

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - a DFE (specify) _____
- B** This return/report is:
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - the DFVC program
 - special extension (enter description)
- 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 <u>JOHNSON CONTROLS WORLD SERVICES, INC. RETIREE LIFE AND HEALTH PLAN</u> | 1b Three-digit plan number (PN) ▶ | <u>520</u> |
| | 1c Effective date of plan | <u>10/01/1984</u> |
| 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>JOHNSON CONTROLS, INC.</u> <u>5757 N. GREEN BAY AVENUE</u> <u>MILWAUKEE, WI 53209-4408</u> | 2b Employer Identification Number (EIN) | <u>39-0380010</u> |
| | 2c Plan Sponsor's telephone number | <u>414-524-1200</u> |
| | 2d Business code (see instructions) | <u>561210</u> |
| | | |

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

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

| | | | |
|------------------|---|------------|--|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/13/2025 | JENNIFER THOMA |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | | |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

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

Form 5500 (2024)
v. 240311

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|--------------|-----|--------------|-----|-----------|---|-----------|---|-----------|-----|-----------|--|-----------|--|--------------|--|--------------|--|-----------|--|
| <p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>EMPLOYEE BENEFITS POLICY COMMITTEE JOHNSON CONTROLS, INC 5757 N. GREEN BAY AVENUE MILWAUKEE, WI 53209-4408</p> | <p>3b Administrator's EIN 39-0380010</p> <p>3c Administrator's telephone number 414-524-1200</p> | | | | | | | | | | | | | | | | | | | | |
| <p>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:</p> <p>a Sponsor's name c Plan Name</p> | <p>4b EIN</p> <p>4d PN</p> | | | | | | | | | | | | | | | | | | | | |
| <p>5 Total number of participants at the beginning of the plan year</p> | <p>5 245</p> | | | | | | | | | | | | | | | | | | | | |
| <p>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).</p> <p>a(1) Total number of active participants at the beginning of the plan year</p> <p>a(2) Total number of active participants at the end of the plan year</p> <p>b Retired or separated participants receiving benefits.....</p> <p>c Other retired or separated participants entitled to future benefits</p> <p>d Subtotal. Add lines 6a(2), 6b, and 6c.....</p> <p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</p> <p>f Total. Add lines 6d and 6e</p> <p>g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</p> <p>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</p> <p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td style="width:90%;">245</td></tr> <tr><td>6a(2)</td><td>269</td></tr> <tr><td>6b</td><td>0</td></tr> <tr><td>6c</td><td>0</td></tr> <tr><td>6d</td><td>269</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table> | 6a(1) | 245 | 6a(2) | 269 | 6b | 0 | 6c | 0 | 6d | 269 | 6e | | 6f | | 6g(1) | | 6g(2) | | 6h | |
| 6a(1) | 245 | | | | | | | | | | | | | | | | | | | | |
| 6a(2) | 269 | | | | | | | | | | | | | | | | | | | | |
| 6b | 0 | | | | | | | | | | | | | | | | | | | | |
| 6c | 0 | | | | | | | | | | | | | | | | | | | | |
| 6d | 269 | | | | | | | | | | | | | | | | | | | | |
| 6e | | | | | | | | | | | | | | | | | | | | | |
| 6f | | | | | | | | | | | | | | | | | | | | | |
| 6g(1) | | | | | | | | | | | | | | | | | | | | | |
| 6g(2) | | | | | | | | | | | | | | | | | | | | | |
| 6h | | | | | | | | | | | | | | | | | | | | | |
| <p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p> | <p>7</p> | | | | | | | | | | | | | | | | | | | | |

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4D 4E 4Q

| | |
|---|---|
| <p>9a Plan funding arrangement (check all that apply)</p> <p>(1) <input checked="" type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p> | <p>9b Plan benefit arrangement (check all that apply)</p> <p>(1) <input checked="" type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p> |
|---|---|

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

| | |
|--|--|
| <p>a Pension Schedules</p> <p>(1) <input type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p> | <p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 2 </u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p> |
|--|--|

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 _____

| | | |
|---|--|---|
| <p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p> | <p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p> |
|---|--|---|

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

| | | |
|--|--|--|
| <p>A Name of plan JOHNSON CONTROLS WORLD SERVICES, INC. RETIREE LIFE AND HEALTH PLAN</p> | <p>B Three-digit plan number (PN) ▶ 520</p> | |
| <p>C Plan sponsor's name as shown on line 2a of Form 5500 JOHNSON CONTROLS, INC.</p> | <p>D Employer Identification Number (EIN) 39-0380010</p> | |

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
RELIASTAR LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
| | | | | (f) From | (g) To |
| 41-0451140 | 67105 | 70140-8 | 53807 | 01/01/2024 | 12/31/2024 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| | |
|--|--|
| (a) Total amount of commissions paid 543993 | (b) Total amount of fees paid 65042 |
|--|--|

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MERCER HEALTH & BENEFITS ADMIN. LLC PO BOX 850502
MINNEAPOLIS, MN 55485

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 543993 | | | 3 |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CUENCA & ASSO. INS. AGENCY, INC. 2990 INNSBRUCK DR.
REDDING, CA 96003

