

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan: YORK INTERNATIONAL CORPORATION PENSION PLAN NUMBER FIFTEEN
1b Three-digit plan number (PN): 015
1c Effective date of plan: 07/01/1966
2a Plan sponsor's name (employer, if for a single-employer plan): JOHNSON CONTROLS, INC.
2b Employer Identification Number (EIN): 13-3473472
2c Plan Sponsor's telephone number: 414-524-1200
2d Business code (see instructions): 333410

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor EMPLOYEE BENEFITS POLICY COMMITTEE JOHNSON CONTROLS, INC. 5757 N GREEN BAY AVENUE MILWAUKEE, WI 53209-4408	3b Administrator's EIN 39-0380010 3c Administrator's telephone number 414-524-1200
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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
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5 Total number of participants at the beginning of the plan year	5	323
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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)	110
a(2) Total number of active participants at the end of the plan year	6a(2)	102
b Retired or separated participants receiving benefits.....	6b	88
c Other retired or separated participants entitled to future benefits	6c	87
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	277
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	34
f Total. Add lines 6d and 6e	6f	311
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1B 3H

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 0
- (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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 <u>YORK INTERNATIONAL CORPORATION PENSION PLAN NUMBER FIFTEEN</u>	B Three-digit plan number (PN) ▶	<u>015</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>YORK INTERNATIONAL CORPORATION</u>	D Employer Identification Number (EIN) <u>13-3473472</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
2 Assets:			
a Market value	2a	<u>14716375</u>	
b Actuarial value	2b	<u>14716375</u>	
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	<u>118</u>	<u>6129495</u>	<u>6129495</u>
b For terminated vested participants	<u>95</u>	<u>2768321</u>	<u>2768321</u>
c For active participants	<u>110</u>	<u>5643441</u>	<u>5643441</u>
d Total	<u>323</u>	<u>14541257</u>	<u>14541257</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
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	<u>5.16 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>0</u>	
b Expected plan-related expenses	6b	<u>194557</u>	
c Target normal cost	6c	<u>194557</u>	

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	<u>09/26/2025</u>
<u>CHERYL L. DAVIS</u>	Date
Type or print name of actuary	<u>23-04707</u>
<u>AON CONSULTING, INC.</u>	Most recent enrollment number
Firm name	<u>847-295-5000</u>
<u>MSC#17755 PO BOX 551343 ATLANTA, GA 30355</u>	Telephone number (including area code)
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	2203072
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	502188
9	Amount remaining (line 7 minus line 8)	0	1700884
10	Interest on line 9 using prior year's actual return of <u>7.46</u> %	0	126886
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 <u>5.29</u> %		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	1827770

Part III Funding Percentages			
14	Funding target attainment percentage	14	88.63 %
15	Adjusted funding target attainment percentage	15	101.20 %
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	90.37 %
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> 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.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 6c)	31a	194557	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	1652652	157464	
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	352021	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	352021	352021
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 the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider 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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan YORK INTERNATIONAL CORPORATION PENSION PLAN NUMBER FIFTEEN	B Three-digit plan number (PN) ▶	015
C Plan sponsor's name as shown on line 2a of Form 5500 YORK INTERNATIONAL CORPORATION	D Employer Identification Number (EIN) 13-3473472	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

AON 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?
11	NONE	85403	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALIGHT SOLUTIONS

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	14451	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>YORK INTERNATIONAL CORPORATION PENSION PLAN NUMBER FIFTEEN</u>	B Three-digit plan number (PN)	<u>015</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>YORK INTERNATIONAL CORPORATION</u>	D Employer Identification Number (EIN) <u>13-3473472</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JOHNSON CONTROLS MASTER PENSION TRU</u>		
b Name of sponsor of entity listed in (a): <u>JOHNSON CONTROLS, INC.</u>		
c EIN-PN <u>39-0380010-024</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13987753</u>
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)
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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)
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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)
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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)
-----------------	----------------------	---

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan YORK INTERNATIONAL CORPORATION PENSION PLAN NUMBER FIFTEEN	B Three-digit plan number (PN) ▶ 015
C Plan sponsor's name as shown on line 2a of Form 5500 YORK INTERNATIONAL CORPORATION	D Employer Identification Number (EIN) 13-3473472

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
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)	15346910	13987753
(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)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	15346910	13987753
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	15019	15826
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	615516	615516
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	630535	631342
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	14716375	13356411

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)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		-225102
(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		-225102

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	939782	
(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)		939782
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	14451	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	85403	
(8) Legal fees	2i(8)	255	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	94971	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		195080
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1134862

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-1359964
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

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.)		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.)		X	
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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 559379.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>YORK INTERNATIONAL CORPORATION PENSION PLAN NUMBER FIFTEEN</u>	B Three-digit plan number (PN)	<u>015</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>YORK INTERNATIONAL CORPORATION</u>	D Employer Identification Number (EIN) <u>13-3473472</u>	

Part I	Distributions
---------------	----------------------

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 41-6271370

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... 3 4

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 (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	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) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

Johnson Controls, Inc. Pension Plans

Financial Statements

Years Ended December 31, 2024 and 2023



Independent Auditor's Report

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

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of York International Corporation Pension Plan Number Fifteen, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, and the statement of accumulated plan benefits as of January 1, 2024, and the related statement of changes in accumulated plan benefits for the year ended January 1, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the York International Corporation Pension Plan Number Fifteen financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section –

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the York International Corporation Pension Plan Number Fifteen and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about York International Corporation Pension Plan Number Fifteen ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the York International Corporation Pension Plan Number Fifteen's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about York International Corporation Pension Plan Number Fifteen's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

A handwritten signature in black ink that reads "Wipfli LLP". The signature is written in a cursive, flowing style.

