN: 20-5073412 PN: 001

Schedule SB, line 25—Change in Method

The funding valuation reflects the following method change:

- A change in the asset valuation method to market value of assets. This change meets the conditions for automatic approval provided in IRS Rev. Proc. 2017-56.