

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 6047(e), 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
		2014
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ 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)

Part II	Basic Plan Information—enter all requested information
1a Name of plan <u>KONE INC. EMPLOYEES' RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan <u>05/18/1962</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>KONE INC.</u> <u>4225 NAPERVILLE ROAD, SUITE 400</u> <u>LISLE, IL 60532</u>	2b Employer Identification Number (EIN) <u>36-2357423</u> 2c Plan Sponsor's telephone number <u>630-955-4225</u> 2d Business code (see instructions) <u>333900</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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/06/2015</u>	<u>MICHAEL P. BAUSCHKA</u>
	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
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) <u>DELOITTE TAX LLP</u> <u>111 S. WACKER DRIVE</u> <u>CHICAGO, IL 60606</u>			Preparer's telephone number (optional) <u>312-486-1000</u>

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		3c Administrator's telephone number	
a Sponsor's name		4b EIN	
5 Total number of participants at the beginning of the plan year		4c PN	
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).		5 3128	
a(1) Total number of active participants at the beginning of the plan year		6a(1) 1153	
a(2) Total number of active participants at the end of the plan year		6a(2) 1203	
b Retired or separated participants receiving benefits		6b 784	
c Other retired or separated participants entitled to future benefits.....		6c 1094	
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 3081	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 140	
f Total. Add lines 6d and 6e		6f 3221	
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 43	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1B 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) ☐ Insurance		(1) ☐ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts		(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust		(3) ☒ Trust	
(4) ☐ General assets of the sponsor		(4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
(3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☐ A (Insurance Information)	
		(4) ☒ C (Service Provider Information)	
		(5) ☒ D (DFE/Participating Plan Information)	
		(6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 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 _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014	
Round off amounts to nearest dollar.	
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan KONE INC. EMPLOYEES' RETIREMENT PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF KONE INC.	D Employer Identification Number (EIN) 36-2357423
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2014			
2	Assets:			
	a Market value	2a	131484789	
	b Actuarial value	2b	130438059	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment	860	41824996	41824996
	b For terminated vested participants	1116	26304286	26304286
	c For active participants	1153	35019412	36252609
	d Total	3129	103148694	104381891
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
	a Funding target disregarding prescribed at-risk assumptions	4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	6.55%	
6	Target normal cost	6	2702103	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		10/01/2015
	Signature of actuary	Date
ALAN D. DANG	Type or print name of actuary	14-07076
		Most recent enrollment number
HEWITT ASSOCIATES LLC	Firm name	847-295-5000
		Telephone number (including area code)
4 OVERLOOK POINT LINCOLNSHIRE, IL 60069	Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	6500000
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	6500000
10 Interest on line 9 using prior year's actual return of 5.31%	0	345150
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		3017566
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.37%		192219
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		3209785
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	6845150

Part III Funding Percentages		
14 Funding target attainment percentage	14	118.40 %
15 Adjusted funding target attainment percentage	15	124.96 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	113.66 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/10/2015	1440886				
07/10/2015	1440886				
09/11/2015	2881886				
			Totals ►	18(b)	5763658
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	5225976
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	2702103	
b Excess assets, if applicable, but not greater than line 31a	31b	2702103	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	5225976	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	5225976	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan KONE INC. EMPLOYEES' RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 KONE INC.	D Employer Identification Number (EIN) 36-2357423	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

HEWITT ASSOCIATES LLC

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	582772	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLS FARGO BANK, N.A.

41-6257133

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 64 65	NONE	128293	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

LEGAL & GENERAL INVESTMENT MGMT

20-8058531

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	41585	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DIMEO SCHNEIDER & ASSOC., LLC

36-4001764

(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?
27 50	NONE	21266	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PLANTE MORAN

38-1357951

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	18000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	ROBERT W. BERNEE	b EIN:	36-2235791
c Position:	ENROLLED ACTUARY		
d Address:	4 OVERLOOK POINT LINCOLNSHIRE, IL 60069	e Telephone:	847-295-5000