Wipfli LLP
Radnor, Pennsylvania

August 27, 2025

Johnson Controls, Inc. Pension Plans

Statements of Net Assets Available for Benefits

<i>December 31, 2024</i>	Johnson Controls Pension (018)	York Plan 15 (026)	Plans' Total
Assets:			
Investment in Johnson Controls, Inc.			
Master Pension Trust, at fair value	\$ 1,436,894,273	\$ 13,987,753	\$ 1,450,882,026
Other receivable	615,516	-	615,516
Total assets	1,437,509,789	13,987,753	1,451,497,542
Liabilities:			
Accrued administrative expenses	303,691	15,826	319,517
Other payable	-	615,516	615,516
Total liabilities	303,691	631,342	935,033
Net assets available for benefits	\$ 1,437,206,098	\$ 13,356,411	\$ 1,450,562,509

See accompanying notes to financial statements.

Johnson Controls, Inc. Pension Plans

Statements of Net Assets Available for Benefits

<i>December 31, 2023</i>	Johnson Controls Pension (018)	York Plan 15 (026)	Plans' Total
Assets:			
Investment in Johnson Controls, Inc.			
Master Pension Trust, at fair value	\$ 1,602,126,012	\$ 15,346,910	\$ 1,617,472,922
Other receivable	615,516	-	615,516
Total assets	1,602,741,528	15,346,910	1,618,088,438
Liabilities:			
Accrued administrative expenses	291,834	15,019	306,853
Other payable	2,315,657	615,516	2,931,173
Total liabilities	2,607,491	630,535	3,238,026
Net assets available for benefits	\$ 1,600,134,037	\$ 14,716,375	\$ 1,614,850,412

See accompanying notes to financial statements.

Johnson Controls, Inc. Pension Plans

Statements of Changes in Net Assets Available for Benefits

<i>Year Ended December 31, 2024</i>	Johnson Controls Pension (018)	York Plan 15 (026)	Plans' Total
Investment loss:			
Plan interest in Johnson Controls, Inc. Master Pension Trust	\$ (26,275,167)	\$ (225,102)	\$ (26,500,269)
Deductions:			
Benefits paid to participants	131,213,224	939,782	132,153,006
Administrative expenses	5,439,548	195,080	5,634,628
Total deductions	136,652,772	1,134,862	137,787,634
Net change	(162,927,939)	(1,359,964)	(164,287,903)
Net assets available for benefits, beginning of year	1,600,134,037	14,716,375	1,614,850,412
Net assets available for benefits, end of year	\$ 1,437,206,098	\$ 13,356,411	\$ 1,450,562,509

See accompanying notes to financial statements.

Johnson Controls, Inc. Pension Plans

Statements of Changes in Net Assets Available for Benefits

<i>Year Ended December 31, 2023</i>	Johnson Controls Pension (018)	York Plan 15 (026)	Plans' Total
Investment income:			
Plan interest in Johnson Controls, Inc. Master Pension Trust	\$ 140,116,202	\$ 1,170,663	\$ 141,286,865
Deductions:			
Benefits paid to participants	184,953,276	3,893,687	188,846,963
Administrative expenses	7,239,828	350,826	7,590,654
Total deductions	192,193,104	4,244,513	196,437,617
Net change	(52,076,902)	(3,073,850)	(55,150,752)
Net assets available for benefits, beginning of year	1,652,210,939	17,790,225	1,670,001,164
Net assets available for benefits, end of year	\$ 1,600,134,037	\$ 14,716,375	\$ 1,614,850,412

See accompanying notes to financial statements.

Johnson Controls, Inc. Pension Plans

Statements of Accumulated Plan Benefits

<i>January 1, 2024</i>	Johnson Controls Pension (018)	York Plan 15 (026)	Plans' Total
Vested benefits:			
Participants currently receiving payments	\$ 593,534,593	\$ 4,710,810	\$ 598,245,403
Other participants	651,287,410	6,335,389	657,622,799
Total vested benefits	1,244,822,003	11,046,199	1,255,868,202
Nonvested benefits	14,452,256	194,167	14,646,423
Total actuarial present value of accumulated plan benefit	\$ 1,259,274,259	\$ 11,240,366	\$ 1,270,514,625

See accompanying notes to financial statements.