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--------------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | 65042 | ADMINISTRATION FEE | 3 |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | |
|--|----------|--|
| 4 Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 Current value of plan's interest under this contract in separate accounts at year end..... | 5 | |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

| | | |
|---|----------------------------|---|
| b Balance at the end of the previous year | 7b | 0 |
| c Additions: (1) Contributions deposited during the year | 7c(1) | |
| | 7c(2) | |
| | 7c(3) | |
| | 7c(4) | |
| | 7c(5) | |
| (6) Total additions | 7c(6) | 0 |
| d Total of balance and additions (add lines 7b and 7c(6)) | 7d | 0 |
| e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | |
| | 7e(2) | |
| | 7e(3) | |
| | 7e(4) | |
| | (5) Total deductions | |
| f Balance at the end of the current year (subtract line 7e(5) from line 7d)..... | 7f | 0 |

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
 b Dental
 c Vision
 d Life insurance
e Temporary disability (accident and sickness)
 f Long-term disability
 g Supplemental unemployment
 h Prescription drug
i Stop loss (large deductible)
 j HMO contract
 k PPO contract
 l Indemnity contract
m Other (specify) ▶ **AD&D, CRITICAL ILLNESS, ACCIDENT**

9 Experience-rated contracts:

| | | | |
|--|-----------------|-----------------|---|
| a Premiums: (1) Amount received | 9a(1) | | |
| (2) Increase (decrease) in amount due but unpaid | 9a(2) | | |
| (3) Increase (decrease) in unearned premium reserve | 9a(3) | | |
| (4) Earned ((1) + (2) - (3)) | | 9a(4) | 0 |
| b Benefit charges (1) Claims paid | 9b(1) | | |
| (2) Increase (decrease) in claim reserves | 9b(2) | | |
| (3) Incurred claims (add (1) and (2)) | | 9b(3) | 0 |
| (4) Claims charged | | 9b(4) | |
| c Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | |
| (A) Commissions | 9c(1)(A) | | |
| (B) Administrative service or other fees | 9c(1)(B) | | |
| (C) Other specific acquisition costs | 9c(1)(C) | | |
| (D) Other expenses | 9c(1)(D) | | |
| (E) Taxes | 9c(1)(E) | | |
| (F) Charges for risks or other contingencies | 9c(1)(F) | | |
| (G) Other retention charges | 9c(1)(G) | | |
| (H) Total retention | | 9c(1)(H) | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) | | 9c(2) | |
| d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | 9d(1) | |
| (2) Claim reserves | | 9d(2) | |
| (3) Other reserves | | 9d(3) | |
| e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) | | 9e | |

10 Nonexperience-rated contracts:

| | | |
|---|------------|----------|
| a Total premiums or subscription charges paid to carrier | 10a | 21182942 |
| b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs. | 10b | |

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

| | | |
|---|--|--|
| <p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p> |
|---|--|--|

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

| | | |
|--|--|-------------------|
| <p>A Name of plan JOHNSON CONTROLS WORLD SERVICES, INC. RETIREE LIFE AND HEALTH PLAN</p> | <p>B Three-digit plan number (PN) ▶</p> | <p>520</p> |
| <p>C Plan sponsor's name as shown on line 2a of Form 5500 JOHNSON CONTROLS, INC.</p> | <p>D Employer Identification Number (EIN) 39-0380010</p> | |

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
EYEMED

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
| | | | | (f) From | (g) To |
| 43-0949844 | 71870 | 10122971001 | 45721 | 01/01/2024 | 12/31/2024 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| | |
|---|--------------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|--------------------------------------|

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | |
|--|----------|--|
| 4 Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 Current value of plan's interest under this contract in separate accounts at year end..... | 5 | |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

| | | |
|---|----------------------------|---|
| b Balance at the end of the previous year | 7b | 0 |
| c Additions: (1) Contributions deposited during the year | 7c(1) | |
| | 7c(2) | |
| | 7c(3) | |
| | 7c(4) | |
| | 7c(5) | |
| (6) Total additions | 7c(6) | 0 |
| d Total of balance and additions (add lines 7b and 7c(6)) | 7d | 0 |
| e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | |
| | 7e(2) | |
| | 7e(3) | |
| | 7e(4) | |
| | (5) Total deductions | |
| f Balance at the end of the current year (subtract line 7e(5) from line 7d)..... | 7f | 0 |

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
 b Dental
 c Vision
 d Life insurance
e Temporary disability (accident and sickness)
 f Long-term disability
 g Supplemental unemployment
 h Prescription drug
i Stop loss (large deductible)
 j HMO contract
 k PPO contract
 l Indemnity contract
m Other (specify) ▶