Explanation: AS A RESULT OF AN INTEGRAL CHANGE IN ASSIGNMENTS AT AON HEWITT, THE ENROLLED ACTUARY HAS CHANGED.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>KONE INC. EMPLOYEES' RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>KONE INC.</u>	D Employer Identification Number (EIN) <u>36-2357423</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>HIGH YIELD PLUS BOND FUND</u>		
b Name of sponsor of entity listed in (a): <u>HEWITT ENNISKNUPP, INC.</u>		
c EIN-PN <u>27-2436452-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8000339</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GLOBAL REAL ESTATE FUND</u>		
b Name of sponsor of entity listed in (a): <u>HEWITT ENNISKNUPP, INC.</u>		
c EIN-PN <u>27-2436452-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5300144</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LARGE CAP EQUITY INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>HEWITT ENNISKNUPP, INC.</u>		
c EIN-PN <u>27-2436452-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13517969</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG CREDIT BOND FUND</u>		
b Name of sponsor of entity listed in (a): <u>HEWITT ENNISKNUPP, INC.</u>		
c EIN-PN <u>27-2436452-007</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7882725</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMALL CAP EQUITY INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>HEWITT ENNISKNUPP, INC.</u>		
c EIN-PN <u>27-2436452-009</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3479298</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NON-U.S. EQUITY INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>HEWITT ENNISKNUPP, INC.</u>		
c EIN-PN <u>27-2436452-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15224617</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MID DURATION LONG CREDIT BOND FUND</u>		
b Name of sponsor of entity listed in (a): <u>HEWITT ENNISKNUPP, INC.</u>		
c EIN-PN <u>27-2436452-013</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>80321715</u>

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>KONE INC. EMPLOYEES' RETIREMENT PLAN</u>		B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>KONE INC.</u>		D Employer Identification Number (EIN) <u>36-2357423</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	1816451	5763658
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	533520	71
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	14083880	1274470
(2) U.S. Government securities	1c(2)	11033520	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	30565494	0
(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)		133726807
(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)	70543893	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	3013517	0

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	131590275	140765006

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	58650	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	58650	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	131531625	140765006
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	5763658	
(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)		5763658

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	399	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	155019	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	19679	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		175097

(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)	172523	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		172523

(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	92648628	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	92589036	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		59592

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	2023452	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		2023452

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		7939344
(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)		-1368463
c Other income.....	2c		236
d Total income. Add all income amounts in column (b) and enter total.....	2d		14765439

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4737142	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		4737142
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	607039	
(2) Contract administrator fees.....	2i(2)	110324	
(3) Investment advisory and management fees.....	2i(3)	73741	
(4) Other.....	2i(4)	3812	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		794916
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5532058

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		9233381
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: PLANTE & MORAN, LLC

(2) EIN: 38-1357951

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

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

Part IV Compliance Questions

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

During the plan year:

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.).....

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.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
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	
4d			
e Was this plan covered by a fidelity bond?	X		5000000
4e			
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	
4f			
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	
4g			
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	
4h			
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		
4i			
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		
4j			
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	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>KONE INC. EMPLOYEES' RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>KONE INC.</u>	D Employer Identification Number (EIN) <u>36-2357423</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>41-6257133</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>17</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

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

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: 36% Investment-Grade Debt: 35% High-Yield Debt: 4% Real Estate: 0% Other: 25%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☒ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☒ Modified duration ☐ Other (specify):

KONE Inc. Employees' Retirement Plan

Financial Report
December 31, 2014

KONE Inc. Employees' Retirement Plan

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Independent Auditor's Report

To the Retirement Committee
KONE Inc. Employees' Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of KONE Inc. Employees' Retirement Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2014 and 2013 and the related statement of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of December 31, 2013 and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, N.A. (the "Trustee"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes related transactions. The plan administrator has obtained certifications from the Trustee as of and for the years ended December 31, 2014 and 2013 that the information provided to the plan administrator by the Trustee is complete and accurate.

To the Retirement Committee
KONE Inc. Employees' Retirement Plan

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules of assets held at end of year as of December 31, 2014 and reportable transactions for the year ended December 31, 2014 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules as a whole.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Plante & Moreau, PLLC

Elgin, Illinois
October 1, 2015

KONE Inc. Employees' Retirement Plan

Statement of Net Assets Available for Benefits

	December 31, 2014	December 31, 2013
Assets		
Investments at fair value:		
Money market fund	\$ 1,274,470	\$ 14,083,880
Mutual funds	-	70,543,893
Common collective trust funds	133,726,807	-
U.S. government securities	-	11,033,520
Corporate debt securities	-	30,565,494
Municipal bonds	-	3,013,517
Total investments at fair value	135,001,277	129,240,304
Employer contributions receivable	5,763,658	1,816,451
Accrued interest and dividends	71	533,520
Total assets	140,765,006	131,590,275
Liabilities - Accrued liabilities	-	58,650
Net Assets Available for Benefits	\$ 140,765,006	\$ 131,531,625