Johnson Controls, Inc. Pension Plans

Statement of Changes in Accumulated Plan Benefits

<i>Year Ended January 1, 2024</i>	Johnson Controls Pension (018)	York Plan 15 (026)	Plans' Total
Actuarial present value of accumulated plan benefits at the beginning of the year	\$ 1,372,547,794	\$ 14,193,224	\$ 1,386,741,018
Increase (decrease) during the year attributable to:			
Interest accumulation	105,757,051	1,013,509	106,770,560
Benefits paid	(184,953,276)	(3,893,687)	(188,846,963)
Assumption changes	(37,413,597)	(344,286)	(37,757,883)
Other*	3,336,287	271,606	3,607,893
Actuarial present value of accumulated plan benefits at the end of year	\$ 1,259,274,259	\$ 11,240,366	\$ 1,270,514,625

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

See accompanying notes to financial statements.

Johnson Controls, Inc. Pension Plans

Notes to the Financial Statements

Note 1: Description of Plan

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

General

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

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

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

Name of Plan	Eligible Employees (Subject to Other Plan Requirements)
Johnson Controls Pension Plan (Plan 018)	Certain salaried, nonunion and union employees (whose labor agreements call for their participation in this plan) of Johnson Controls International plc and some of its affiliated companies and all eligible employees of plans which merged into this Plan; See Plan Document for specific provisions.
York International Corporation Pension Plan Number Fifteen (York Plan 15 - Plan 026)	Union hourly employees of the Frick Waynesboro, PA location

Pension Benefits

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

Vesting

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

Funding Policy

The Company's funding policy is to make contributions to the Plans in amounts that meet or exceed the minimum amounts required by ERISA. No contributions were required for 2024 and 2023 to meet required minimum ERISA requirements.

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

Johnson Controls, Inc. Pension Plans

Notes to the Financial Statements

Note 1: Description of Plan (Continued)

Administrative Expenses

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

Note 2: Summary of Significant Accounting Policies

Basis of Presentation

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

Use of Estimates

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

Investment Valuation and Income Recognition

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

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

Johnson Controls, Inc. Pension Plans

Notes to the Financial Statements

Note 2: Summary of Significant Accounting Policies (Continued)

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 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 statements of financial position as of December 31, 2024 and 2023 and the statements of changes in financial position for the years ended December 31, 2024 and 2023 for the Master Trust are presented in Note 9.

Subsequent Events

Management has evaluated subsequent events through August 27, 2025, which is the date the financial statements were available to be issued.

Note 3: Investments

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

Note 4: Actuarial Present Value of Accumulated Plan Benefits

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

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

Johnson Controls, Inc. Pension Plans

Notes to the Financial Statements

Note 4: Actuarial Present Value of Accumulated Plan Benefits (Continued)

The significant actuarial assumptions used in the valuations at January 1, 2024 are as follows:

Description	Assumption
Retirement Age	Varies based on the probability of retirement social security retirement age of 65 to 67, with 100% at age 70.
Mortality Rates	98.4% of the amounts-weighted aggregate rates from the Pri-2012 mortality study with white collar adjustment and 104.6% of the amounts-weighted aggregate rates from the Pri-2012 mortality study with blue collar adjustment projected generationally from 2012 to 2016 using Scale MP-2018 and from 2016 forward using the January 2024 COVID 19 Endemic-Adjusted Scale MP-2021.
Withdrawal Rates	A graduated scale from higher to lower as years of service increase.
Disability Rates	A graduated scale from lower to higher as age advances.
Interest Rates	8.50%

Note 5: Tax Status

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

U.S. GAAP requires the Plans' management to evaluate tax positions taken by the Plans and recognize a tax liability if the Company has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or Department of Labor. The plan administrator has analyzed the tax positions taken by the Plans, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plans are subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 6: Plan Termination

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

Johnson Controls, Inc. Pension Plans

Notes to the Financial Statements

Note 6: Plan Termination (Continued)

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

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

Certain benefits under the Plans are insured by the PBGC if the Plans terminate. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plans, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plans are guaranteed at the level in effect on the date of the Plans' termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2025, that ceiling is \$7,432 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants, or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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

Note 7: Party-In-Interest Transactions

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

Johnson Controls, Inc. Pension Plans

Notes to the Financial Statements

Note 8: Risks and Uncertainties

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

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the value of accumulated plan benefits.

Note 9: Johnson Controls Master Pension Trust

The statements of financial position as of December 31, 2024 and 2023 and the statements of changes in financial position for the years ended December 31, 2024 and 2023 for the Master Trust and the Plans' interest in the Master Trust, are presented in the following tables.