9 Experience-rated contracts:

| | | | |
|--|-----------------|--------------|---|
| a Premiums: (1) Amount received | | 9a(1) | |
| (2) Increase (decrease) in amount due but unpaid | | 9a(2) | |
| (3) Increase (decrease) in unearned premium reserve | | 9a(3) | |
| (4) Earned ((1) + (2) - (3)) | | 9a(4) | 0 |
| b Benefit charges (1) Claims paid | | 9b(1) | |
| (2) Increase (decrease) in claim reserves | | 9b(2) | |
| (3) Incurred claims (add (1) and (2)) | | 9b(3) | 0 |
| (4) Claims charged | | 9b(4) | |
| c Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | |
| (A) Commissions | 9c(1)(A) | | |
| (B) Administrative service or other fees | 9c(1)(B) | | |
| (C) Other specific acquisition costs | 9c(1)(C) | | |
| (D) Other expenses | 9c(1)(D) | | |
| (E) Taxes | 9c(1)(E) | | |
| (F) Charges for risks or other contingencies | 9c(1)(F) | | |
| (G) Other retention charges | 9c(1)(G) | | |
| (H) Total retention | 9c(1)(H) | | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) | | 9c(2) | |
| d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | 9d(1) | |
| (2) Claim reserves | | 9d(2) | |
| (3) Other reserves | | 9d(3) | |
| e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) | | 9e | |

10 Nonexperience-rated contracts:

| | | |
|---|------------|---------|
| a Total premiums or subscription charges paid to carrier | 10a | 3972411 |
| b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs. | 10b | |

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

| | | |
|--|--|---|
| 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. |
|--|--|---|

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

| | | |
|--|--|------------|
| A Name of plan JOHNSON CONTROLS WORLD SERVICES, INC. RETIREE LIFE AND HEALTH PLAN | B Three-digit plan number (PN) ▶ | 520 |
| C Plan sponsor's name as shown on line 2a of Form 5500 JOHNSON CONTROLS, INC. | D Employer Identification Number (EIN) 39-0380010 | |

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

(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)

BLUE CROSS BLUE SHIELD OF ILLINOIS

36-1236610

| (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? |
|------------------------|---|--|--|--|---|--|
| 12 13 | NONE | 12258 | 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"/> |

(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 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. | 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 | |
| A Name of plan JOHNSON CONTROLS WORLD SERVICES, INC. RETIREE LIFE AND HEALTH PLAN | B Three-digit plan number (PN) ▶ 520 |
| C Plan sponsor's name as shown on line 2a of Form 5500 JOHNSON CONTROLS, INC. | D Employer Identification Number (EIN) 39-0380010 |

| | |
|---------------|--------------------------------------|
| 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) | 6245 | 4954 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 45477 | 55106 |
| (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) | | |
| (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) | 7715063 | 7594094 |
| (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 | 7766785 | 7654154 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | 26016 | 45231 |
| h Operating payables..... | 1h | 2819 | 2611 |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | 49985 | 55422 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 78820 | 103264 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 7687965 | 7550890 |

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) | 5192 | |
| (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) | | 5192 |
| (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) | 319158 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 319158 |
| (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) | | |
| (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) | | 59873 |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | | 384223 |

Expenses

| | | | |
|--|---------------|--------|--------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers..... | 2e(1) | 296298 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 172643 | |
| (3) Other..... | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 468941 |
| 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) | 15126 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (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) | 763 | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses..... | 2i(11) | 36468 | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 52357 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 521298 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | -137075 |
| 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 | | 50000000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | 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 _____.

Johnson Controls World Services, Inc. Retiree Life and Health Plan

Financial Statements and Supplemental Schedules

Year Ended December 31, 2024



WIPFLI

Independent Auditor's Report

To the Participants and Plan Administrator
Johnson Controls World Services, Inc. Retiree Life and Health Plan

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

We have performed audits of the accompanying financial statements of Johnson Controls World Services, Inc. Retiree Life and Health Plan, 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, the related statement of changes in net assets available for benefits for the year ended December 31, 2024, the statements of plan benefit obligations as of December 31, 2024 and 2023, and the related statement of changes in plan benefit obligations for the year ended December 31, 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 Johnson Controls World Services, Inc. Retiree Life and Health Plan's 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 year ended December 31, 2024, stating that the certified investment information, as described in Note 5 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 Johnson Controls World Services, Inc. Retiree Life and Health Plan 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) 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 Johnson Controls World Services, Inc. Retiree Life and Health Plan's 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 Johnson Controls World Services, Inc. Retiree Life and Health Plan'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 Johnson Controls World Services, Inc. Retiree Life and Health Plan'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.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024, and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

"Wipfli" is the brand name under which Wipfli LLP and Wipfli Advisory LLC and its respective subsidiary entities provide professional services. Wipfli LLP and Wipfli Advisory LLC (and its respective subsidiary entities) practice in an alternative practice structure in accordance with the AICPA Code of Professional Conduct and applicable law, regulations, and professional standards. Wipfli LLP is a licensed independent CPA firm that provides attest services to its clients, and Wipfli Advisory LLC provides tax and business consulting services to its clients. Wipfli Advisory LLC and its subsidiary entities are not licensed CPA firms.

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules 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).