KONE Inc. Employees' Retirement Plan

Statement of Changes in Net Assets Available for Benefits

	Year Ended	
	December 31, 2014	December 31, 2013
Additions to Net Assets		
Employer contributions	\$ 5,763,658	\$ 3,237,740
Investment income:		
Interest and dividends	347,620	3,481,471
Net realized and unrealized gains on investments (Note 3)	8,654,161	2,757,715
Total investment income	9,001,781	6,239,186
Total additions	14,765,439	9,476,926
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	4,737,142	4,398,518
Administrative expenses	794,916	522,778
Total deductions	5,532,058	4,921,296
Net Increase	9,233,381	4,555,630
Net Assets Available for Benefits		
Beginning of year	131,531,625	126,975,995
End of year	<u><u>\$ 140,765,006</u></u>	<u><u>\$ 131,531,625</u></u>

KONE Inc. Employees' Retirement Plan

Statement of Accumulated Plan Benefits December 31, 2013

Actuarial Present Value of Accumulated Plan Benefits

Vested benefits:

Participants currently receiving benefit payments	\$ 50,668,371
Other vested participants	<u>90,504,154</u>

Total vested benefits 141,172,525

Nonvested benefits 790,264

Total actuarial present value of accumulated plan benefits **\$ 141,962,789**

KONE Inc. Employees' Retirement Plan

Statement of Changes in Accumulated Plan Benefits Year Ended December 31, 2013

Actuarial Present Value of Accumulated Plan Benefits -

Beginning of year	\$ 145,143,292
Increase (decrease) during the year attributable to:	
Benefits accumulated	4,654,341
Benefits paid	(4,398,518)
Decrease in the discount period	5,404,056
Change of assumptions	<u>(8,840,382)</u>
Net decrease	<u>(3,180,503)</u>

Actuarial Present Value of Accumulated Plan Benefits - End of year **\$ 141,962,789**

KONE Inc. Employees' Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 1 - Plan Description

The following description of KONE Inc. Employees' Retirement Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined benefit plan covering substantially all employees of KONE Inc. (the "Company"). The Plan is a combination of different locations and/or business units and therefore requirements and benefits vary. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility and Vesting - Employees become participants in the Plan following completion of the eligibility requirements as described in the Plan and are fully vested for normal retirement benefits after five years of service.

Pension Benefits - Salaried and clerical employees are entitled to annual pension benefits beginning at age 65 equal to a percentage, as specified in the Plan, of their average annual compensation for the five most highly compensated consecutive calendar years within the 10-year period preceding retirement or termination of service. All other employees are entitled to annual pension benefits beginning at age 65 equal to the number of completed years of service multiplied by the applicable rate in effect at the date of retirement. Employees may elect to receive the value of their accumulated plan benefit as a lump-sum distribution upon retirement or termination, or they may elect to receive their benefits as a life annuity payable monthly from retirement.

Death Benefits - If an active or terminated employee who has a vested interest in the Plan dies prior to his or her normal retirement age, a death benefit equal to the benefit the employee would have received under the qualified joint and survivor annuity form had they retired on the day immediately preceding the date of his or her death will be paid to the surviving spouse. Beneficiaries of unmarried participants and those who have elected to waive the preretirement surviving spouse benefit will receive a lump-sum benefit or monthly installments equal to the actuarial equivalent of the participant's vested accrued normal retirement benefit at the date of break in service.

Funding - Contributions are made by the Company in actuarially determined amounts. The Company's policy is to make contributions necessary to satisfy ERISA funding standards. Annual contributions meet the minimum funding requirements of ERISA.

Contributions - All contributions to the Plan are made by the Company. The Company contributes such amounts, as determined on an actuarial basis, to provide the Plan with assets sufficient to meet the projected benefits to be paid to plan participants. No participant contributions are permitted.