Johnson Controls, Inc. Pension Plans

Notes to the Financial Statements

Johnson Controls Master Pension Trust Statements of Financial Position

December 31, 2024	Johnson Controls			
	Pension	York Plan 15	Total Plans	Master Trust Total
Assets				
Investments at fair value as determined by quoted market price (direct):				
Fixed Income Fund:				
Cash & cash equivalents	\$ 8,517,599	\$ 82,916	\$ 8,600,515	\$ 8,600,515
U.S. government and federal agency securities	253,142,019	2,464,265	255,606,284	255,606,284
Corporate issues	479,120,306	4,664,099	483,784,405	483,784,405
Municipal issues	25,285,340	246,146	25,531,486	25,531,486
Foreign issues	123,121,073	1,198,548	124,319,621	124,319,621
Other - Fixed Income	90,513,005	881,118	91,394,123	91,394,123
Equity Investments:				
Domestic stocks	197,343	1,921	199,264	199,264
Foreign stocks	47,746,182	464,795	48,210,977	48,210,977
Total direct fixed income and equity investments	1,027,642,867	10,003,808	1,037,646,675	1,037,646,675
Investments at fair value as determined by quoted market price (indirect):				
Fixed Income Fund:				
Other - Fixed Income	8,407,697	81,847	8,489,544	8,489,544
Investment assets measured at NAV:				
Investment in alternatives	239,063,519	2,327,215	241,390,734	241,390,734
Investment in real estate	255,861,386	2,490,737	258,352,123	258,352,123
Total investment assets measured at NAV	494,924,905	4,817,952	499,742,857	499,742,857
Total Investments	1,530,975,469	14,903,607	1,545,879,076	1,545,879,076
Accrued dividends and interest receivable	8,032,862	78,198	8,111,060	8,111,060
	<u>\$ 1,539,008,331</u>	<u>\$ 14,981,805</u>	<u>\$ 1,553,990,136</u>	<u>\$ 1,553,990,136</u>
Liabilities and Plans' Equity				
Due to brokers for securities purchased	102,114,058	994,052	103,108,110	103,108,110
Plans' equity	1,436,894,273	13,987,753	1,450,882,026	1,450,882,026
	<u>\$ 1,539,008,331</u>	<u>\$ 14,981,805</u>	<u>\$ 1,553,990,136</u>	<u>\$ 1,553,990,136</u>
Percentage ownership in the Master Trust	99.04%	0.96%		

Johnson Controls, Inc. Pension Plans

Notes to the Financial Statements

Johnson Controls Master Pension Trust Statements of Financial Position

December 31, 2023	Johnson Controls Pension	York Plan 15	Total Plans	Master Trust Total
Assets				
Investments at fair value as determined by quoted market price (direct):				
Fixed Income Fund:				
Cash & cash equivalents	\$ 18,868,230	\$ 180,740	\$ 19,048,970	\$ 19,048,970
U.S. government and federal agency securities	233,912,661	2,240,671	236,153,332	236,153,332
Corporate issues	431,968,523	4,137,866	436,106,389	436,106,389
Municipal issues	21,631,183	207,207	21,838,390	21,838,390
Foreign issues	91,796,335	879,325	92,675,660	92,675,660
Other - Fixed Income	176,347,979	1,689,253	178,037,232	178,037,232
Equity Investments:				
Domestic stocks	311,533	2,984	314,517	314,517
Foreign stocks	117,393,476	1,124,523	118,517,999	118,517,999
Total direct fixed income and equity investments	1,092,229,920	10,462,569	1,102,692,489	1,102,692,489
Investment assets measured at NAV:				
Investment in alternatives	224,223,939	2,147,861	226,371,800	226,371,800
Investment in real estate	288,090,311	2,759,643	290,849,954	290,849,954
Total investment assets measured at NAV	512,314,250	4,907,504	517,221,754	517,221,754
Total Investments	1,604,544,170	15,370,073	1,619,914,243	1,619,914,243
Accrued dividends and interest receivable	29,004,759	277,839	29,282,598	29,282,598
	<u>\$ 1,633,548,929</u>	<u>\$ 15,647,912</u>	<u>\$ 1,649,196,841</u>	<u>\$ 1,649,196,841</u>
Liabilities and Plans' Equity				
Due to brokers for securities purchased	31,422,916	301,003	31,723,919	31,723,919
Plans' equity	1,602,126,012	15,346,910	1,617,472,922	1,617,472,922
	<u>\$ 1,633,548,928</u>	<u>\$ 15,647,913</u>	<u>\$ 1,649,196,841</u>	<u>\$ 1,649,196,841</u>
Percentage ownership in the Master Trust	99.05%	0.95%		

Johnson Controls, Inc. Pension Plans

Notes to the Financial Statements

Note 9: Johnson Controls Master Pension Trust (Continued)

Johnson Controls Master Pension Trust Statements of Changes in Financial Position

	Years Ended	
	December 31, 2024	December 31, 2023
Investment income (loss)		
Interest and dividends	\$ 30,566,256	\$ 92,472,757
Net appreciation (depreciation)	(57,066,525)	48,814,108
Total investment income (loss)	(26,500,269)	141,286,865
Deductions		
Participant withdrawals	132,153,006	188,846,963
Administrative expenses	5,621,964	7,314,688
Total deductions	137,774,970	196,161,651
Net change in Plans' equity	(164,275,239)	(54,874,786)
Transfer (to) from Johnson Controls Cash Account	(2,315,657)	2,315,657
Plans' equity		
Beginning of year	1,617,472,922	1,670,032,051
End of year	\$1,450,882,026	\$ 1,617,472,922

Note 10: Fair Value Measurements

GAAP specifies a three-tier fair value hierarchy, which prioritizes the inputs used in estimating fair value. These tiers include Level 1, defined as observable inputs such as quoted market prices in active markets; Level 2, defined as inputs other than quoted market prices in active markets that are either directly or indirectly observable; and Level 3, defined as unobservable inputs in which little or no market data exists, therefore, requiring an entity to develop its own assumptions.