Wipfli LLP

Wipfli LLP
Milwaukee, Wisconsin

October 9, 2025

Johnson Controls World Services, Inc. Retiree Life and Health Plan

Statements of Net Assets Available for Benefits

| <i>As of December 31,</i> | 2024 | 2023 |
|--------------------------------------|--------------|--------------|
| Assets: | | |
| Investments at fair value | \$ 7,649,200 | \$ 7,760,540 |
| Receivables and other assets: | | |
| Income tax receivable | 4,751 | 3,243 |
| Prepaid expenses | 203 | 3,002 |
| Total receivables and other assets | 4,954 | 6,245 |
| Total assets | 7,654,154 | 7,766,785 |
| Liabilities: | | |
| Other payable | 6,892 | - |
| Accrued benefit payments | 45,231 | 26,016 |
| Accrued insurance premiums | 48,530 | 49,985 |
| Accrued administrative expenses | 2,611 | 2,819 |
| Total liabilities | 103,264 | 78,820 |
| Net assets available for benefits | \$ 7,550,890 | \$ 7,687,965 |

See accompanying notes to financial statements.

Johnson Controls World Services, Inc. Retiree Life and Health Plan

Statement of Changes in Net Assets Available for Benefits

| <i>Year Ended December 31,</i> | 2024 |
|---|---------------------|
| Investment income: | |
| Net appreciation in fair value of investments | \$ 59,873 |
| Interest and dividend income | 324,350 |
| Total investment income | 384,223 |
| Deductions: | |
| Health benefits paid to participants | 296,298 |
| Premiums paid to insurance carriers | 172,643 |
| Unrelated business income tax expense | 36,468 |
| Administrative expenses | 15,889 |
| Total deductions | 521,298 |
| Net change | (137,075) |
| Net assets available for benefits at beginning of year | 7,687,965 |
| Net assets available for benefits at end of year | \$ 7,550,890 |

See accompanying notes to financial statements.

Johnson Controls World Services, Inc. Retiree Life and Health Plan

Statements of Plan Benefit Obligations

| <i>December 31,</i> | 2024 | 2023 |
|--|--------------|--------------|
| Current payables to or for participants, beneficiaries and dependents: | | |
| Health claims and insurance premium payable | \$ 100,653 | \$ 76,001 |
| Other obligation for benefit coverage, at estimated amounts: | | |
| Claims incurred but not reported | 162,000 | 145,000 |
| Total obligations other than postretirement benefit obligations | 262,653 | 221,001 |
| Postretirement benefit obligations: | | |
| Current retirees | 4,672,000 | 5,212,000 |
| Total benefit obligations | \$ 4,934,653 | \$ 5,433,001 |

See accompanying notes to financial statements.

Johnson Controls World Services, Inc. Retiree Life and Health Plan

Statement of Changes in Plan Benefit Obligations

| <i>Year Ended December 31,</i> | 2024 |
|--|--------------|
| Current payables to or for participants, beneficiaries and dependents: | |
| Balance at the beginning of year | \$ 76,001 |
| Health claims and insurance premiums reported and approved for payment including benefits reclassified from benefit obligation | 468,941 |
| Benefits paid and insurance premiums paid | (444,289) |
| Balance at the end of year | 100,653 |
| Other obligation for benefit coverage, claims incurred but not reported, at estimated amounts: | |
| Balance at the beginning of the year | 145,000 |
| Net change during the year | 17,000 |
| Balance at the end of year | 162,000 |
| Total obligations other than postretirement benefit obligations | 262,653 |
| Postretirement benefit obligations: | |
| Balance at the beginning of the year | 5,212,000 |
| Increase (decrease) during the year attributable to: | |
| Interest cost | 253,000 |
| Benefits paid / reclassified to amounts currently payable | (867,000) |
| Experience gain | 74,000 |
| Balance at the end of year | 4,672,000 |
| Total benefit obligations | \$ 4,934,653 |

See accompanying notes to financial statements.

Johnson Controls World Services, Inc. Retiree Life and Health Plan

Notes to the Financial Statements

Note 1: Description of Plan

The following description of the Johnson Controls World Services, Inc. Retiree Life and Health Plan (the Plan) 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 Plan is a welfare benefit plan providing medical (including prescription drug), dental, vision, and life insurance benefits under designated benefits programs to eligible retirees (Employee or Participant) of Johnson Controls World Services, Inc. Johnson Controls, Inc., (the Company) is the Plan sponsor. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The ERISA plan administrator is the Johnson Controls Employee Benefits Policy Committee.

Contributions

Participant, dependent and Company contributions to the Plan are based on the provisions of various benefit programs provided under the Plan. There were no contributions required for 2024.

Benefit Payments

The Company entered into an administrative service contract with Alight Solutions (Alight). Alight performs the enrollment processing and provides other routine administrative services. Claims for the self-insured medical (including prescription drug), dental, vision, and insured life insurance plans are processed by various third party claims administrators.

Self-Insured Benefits

All Plan benefits are self-insured. Despite the Plan's utilization of third-party claims processors, ultimate responsibility for payments to providers and participants is retained by the Plan.

Note 2: Summary of Significant Accounting Policies

Basis of Presentation

The financial statements of the Plan 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, benefit obligations, and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Johnson Controls World Services, Inc. Retiree Life and Health Plan

Notes to the Financial Statements

Note 2: Summary of Significant Accounting Policies (Continued)

Payment of Benefits

Premiums paid are recorded as premium payments in the accompanying statement of changes in net assets available for benefits.