KONE Inc. Employees' Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 1 - Plan Description (Continued)

Party-in-interest Transactions - Certain plan assets are in investment funds managed by Wells Fargo Bank, N.A. or its affiliates. Wells Fargo Bank, N.A. is the trustee of the Plan and, therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

Note 2 - Summary of Significant Accounting Policies

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

Investment Valuation and Income Recognition - Investments held by the Plan are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for further discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date.

Benefit Payments - Benefits are recorded when paid.

Administrative Expenses - Various administrative costs are paid by the Company.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum payments, that are attributable, under the Plan's provisions, to the service employees have rendered. These include benefits expected to be paid to:

- a. Retired or terminated employees or their beneficiaries
- b. Beneficiaries of employees who have died
- c. Present employees or their beneficiaries

Effective December 31, 2014, all non-factory plan participants' accrued benefits were frozen and the Plan will include a cash balance account for non-factory plan participants with one or more hour of service on or after January 1, 2015.

Non-factory plan participants' cash balance accounts shall be maintained for each participant and is comprised of the annual employer credit and interest credit. The annual employer credit is calculated based on the participant's salary during the plan year multiplied by the contribution percentage which ranges from 4.0 percent to 6.5 percent depending on the years of service. The interest credit is calculated based on the 30-year U.S. Treasury note rate.

KONE Inc. Employees' Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 2 - Summary of Significant Accounting Policies (Continued)

Non-factory plan participants' frozen benefits as of December 31, 2014 and factory participants' benefits are calculated based on the greater of the employee's compensation during his or her five most highly compensated consecutive calendar years occurring within a 10-year period immediately preceding retirement or termination of service, or by multiplying credited years of service by the applicable benefit rate in effect at retirement.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and probability of payment between the valuation date and the expected date of payment. The Plan has elected to calculate the obligation using beginning of year benefit information.

The significant actuarial assumptions used in the valuation of the Plan as of December 31, 2013 are summarized as follows:

Actuarial method	Projected unit credit cost method
Retirement age	Rates graded by age, ranging from 55 to 70
Mortality	RP-2014 fully generational mortality table with scale MP-2014 mortality improvement for the 2013 year end and 2013 static mortality table for annuitants and nonannuitants per section I.430(h)(3)-I(e) for the 2012 year end
Salary increases	2.5 percent increase per year through 2015, then 4.0 percent per year in 2016 and thereafter
Discount rate	4.72 percent for the 2013 year end and 3.78 percent for the 2012 year end

The decrease of approximately \$8.8 million of accumulated plan benefits resulted primarily from assumption changes related to a change in the discount rate, use of an updated mortality table, and a change in the assumed plan expenses.

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

KONE Inc. Employees' Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 2 - Summary of Significant Accounting Policies (Continued)

Risks and Uncertainties - Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. 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 statement of net assets available for benefits.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including October 1, 2015, which is the date the financial statements were available to be issued.

New Accounting Pronouncements - In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2015-07, *Disclosures for Investments In Certain Entities that Calculate Net Asset Value per Share (or Its Equivalent)*. This update amends ASC 820, *Fair Value Measurements*. The update removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. The disclosure requirements are effective for fiscal years beginning after December 15, 2016 for nonpublic entities, and are required to be provided retrospectively for all comparative periods presented. Management does not expect the adoption of this standard to have a significant impact on the Plan's financial statements.

KONE Inc. Employees' Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 2 - Summary of Significant Accounting Policies (Continued)

In July 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965) - I. Fully Benefit-Responsive Investment Contracts; II. Plan Investment Disclosures, and III. Measurement Date Practical Expedient*. These amendments are a consensus of the FASB Emerging Issues Task Force. Part II of the ASU is applicable to the Plan and will modify the investment disclosures under ASC 820 and 960. The ASU is effective for fiscal years beginning after December 15, 2015 and is required to be applied retrospectively for all comparative periods presented. Management does not expect the adoption of this standard to have a significant impact on the Plan's financial statements.

Note 3 - Unaudited Information

Wells Fargo Bank, N.A. (the "Trustee") holds the Plan's investments and executes all investment transactions. The investment balances and related investment income and losses included in the accompanying financial statements and supplemental schedule of assets held at end of year are based solely on information provided by the Trustee.