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 observable inputs and minimize the use of unobservable inputs.

There have been no changes in the methodologies used in 2024 and 2023. Following is a description of the valuation methodologies used for assets measured at fair value.

Johnson Controls, Inc. Pension Plans

Notes to the Financial Statements

Note 10: Fair Value Measurements (Continued)

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.

Investment assets measured at NAV: The fair value of certain investments in real estate and alternatives 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 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 and alternative 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.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plans believe 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.

The following tables set forth by level the Plan's investment assets at fair value as of:

December 31, 2024	Level 1	Level 2	Level 3	Total
Fixed income funds	\$ 989,236,434	\$ 8,489,544	\$ -	\$ 997,725,978
Equity investments	48,410,241	-	-	48,410,241
Total investments at fair value	1,037,646,675	8,489,544	-	1,046,136,219
Investment assets measured at NAV*				499,742,857
Total assets at fair value				\$ 1,545,879,076

Johnson Controls, Inc. Pension Plans

Notes to the Financial Statements

Note 10: Fair Value Measurements (Continued)

December 31, 2023	Level 1	Level 2	Level 3	Total
Fixed income funds	\$ 983,859,973	\$ -	\$ -	\$ 983,859,973
Equity investments	118,832,516	-	-	118,832,516
Total investments at fair value	1,102,692,489	-	-	1,102,692,489
Investment assets measured at NAV*				517,221,754
Total assets at fair value				\$ 1,619,914,243

* Certain investments that were measured at net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 York International Corporation Pension Plan Number Fifteen
 EIN: 13-3473472 PN: 015

Schedule SB, line 26a — Schedule of Active Participant Data
 as of January 1, 2024

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34			2	1						
35-39			4	1						
40-44			4	7						
45-49			4	3	1	1	3			
50-54			3	3	2	1	7			
55-59		1	3	8	2	4	12	10		
60-64			3	1	2	1	8	3	4	
65-69			1							
70+										

N-110

Schedule SB Attachment (Form 5500) — 2024 Plan Year
York International Corporation Pension Plan Number Fifteen
EIN: 13-3473472 PN: 015

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
Optional Payment Form Election Percentage	18% life annuity 12% joint and 75% survivor annuity 70% lump sum
Lump Sum Conversion Interest Rate	Same as funding interest rates above
Lump Sum Conversion Mortality	Current IRC section 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
In-Service Distribution Election	30% of active participants who turn age 59-1/2 will elect to commence in-service distributions.
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b).
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%)

Schedule SB Attachment (Form 5500) — 2024 Plan Year
York International Corporation Pension Plan Number Fifteen
EIN: 13-3473472 PN: 015

Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limit	Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000
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, \$194,557 for 2024
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2024

Schedule SB Attachment (Form 5500) — 2024 Plan Year
York International Corporation Pension Plan Number Fifteen
EIN: 13-3473472 PN: 015

Actuarial Assumptions and Methods

Table 1

Retirement Rates

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

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 York International Corporation Pension Plan Number Fifteen
 EIN: 13-3473472 PN: 015

Table 2—Page 1 of 2

Withdrawal Rates

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

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 York International Corporation Pension Plan Number Fifteen
 EIN: 13-3473472 PN: 015

Table 2—Page 2 of 2

Withdrawal Rates

Age	Years of Service			
	0	1	2-3	4+
40	8.75%	7.00%	5.25%	3.50%
41	8.00%	6.40%	4.80%	3.20%
42	7.50%	6.00%	4.50%	3.00%
43	7.00%	5.60%	4.20%	2.80%
44	6.50%	5.20%	3.90%	2.60%
45	6.00%	4.80%	3.60%	2.40%
46	5.50%	4.40%	3.30%	2.20%
47	5.00%	4.00%	3.00%	2.00%
48	4.50%	3.60%	2.70%	1.80%
49	4.00%	3.20%	2.40%	1.60%
50	3.50%	2.80%	2.10%	1.40%
51	3.00%	2.40%	1.80%	1.20%
52	2.50%	2.00%	1.50%	1.00%
53	2.00%	1.60%	1.20%	0.80%
54	1.75%	1.40%	1.05%	0.70%
55	1.50%	1.20%	0.90%	0.60%
56	1.25%	1.00%	0.75%	0.50%
57	1.00%	0.80%	0.60%	0.40%
58	0.75%	0.60%	0.45%	0.30%
59	0.50%	0.40%	0.30%	0.20%
60+	0.25%	0.20%	0.15%	0.10%