Claim payments are recorded when paid by the third-party claims processor. Amounts due to claims processors that have yet to be reimbursed by the Plan are recorded as accrued benefit payments in the accompanying statements of net assets available for benefits.

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. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are reported on the ex-dividend date. Net appreciation in fair value of investments includes the plan's gains and losses on investments bought and sold as well as held during the year.

Administrative Expenses

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

Benefit Obligations

The Plan's liabilities for estimated health claims incurred but not reported as of December 31, 2024 and 2023 of \$162,000 and \$145,000, respectively, represent amounts estimated by the Company for self-insured claims that were incurred prior to December 31, 2024 and 2023, respectively, but not reported to the Plan's claim administrator.

Subsequent Events

Management has evaluated subsequent events through October 9, 2025, the date which the financial statements were available to be issued.

Note 3: Postretirement Benefits

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee services previously rendered. Postretirement benefits include future benefits expected to be paid to or for currently retired or terminated employees and their beneficiaries and dependents after retirement from service.

Johnson Controls World Services, Inc. Retiree Life and Health Plan

Notes to the Financial Statements

Note 3: Postretirement Benefits (Continued)

The actuarial present value of the expected postretirement benefit obligation is determined by Aon Hewitt and is the amount that results from applying the actuarial assumptions to historical claim-cost data for estimated future annual incurred claims cost per participant, and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The assumptions used in determining the accumulated postretirement benefit obligation at December 31, 2024 and 2023 are as follows:

| | 2024 | 2023 |
|--|---|--------|
| Healthcare cost trend rate for post-65 - medical | 10.60 % | 9.20 % |
| Discount rate | 4.24 % | 5.24 % |
| Mortality assumptions | For 2024 and 2023: Base table: Pri-2012 Fully Generational Combined Healthy Mortality Table adjusted to reflect plan mortality experience | |

The healthcare cost trend rate for medical benefits is assumed to decrease to 4.50% by 2034 for post-65 medical, at a gradual rate.

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation. The health care cost trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. To illustrate, a one-percentage point increase in the assumed healthcare cost trend rate would increase the obligation by \$108,000 and \$106,000 at December 31, 2024 and 2023, respectively.

In December 2003, the U.S. Congress enacted the Medicare Prescription Drug, Improvement and Modernization Act of 2003 that provides a prescription drug subsidy, beginning in 2006, to companies that sponsor postretirement healthcare plans that provide drug benefits. The Plan's accumulated postretirement benefit obligation and the changes in the benefit obligation do not reflect any amount associated with the Medicare subsidy because the Plan is not directly entitled to the Medicare subsidy.

The Plan's accumulated postretirement benefit obligation differs from that disclosed by the Company because the Company's amount is net of the Medicare subsidy.

Johnson Controls World Services, Inc. Retiree Life and Health Plan

Notes to the Financial Statements

Note 4: 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.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

The following table sets forth by level the Plan's investment assets at fair value at December 31:

| | Level 1 | Level 2 | Level 3 | Total |
|---------------------|--------------|---------|---------|--------------|
| Mutual funds - 2024 | \$ 7,649,200 | \$ - | \$ - | \$ 7,649,200 |
| Mutual funds - 2023 | \$ 7,760,540 | \$ - | \$ - | \$ 7,760,540 |

Note 5: Information Prepared and Certified by Trustee

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Investments held at December 31, 2024 and 2023, and investment income for the year ended December 31, 2024, that is disclosed in the accompanying financial statements and supplemental schedules, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by U.S. Bank National Association, Trustee of the Plan.

Johnson Controls World Services, Inc. Retiree Life and Health Plan

Notes to the Financial Statements

Note 6: Tax Status

During 1995, the Company established the Johnson Controls World Services, Inc. 501(C)(9) Trust (the Trust) for the purpose of accumulating and distributing contributions made in accordance with the Plan. The Trust is qualified pursuant to Section 501(C)(9) of the Internal Revenue Code (IRC); therefore, the Trust's net investment income, to the extent the Trust is deficient in net assets compared to the Plan's benefit obligations, is treated as exempt from income taxes. During the year ended December 31, 2024, the net assets exceeded the Plan's benefit obligations resulting in the Trust's net investment income being subject to taxation. Unrelated business income taxes of \$36,468 have been incurred by the Trust for the year ended December 31, 2024. The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization 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 Plan, 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 Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 7: Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to modify the benefits provided to, and contributions required of, participants to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan may revert to the Company or be used for purposes other than for the exclusive benefit of the Plan's participants.

Note 8: Party-In-Interest Transactions

Transactions involving funds administered by the Trustee, and administrative expenses charged to the Plan, are considered party-in-interest transactions. These transactions are not, however, considered prohibited transactions under 29 CFR 408(b) of the ERISA.