Significant investments held at end of year are as follows:

	2014	2013
Money market fund - Wells Fargo Advantage Heritage		
Money Market	\$ 1,274,470	\$ 14,083,880
Mutual funds:		
American Beacon Large Cap Value Investor Fund	-	3,804,194
American Funds EuroPacific Growth Fund	-	6,482,474
Dodge & Cox International Stock Fund	-	6,576,357
Lazard Emerging Markets Portfolio Fund	-	7,282,019
Vanguard Institutional Index Fund	-	6,399,707
PIMCO Commodity Real Return Strategy Fund	-	9,903,233
Common collective trust funds:	15,224,617	-
Non-U.S. Equity Index Fund	8,000,339	-
Large Cap Equity Fund	13,517,969	-
High Yield Plus Bond Fund	8,000,339	-
Long Credit Bond Fund	7,882,725	-
Mid Duration Long Credit Bond Fund	80,321,715	-

KONE Inc. Employees' Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 3 - Unaudited Information (Continued)

During 2014 and 2013, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$8,654,161 and \$2,757,715, respectively, as follows:

	2014	2013
Net realized and unrealized (losses) gains on investments:		
Mutual funds	\$ (1,368,463)	\$ 8,403,666
U.S. government securities	622,758	(1,955,532)
Corporate debt securities	1,300,175	(3,351,238)
Municipal bonds	185,321	(339,181)
Common collective trust funds	7,914,370	-
Net appreciation in fair value	<u>\$ 8,654,161</u>	<u>\$ 2,757,715</u>

Note 4 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2014 and 2013.

Level 1 - Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Level 2 - Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

Level 3 - Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

In instances whereby inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

KONE Inc. Employees' Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 4 - Fair Value Measurements (Continued)

The following valuation methodologies have been used to value the Plan's investments:

Mutual Funds - Mutual funds are valued at closing quoted prices reported in active markets.

Money Market Fund - Money market funds are valued at closing quoted prices reported in active markets.

Common Collective Trust Funds - The common collective trust funds are valued at net asset value per share (or its equivalent) of the funds, which is based on the fair value of the funds' underlying net assets.

U.S. and Corporate Debt Securities - The U.S. government securities and corporate debt securities are valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve as well as other relevant economic measures.

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.

Assets Measured at Fair Value on a Recurring Basis at December 31, 2014

	Level 1	Level 2	Balance at December 31, 2014
Money market fund	\$ 1,274,470	\$ -	\$ 1,274,470
Common collective trust funds:			
Equity investments (1)	-	37,522,028	37,522,028
Fixed-income investments (2)	-	96,204,779	96,204,779
	<u>\$ 1,274,470</u>	<u>\$ 133,726,807</u>	<u>\$ 135,001,277</u>

KONE Inc. Employees' Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 4 - Fair Value Measurements (Continued)

Assets Measured at Fair Value on a Recurring Basis at December 31, 2013

	Level 1	Level 2	Balance at December 31, 2013
Money market fund	\$ 14,083,880	\$ -	\$ 14,083,880
Mutual funds:			
Equity investments	65,855,217	-	65,855,217
Fixed-income investments	4,688,676	-	4,688,676
U.S. government securities	11,033,520	-	11,033,520
Corporate debt securities:			
Corporate bonds - Primarily U.S. debt securities	-	28,087,205	28,087,205
Private placement	-	2,478,289	2,478,289
Municipal bonds	-	3,013,517	3,013,517
Total	<u>\$ 95,661,293</u>	<u>\$ 33,579,011</u>	<u>\$ 129,240,304</u>

- (1) Common collective trust equity investments - This category represents investments in actively managed common collective trust funds that invest primarily in equity securities which may include common stocks, options, and futures.
- (2) Common collective trust fixed-income investments - This category represents investments in actively managed common collective trust funds that invest in a variety of fixed-income investments which may include corporate bonds, both U.S. and non-U.S. municipal securities, interest rate swaps, options, and futures.

There were no unfunded commitments or redemption restrictions on the investments described above.

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the end of the reporting period.

The Plan also holds other assets and liabilities not measured at fair value on a recurring basis, including employer contributions receivable, accrued income, and accrued liabilities. The fair value of these assets and liabilities approximates the carrying amounts in the accompanying financial statements due to the short maturity of the instruments.

Note 5 - Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated June 27, 2014 indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code. Accordingly, no provision for income taxes has been made in the accompanying statements.

KONE Inc. Employees' Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 5 - Tax Status (Continued)

In accordance with guidance on accounting for uncertainty in income taxes, management evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The plan administrator believes the Plan is no longer subject to tax examinations for years prior to 2011.