**SCHEDULE SB
(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

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

A Name of plan YORK INTERNATIONAL CORPORATION PENSION PLAN NUMBER FIFTEEN	B Three-digit plan number (PN) ▶ <u>015</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF YORK INTERNATIONAL CORPORATION	D Employer Identification Number (EIN) 13-3473472
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	14,716,375	
b Actuarial value	2b	14,716,375	
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	118	6,129,495	6,129,495
b For terminated vested participants	95	2,768,321	2,768,321
c For active participants	110	5,643,441	5,643,441
d Total	323	14,541,257	14,541,257
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>			
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		5.16%
6 Target normal cost			
a Present value of current plan year accruals	6a		0
b Expected plan-related expenses	6b		194,557
c Target normal cost	6c		194,557

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	<u>Cheryl L. Davis</u> <i>CLD</i> Signature of actuary	<u>09/26/2025</u> Date
	<u>CHERYL L. DAVIS</u> Type or print name of actuary	<u>2304707</u> Most recent enrollment number
	<u>AON CONSULTING, INC.</u> Firm name	<u>847-295-5000</u> Telephone number (including area code)
	<u>MSC#17755 PO Box 551343 ATLANTA GA 30355</u> 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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2024
v. 240311

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	2,203,072
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	502,188
9 Amount remaining (line 7 minus line 8)	0	1,700,884
10 Interest on line 9 using prior year's actual return of <u>7.46%</u>	0	126,886
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 <u>5.29%</u>		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	1,827,770

Part III	Funding Percentages	
14 Funding target attainment percentage.....	14	88.63%
15 Adjusted funding target attainment percentage.....	15	101.20%
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	90.37%
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year				
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th	
0	0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
-----------------------	-----------------------	-----------------------	---

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

22 Weighted average retirement age **22** 64

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? 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 6c)..... **31a** 194,557

b Excess assets, if applicable, but not greater than line 31a **31b** 0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	1,652,652	157,464
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** 352,021

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	352,021	352,021

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 the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 York International Corporation Pension Plan Number Fifteen
 EIN: 13-3473472 PN: 015

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

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
60.5	10.00%	1.0000	6.05
61.5	5.00%	0.9000	2.77
62.5	45.00%	0.8550	24.05
63.5	30.00%	0.4703	8.96
64.5	10.00%	0.3292	2.12
65.5	70.00%	0.2963	13.58
66.5	50.00%	0.0889	2.96
67.5	50.00%	0.0444	1.50
68.5	50.00%	0.0222	0.76
69.5	50.00%	0.0111	0.39
70	100.00%	0.0056	0.39
		Weighted Average	63.53

Schedule SB Attachment (Form 5500) — 2024 Plan Year
York International Corporation Pension Plan Number Fifteen
EIN: 13-3473472 PN: 015

Schedule SB, Part V — Summary of Plan Provisions

Effective Date	The effective date of adoption is July 1, 1966. Amended and restated effective January 1, 2016.
Covered Employees	Frick U.A.W. employees.
Status of Plan	Benefits are frozen as of December 31, 2019.
Participation	January 1 or July 1 after one year of service. No new entrants after January 1, 2014.
Normal Retirement	
Eligibility	Age 65.
Benefit	\$28.00 per month multiplied by years of credited service.
Early Retirement	
Eligibility	Age 60 with 10 years of service.
Benefit	The normal retirement benefit based on service to date of retirement but reduced by 5/9 of 1% for each month by which the early retirement date precedes the participant's normal retirement date.
Total and Permanent Disability Retirement	
Eligibility	Ten years of service.
Benefit	Normal retirement benefit based on service to date of disability.
Deferred Vested	
Eligibility	Five years of service.
Benefit	The accrued normal retirement benefit payable at age 65. Benefits may commence early with 10 years of service. Benefits are reduced for early commencement.
Preretirement Surviving Spouse Benefit	
Eligibility	Eligible for a vested benefit.
Benefit	
Early Retirement Eligible	50% of the benefit the participant was entitled to receive under the early retirement provisions had he terminated employment on the date of death and elected payment in the form of a 50% joint and survivor annuity. This benefit is payable for the life of the spouse.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 York International Corporation Pension Plan Number Fifteen
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Not Early Retirement Eligible

50% of the benefit the participant was entitled to receive under the plan provisions had he terminated employment on the date of death, survived to his earliest retirement age, and elected payment in the form of a 50% joint and survivor annuity. This benefit is payable for the remaining lifetime of the spouse, beginning at the participant's earliest retirement date.

Form of Payment

Normal

Single life annuity payable monthly, but for married participants, unless elected otherwise, there is in effect an automatic 50% joint and survivor option on an actuarially equivalent basis.

Optional

100%, 75%, 66²/₃%, or 50% joint and survivor annuity, 15-year certain and life annuity, 10-year certain and life annuity, 5-year certain and life annuity, single life annuity, or lump sum.

Optional Payment Form

Conversion Interest Rate

Non-Lump Sums

See Table 1

Lump Sums

417(e) Interest Rate (August lookback).

Conversion Mortality

Non-Lump Sums

See Table 1.

Lump Sums

417(e) Mortality Table.