Note 9: Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Johnson Controls World Services, Inc. Retiree Life and Health Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN #39-0380010 Plan #520

December 31, 2024

| (a) | (b) Identity of Issue | (c) Description of Investment | (d) Cost | (e) Current Value |
|------------------------------------|-----------------------|--|--------------|-------------------|
| * | U.S. Bank | First American Government Obligations Fund | \$ 55,106 | \$ 55,106 |
| | Nuveen | Nuveen Short Term Bond Fund | 7,806,385 | 7,594,094 |
| Total assets (held at end of year) | | | \$ 7,861,491 | \$ 7,649,200 |

* Denotes party-in-interest.

This schedule has been derived from information certified as complete and accurate by U.S. Bank National Association, Trustee of the Plan.

See Independent Auditor's Report.

Johnson Controls World Services, Inc. Retiree Life and Health Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN #39-0380010 Plan #520
For the Year Ended December 31, 2024

| (a) Identity of Party Involved | (b) Description of Asset | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain or (Loss) |
|---|-----------------------------|--------------------------|-------------------------|-------------------------|---|------------------------------|
|---|-----------------------------|--------------------------|-------------------------|-------------------------|---|------------------------------|

See Attachment A

This schedule has been derived from information certified as complete and accurate by U.S. Bank National Association, Trustee of the Plan.

See Independent Auditor's Report.

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Page 31 of 34
Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|---|-----------------|-------------------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| | | BEGINNING MARKET VALUE | | | 7,760,733.61 | | |
| | | COMPARATIVE VALUE (5%) | | | 388,036.68 | | |
| CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE *NO TRANSACTIONS QUALIFIED FOR THIS SECTION* | | | | | | | |
| CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE *NO TRANSACTIONS QUALIFIED FOR THIS SECTION* | | | | | | | |
| CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE | | | | | | | |
| Issue: 31846V567 - First Am Govt Ob Fd Cl Z | | | | | | | |
| 01/03/2024 | B | 193.560 | 1.0000 | | - 194 | 194 | |
| 02/02/2024 | B | 154.700 | 1.0000 | | - 155 | 155 | |
| 03/04/2024 | B | 36.100 | 1.0000 | | - 36 | 36 | |
| 04/02/2024 | B | 38.760 | 1.0000 | | - 39 | 39 | |
| 04/03/2024 | B | 250,000.000 | 1.0000 | | - 250,000 | 250,000 | |
| 05/02/2024 | B | 595.760 | 1.0000 | | - 596 | 596 | |
| 06/04/2024 | B | 494.690 | 1.0000 | | - 495 | 495 | |
| 07/02/2024 | B | 405.320 | 1.0000 | | - 405 | 405 | |
| 07/31/2024 | B | 250,000.000 | 1.0000 | | - 250,000 | 250,000 | |
| 08/02/2024 | B | 216.560 | 1.0000 | | - 217 | 217 | |
| 09/04/2024 | B | 1,076.350 | 1.0000 | | - 1,076 | 1,076 | |
| 10/02/2024 | B | 869.430 | 1.0000 | | - 869 | 869 | |
| 11/04/2024 | B | 653.800 | 1.0000 | | - 654 | 654 | |
| 12/03/2024 | B | 456.180 | 1.0000 | | - 456 | 456 | |



FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|-----------------------|-----------------|----------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| 12/20/2024 | B | .520 | 1.0000 | | -1 | 1 | |
| Total For Buys | | | | 0 | 505,193 | 505,193 | 0 |
| 01/23/2024 | S | -36,859.810 | 1.0000 | | 36,860 | 36,860 | |
| 01/26/2024 | S | -192.280 | 1.0000 | | 192 | 192 | |
| 04/03/2024 | S | -68,349.380 | 1.0000 | | 68,349 | 68,349 | |
| 04/04/2024 | S | -42,563.710 | 1.0000 | | 42,564 | 42,564 | |
| 04/25/2024 | S | -194.630 | 1.0000 | | 195 | 195 | |
| 05/03/2024 | S | -38,400.220 | 1.0000 | | 38,400 | 38,400 | |
| 06/18/2024 | S | -35,191.890 | 1.0000 | | 35,192 | 35,192 | |
| 07/08/2024 | S | -41,588.200 | 1.0000 | | 41,588 | 41,588 | |
| 07/09/2024 | S | -251.420 | 1.0000 | | 251 | 251 | |
| 07/25/2024 | S | -189.670 | 1.0000 | | 190 | 190 | |
| 07/30/2024 | S | -32,002.760 | 1.0000 | | 32,003 | 32,003 | |
| 08/27/2024 | S | -41,570.380 | 1.0000 | | 41,570 | 41,570 | |
| 10/01/2024 | S | -38,780.790 | 1.0000 | | 38,781 | 38,781 | |
| 10/25/2024 | S | -189.050 | 1.0000 | | 189 | 189 | |
| 10/25/2024 | S | -49,388.940 | 1.0000 | | 49,389 | 49,389 | |
| 11/22/2024 | S | -10,176.000 | 1.0000 | | 10,176 | 10,176 | |
| 12/19/2024 | S | -31,873.960 | 1.0000 | | 31,874 | 31,874 | |
| 12/20/2024 | S | -27,800.000 | 1.0000 | | 27,800 | 27,800 | |



FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|--|-----------------|----------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| Total For Sells | | | | 0 | 495,563 | 495,563 | 0 |
| Total First Am Govt Ob Fd Cl Z | | | | 0 | 1,000,756 | 1,000,756 | 0 |
| Issue: 87245P650 - Nuveen Short Term Bond Fund I | | | | | | | |
| 01/31/2024 | R | 2,609.811 | 10.0200 | | - 26,150 | 26,150 | |
| 02/29/2024 | R | 2,555.500 | 9.9600 | | - 25,453 | 25,453 | |
| 03/31/2024 | R | 2,621.035 | 9.9800 | | - 26,158 | 26,158 | |
| 04/30/2024 | R | 2,536.740 | 9.9100 | | - 25,139 | 25,139 | |
| 05/31/2024 | R | 2,684.000 | 9.9600 | | - 26,733 | 26,733 | |
| 06/30/2024 | R | 2,726.480 | 9.9800 | | - 27,210 | 27,210 | |
| 07/31/2024 | R | 2,745.123 | 10.0700 | | - 27,643 | 27,643 | |
| 08/31/2024 | R | 2,735.301 | 10.1200 | | - 27,681 | 27,681 | |
| 09/30/2024 | R | 2,557.652 | 10.1700 | | - 26,011 | 26,011 | |
| 10/31/2024 | R | 2,651.039 | 10.0800 | | - 26,722 | 26,722 | |
| 11/30/2024 | R | 2,640.882 | 10.1000 | | - 26,673 | 26,673 | |
| 12/01/2024 | R | 2,739.233 | 10.0700 | | - 27,584 | 27,584 | |
| Total For Reinvestments | | | | 0 | 319,157 | 319,157 | 0 |
| 04/02/2024 | S | - 25,075.226 | 9.9700 | | 250,000 | 259,810 | - 9,810 |
| 07/30/2024 | S | - 24,875.622 | 10.0500 | | 250,000 | 257,636 | - 7,636 |



FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|------|-------------------------------------|----------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| | Total For Sells | | | 0 | 500,000 | 517,446 | - 17,446 |
| | Total Nuveen Short Term Bond Fund I | | | 0 | 819,157 | 836,603 | - 17,446 |
| | GRAND TOTAL | | | 0 | 1,819,913 | 1,837,359 | - 17,446 |

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

NO TRANSACTIONS QUALIFIED FOR THIS SECTION

Johnson Controls World Services, Inc. Retiree Life and Health Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN #39-0380010 Plan #520
For the Year Ended December 31, 2024

| (a) Identity of Party Involved | (b) Description of Asset | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain or (Loss) |
|---|-----------------------------|--------------------------|-------------------------|-------------------------|---|------------------------------|
|---|-----------------------------|--------------------------|-------------------------|-------------------------|---|------------------------------|

See Attachment A

This schedule has been derived from information certified as complete and accurate by U.S. Bank National Association, Trustee of the Plan.

See Independent Auditor's Report.

00191404
21--12-B-66-008-04
0403 -11-03320-04

JCI WORLD SERVICES 501(C)(9)
ACCOUNT 000014125700



Page 31 of 34
Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|---|-----------------|----------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| BEGINNING MARKET VALUE | | | | | | | |
| 7,760,733.61 | | | | | | | |
| COMPARATIVE VALUE (5%) | | | | | | | |
| 388,036.68 | | | | | | | |
| CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE | | | | | | | |
| *NO TRANSACTIONS QUALIFIED FOR THIS SECTION* | | | | | | | |
| CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE | | | | | | | |
| *NO TRANSACTIONS QUALIFIED FOR THIS SECTION* | | | | | | | |
| CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE | | | | | | | |
| Issue: 31846V567 - First Am Govt Ob Fd Cl Z | | | | | | | |
| 01/03/2024 | B | 193.560 | 1.0000 | | - 194 | 194 | |
| 02/02/2024 | B | 154.700 | 1.0000 | | - 155 | 155 | |
| 03/04/2024 | B | 36.100 | 1.0000 | | - 36 | 36 | |
| 04/02/2024 | B | 38.760 | 1.0000 | | - 39 | 39 | |
| 04/03/2024 | B | 250,000.000 | 1.0000 | | - 250,000 | 250,000 | |
| 05/02/2024 | B | 595.760 | 1.0000 | | - 596 | 596 | |
| 06/04/2024 | B | 494.690 | 1.0000 | | - 495 | 495 | |
| 07/02/2024 | B | 405.320 | 1.0000 | | - 405 | 405 | |
| 07/31/2024 | B | 250,000.000 | 1.0000 | | - 250,000 | 250,000 | |
| 08/02/2024 | B | 216.560 | 1.0000 | | - 217 | 217 | |
| 09/04/2024 | B | 1,076.350 | 1.0000 | | - 1,076 | 1,076 | |
| 10/02/2024 | B | 869.430 | 1.0000 | | - 869 | 869 | |
| 11/04/2024 | B | 653.800 | 1.0000 | | - 654 | 654 | |
| 12/03/2024 | B | 456.180 | 1.0000 | | - 456 | 456 | |



FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|-----------------------|-----------------|----------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| 12/20/2024 | B | .520 | 1.0000 | | -1 | 1 | |
| Total For Buys | | | | 0 | 505,193 | 505,193 | 0 |
| 01/23/2024 | S | -36,859.810 | 1.0000 | | 36,860 | 36,860 | |
| 01/26/2024 | S | -192.280 | 1.0000 | | 192 | 192 | |
| 04/03/2024 | S | -68,349.380 | 1.0000 | | 68,349 | 68,349 | |
| 04/04/2024 | S | -42,563.710 | 1.0000 | | 42,564 | 42,564 | |
| 04/25/2024 | S | -194.630 | 1.0000 | | 195 | 195 | |
| 05/03/2024 | S | -38,400.220 | 1.0000 | | 38,400 | 38,400 | |
| 06/18/2024 | S | -35,191.890 | 1.0000 | | 35,192 | 35,192 | |
| 07/08/2024 | S | -41,588.200 | 1.0000 | | 41,588 | 41,588 | |
| 07/09/2024 | S | -251.420 | 1.0000 | | 251 | 251 | |
| 07/25/2024 | S | -189.670 | 1.0000 | | 190 | 190 | |
| 07/30/2024 | S | -32,002.760 | 1.0000 | | 32,003 | 32,003 | |
| 08/27/2024 | S | -41,570.380 | 1.0000 | | 41,570 | 41,570 | |
| 10/01/2024 | S | -38,780.790 | 1.0000 | | 38,781 | 38,781 | |
| 10/25/2024 | S | -189.050 | 1.0000 | | 189 | 189 | |
| 10/25/2024 | S | -49,388.940 | 1.0000 | | 49,389 | 49,389 | |
| 11/22/2024 | S | -10,176.000 | 1.0000 | | 10,176 | 10,176 | |
| 12/19/2024 | S | -31,873.960 | 1.0000 | | 31,874 | 31,874 | |
| 12/20/2024 | S | -27,800.000 | 1.0000 | | 27,800 | 27,800 | |



FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|--|-----------------|----------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| Total For Sells | | | | 0 | 495,563 | 495,563 | 0 |
| Total First Am Govt Ob Fd Cl Z | | | | 0 | 1,000,756 | 1,000,756 | 0 |
| Issue: 87245P650 - Nuveen Short Term Bond Fund I | | | | | | | |
| 01/31/2024 | R | 2,609.811 | 10.0200 | | - 26,150 | 26,150 | |
| 02/29/2024 | R | 2,555.500 | 9.9600 | | - 25,453 | 25,453 | |
| 03/31/2024 | R | 2,621.035 | 9.9800 | | - 26,158 | 26,158 | |
| 04/30/2024 | R | 2,536.740 | 9.9100 | | - 25,139 | 25,139 | |
| 05/31/2024 | R | 2,684.000 | 9.9600 | | - 26,733 | 26,733 | |
| 06/30/2024 | R | 2,726.480 | 9.9800 | | - 27,210 | 27,210 | |
| 07/31/2024 | R | 2,745.123 | 10.0700 | | - 27,643 | 27,643 | |
| 08/31/2024 | R | 2,735.301 | 10.1200 | | - 27,681 | 27,681 | |
| 09/30/2024 | R | 2,557.652 | 10.1700 | | - 26,011 | 26,011 | |
| 10/31/2024 | R | 2,651.039 | 10.0800 | | - 26,722 | 26,722 | |
| 11/30/2024 | R | 2,640.882 | 10.1000 | | - 26,673 | 26,673 | |
| 12/01/2024 | R | 2,739.233 | 10.0700 | | - 27,584 | 27,584 | |
| Total For Reinvestments | | | | 0 | 319,157 | 319,157 | 0 |
| 04/02/2024 | S | - 25,075.226 | 9.9700 | | 250,000 | 259,810 | - 9,810 |
| 07/30/2024 | S | - 24,875.622 | 10.0500 | | 250,000 | 257,636 | - 7,636 |



FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|------|-------------------------------------|----------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| | Total For Sells | | | 0 | 500,000 | 517,446 | - 17,446 |
| | Total Nuveen Short Term Bond Fund I | | | 0 | 819,157 | 836,603 | - 17,446 |
| | GRAND TOTAL | | | 0 | 1,819,913 | 1,837,359 | - 17,446 |

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

NO TRANSACTIONS QUALIFIED FOR THIS SECTION

Johnson Controls World Services, Inc. Retiree Life and Health Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN #39-0380010 Plan #520

December 31, 2024

| (a) | (b) Identity of Issue | (c) Description of Investment | (d) Cost | (e) Current Value |
|------------------------------------|-----------------------|--|--------------|-------------------|
| * | U.S. Bank | First American Government Obligations Fund | \$ 55,106 | \$ 55,106 |
| | Nuveen | Nuveen Short Term Bond Fund | 7,806,385 | 7,594,094 |
| Total assets (held at end of year) | | | \$ 7,861,491 | \$ 7,649,200 |

* Denotes party-in-interest.

This schedule has been derived from information certified as complete and accurate by U.S. Bank National Association, Trustee of the Plan.

See Independent Auditor's Report.