Lump Sum Form of Payment

Retirement Eligible Participant

The actuarial equivalent of the benefit payable as a life annuity, including early retirement subsidies.

Nonretirement Eligible Participant

The actuarial equivalent of the benefit payable as a life annuity, excluding early retirement subsidies. The lump sum is only available after the participant reaches commencement eligibility.

Definitions

Credited Service

One year of service for benefit accrual is credited for each year a participant completes 1,800 or more hours of service. Credited service was frozen as of December 31, 2019.

Vesting Service

One year of vesting service is credited for each year a participant completes 1,000 or more hours of service.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 York International Corporation Pension Plan Number Fifteen
 EIN: 13-3473472 PN: 015

Table 1

Optional Form Factors

Participant Retirement Age (NBD)	5 C&C	10 C&C	15 C&C	50% J&S	66 ² / ₃ J&S	75% J&S	100% J&S
70+	0.9500	0.8750	0.8000	0.9000	0.8667	0.8500	0.8000
69	0.9550	0.8850	0.8150	0.9025	0.8700	0.8540	0.8050
68	0.9600	0.8950	0.8300	0.9050	0.8733	0.8580	0.8100
67	0.9650	0.9050	0.8450	0.9075	0.8767	0.8520	0.8150
66	0.9700	0.9150	0.8600	0.9100	0.8800	0.8660	0.8200
65	0.9750	0.9250	0.8750	0.9125	0.8833	0.8700	0.8250
64	0.9775	0.9300	0.8825	0.9150	0.8867	0.8740	0.8300
63	0.9800	0.9350	0.8900	0.9175	0.8900	0.8780	0.8350
62	0.9825	0.9400	0.8975	0.9200	0.8933	0.8820	0.8400
61	0.9850	0.9450	0.9050	0.9225	0.8967	0.8860	0.8450
60	0.9875	0.9500	0.9125	0.9250	0.9000	0.8900	0.8500
59	0.9900	0.9550	0.9200	0.9275	0.9033	0.8940	0.8550
58	0.9900	0.9600	0.9275	0.9300	0.9067	0.8980	0.8600
57	0.9900	0.9650	0.9350	0.9325	0.9100	0.9020	0.8650
56	0.9900	0.9700	0.9425	0.9350	0.9133	0.9060	0.8700
55 or younger	0.9900	0.9750	0.9500	0.9375	0.9167	0.9100	0.8750
Adjustment to J&S for age difference of participant and survivor:							
(Add for each whole year survivor is older)							
(Subtract for each year survivor is younger)							
				0.0050	0.0050	0.0060	0.0075
Maximum							
Factor	0.9900	0.9750	0.9500	0.9750	0.9667	0.9625	0.9500
Minimum							
Factor	0.9500	0.8750	0.8000	0.8000	0.7667	0.7500	0.7000

Schedule SB Attachment (Form 5500) — 2024 Plan Year
York International Corporation Pension Plan Number Fifteen
EIN: 13-3473472 PN: 015

Plan Changes Since the January 1, 2023 Valuation

The January 1, 2024 funding valuation reflects the following plan change:

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

Plan Changes Since the January 1, 2022 Valuation

The January 1, 2023 funding valuation reflects the following plan change:

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

Plan Changes Since the January 1, 2021 Valuation

The January 1, 2022 funding valuation reflects the following plan change:

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

Plan Changes Since the January 1, 2020 Valuation

The January 1, 2021 funding valuation reflects the following plan change:

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

Plan Changes Since the January 1, 2019 Valuation

The January 1, 2020 funding valuation reflects the following plan changes:

- Effective February 14, 2019, a lump sum optional payment form was added.
- The plan was frozen on December 31, 2019 and participants will no longer accrue benefits under the plan.

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

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

Johnson Controls, Inc. Pension Plans

Notes to the Financial Statements

Johnson Controls Master Pension Trust Statements of Financial Position

December 31, 2024	Johnson Controls			
	Pension	York Plan 15	Total Plans	Master Trust Total
Assets				
Investments at fair value as determined by quoted market price (direct):				
Fixed Income Fund:				
Cash & cash equivalents	\$ 8,517,599	\$ 82,916	\$ 8,600,515	\$ 8,600,515
U.S. government and federal agency securities	253,142,019	2,464,265	255,606,284	255,606,284
Corporate issues	479,120,306	4,664,099	483,784,405	483,784,405
Municipal issues	25,285,340	246,146	25,531,486	25,531,486
Foreign issues	123,121,073	1,198,548	124,319,621	124,319,621
Other - Fixed Income	90,513,005	881,118	91,394,123	91,394,123
Equity Investments:				
Domestic stocks	197,343	1,921	199,264	199,264
Foreign stocks	47,746,182	464,795	48,210,977	48,210,977
Total direct fixed income and equity investments	1,027,642,867	10,003,808	1,037,646,675	1,037,646,675
Investments at fair value as determined by quoted market price (indirect):				
Fixed Income Fund:				
Other - Fixed Income	8,407,697	81,847	8,489,544	8,489,544
Investment assets measured at NAV:				
Investment in alternatives	239,063,519	2,327,215	241,390,734	241,390,734
Investment in real estate	255,861,386	2,490,737	258,352,123	258,352,123
Total investment assets measured at NAV	494,924,905	4,817,952	499,742,857	499,742,857
Total Investments	1,530,975,469	14,903,607	1,545,879,076	1,545,879,076
Accrued dividends and interest receivable	8,032,862	78,198	8,111,060	8,111,060
	\$ 1,539,008,331	\$ 14,981,805	\$ 1,553,990,136	\$ 1,553,990,136
Liabilities and Plans' Equity				
Due to brokers for securities purchased	102,114,058	994,052	103,108,110	103,108,110
Plans' equity	1,436,894,273	13,987,753	1,450,882,026	1,450,882,026
	\$ 1,539,008,331	\$ 14,981,805	\$ 1,553,990,136	\$ 1,553,990,136
Percentage ownership in the Master Trust	99.04%	0.96%		

Johnson Controls, Inc. Pension Plans

Notes to the Financial Statements

Johnson Controls Master Pension Trust Statements of Financial Position

December 31, 2023	Johnson Controls Pension	York Plan 15	Total Plans	Master Trust Total
Assets				
Investments at fair value as determined by quoted market price (direct):				
Fixed Income Fund:				
Cash & cash equivalents	\$ 18,868,230	\$ 180,740	\$ 19,048,970	\$ 19,048,970
U.S. government and federal agency securities	233,912,661	2,240,671	236,153,332	236,153,332
Corporate issues	431,968,523	4,137,866	436,106,389	436,106,389
Municipal issues	21,631,183	207,207	21,838,390	21,838,390
Foreign issues	91,796,335	879,325	92,675,660	92,675,660
Other - Fixed Income	176,347,979	1,689,253	178,037,232	178,037,232
Equity Investments:				
Domestic stocks	311,533	2,984	314,517	314,517
Foreign stocks	117,393,476	1,124,523	118,517,999	118,517,999
Total direct fixed income and equity investments	1,092,229,920	10,462,569	1,102,692,489	1,102,692,489
Investment assets measured at NAV:				
Investment in alternatives	224,223,939	2,147,861	226,371,800	226,371,800
Investment in real estate	288,090,311	2,759,643	290,849,954	290,849,954
Total investment assets measured at NAV	512,314,250	4,907,504	517,221,754	517,221,754
Total Investments	1,604,544,170	15,370,073	1,619,914,243	1,619,914,243
Accrued dividends and interest receivable	29,004,759	277,839	29,282,598	29,282,598
	<u>\$ 1,633,548,929</u>	<u>\$ 15,647,912</u>	<u>\$ 1,649,196,841</u>	<u>\$ 1,649,196,841</u>
Liabilities and Plans' Equity				
Due to brokers for securities purchased	31,422,916	301,003	31,723,919	31,723,919
Plans' equity	1,602,126,012	15,346,910	1,617,472,922	1,617,472,922
	<u>\$ 1,633,548,928</u>	<u>\$ 15,647,913</u>	<u>\$ 1,649,196,841</u>	<u>\$ 1,649,196,841</u>
Percentage ownership in the Master Trust	99.05%	0.95%		

Johnson Controls, Inc. Pension Plans

Notes to the Financial Statements

Note 9: Johnson Controls Master Pension Trust (Continued)

Johnson Controls Master Pension Trust Statements of Changes in Financial Position

	Years Ended	
	December 31, 2024	December 31, 2023
Investment income (loss)		
Interest and dividends	\$ 30,566,256	\$ 92,472,757
Net appreciation (depreciation)	(57,066,525)	48,814,108
Total investment income (loss)	(26,500,269)	141,286,865
Deductions		
Participant withdrawals	132,153,006	188,846,963
Administrative expenses	5,621,964	7,314,688
Total deductions	137,774,970	196,161,651
Net change in Plans' equity	(164,275,239)	(54,874,786)
Transfer (to) from Johnson Controls Cash Account	(2,315,657)	2,315,657
Plans' equity		
Beginning of year	1,617,472,922	1,670,032,051
End of year	\$1,450,882,026	\$ 1,617,472,922

Note 10: Fair Value Measurements

GAAP specifies a three-tier fair value hierarchy, which prioritizes the inputs used in estimating fair value. These tiers include Level 1, defined as observable inputs such as quoted market prices in active markets; Level 2, defined as inputs other than quoted market prices in active markets that are either directly or indirectly observable; and Level 3, defined as unobservable inputs in which little or no market data exists, therefore, requiring an entity to develop its own assumptions.

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 observable inputs and minimize the use of unobservable inputs.

There have been no changes in the methodologies used in 2024 and 2023. Following is a description of the valuation methodologies used for assets measured at fair value.

Schedule SB Attachment (Form 5500) – 2024 Plan Year
York International Corporation Pension Plan Number Fifteen
EIN: 13-3473472 PN: 015

Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 1,592,221	January 1, 2023	14	\$ 151,966
Shortfall	\$ 60,431	January 1, 2024	15	\$ 5,498