Note 6 - Plan Termination

Should the Plan terminate at some future time, its net assets generally will not be available on a pro-rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee while other benefits may not be provided for at all.



Plan Name: KONE Inc. Employees' Retirement Plan
EIN: 36-2357423 Plan No: 001

Schedule of Assets Held at End of Year
Form 5500, Schedule H, Line 4i
EIN 36-2357423, Plan No. 001
December 31, 2014

STATEMENT OF ASSETS AND LIABILITIES
AS OF DECEMBER 31, 2014

KONE INC RETIREMENT - COMBI ACCT
ACCOUNT NUMBER 80010899

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
<u>CASH EQUIVALENTS</u>					
OTHER CASH EQUIVALENTS					
PROPRIETARY FUNDS					
	WELLS FARGO ADVANTAGE HERITAGE MONEY MARKET INSTITUTIONAL #3106 VP7000228				
<u>1,274,470.250</u>	8001081	<u>1,274,470.25</u>	<u>1,274,470.25</u>	<u>0.00</u>	<u>13.26</u>
1,274,470.250	TOTAL WELLS FARGO ADVANTAGE	1,274,470.25 100.000	1,274,470.25 100.000	0.00	13.26
	TOTAL PROPRIETARY FUNDS	1,274,470.25	1,274,470.25	0.00	13.26
	TOTAL OTHER CASH EQUIVALENTS	1,274,470.25	1,274,470.25	0.00	13.26
	TOTAL CASH EQUIVALENTS	1,274,470.25	1,274,470.25	0.00	13.26
<u>POOLED, COMMON AND COLLECTIVE FUNDS</u>					
POOLED FUNDS					
	AGT US LARGE CAP PASSIVE EQUITY 042699595				
<u>661,555.904</u>	8001081	<u>11,800,000.00</u>	<u>13,517,968.72</u>	<u>1,717,968.72</u>	<u>0.00</u>
661,555.904	TOTAL AGT US LARGE CAP	11,800,000.00 17.837	13,517,968.72 20.434	1,717,968.72	0.00
	AGT ACWI-EX US PASSIVE EQUITY 042699645				
<u>1,415,163.992</u>	8001081	<u>15,520,083.68</u>	<u>15,224,617.26</u>	<u>295,466.42-</u>	<u>0.00</u>
1,415,163.992	TOTAL AGT ACWI-EX US	15,520,083.68 10.967	15,224,617.26 10.758	295,466.42-	0.00

STATEMENT OF ASSETS AND LIABILITIES
 AS OF DECEMBER 31, 2014

KONE INC RETIREMENT - COMBI ACCT
 ACCOUNT NUMBER 80010899

PAR VALUE/SHARES	DESCRIPTION	COST VALUE / UNIT COST	MARKET VALUE / UNIT PRICE	UNREALIZED GAIN/LOSS	ACCRUED INCOME
	AGT GLOBAL REAL ESTATE				
	042699553				
<u>313,045.601</u>	8001081	<u>4,733,893.10</u>	<u>5,300,143.77</u>	<u>566,250.67</u>	<u>0.00</u>
313,045.601	TOTAL AGT GLOBAL REAL ESTATE	4,733,893.10 15.122	5,300,143.77 16.931	566,250.67	0.00
	AGT HIGH YIELD PLUS				
	042699538				
<u>591,461.060</u>	8001081	<u>8,000,000.00</u>	<u>8,000,338.88</u>	<u>338.88</u>	<u>0.00</u>
591,461.060	TOTAL AGT HIGH YIELD PLUS	8,000,000.00 13.526	8,000,338.88 13.526	338.88	0.00
	AGT MID DURATION				
	LONG CREDIT				
	042699660				
<u>7,628,327.827</u>	8001081	<u>77,500,000.00</u>	<u>80,321,715.02</u>	<u>2,821,715.02</u>	<u>0.00</u>
7,628,327.827	TOTAL AGT MID DURATION	77,500,000.00 10.160	80,321,715.02 10.529	2,821,715.02	0.00
	AGT US LONG FIXED				
	ACTIVE CREDIT				
	042699603				
<u>505,199.282</u>	8001081	<u>6,918,469.20</u>	<u>7,882,725.44</u>	<u>964,256.24</u>	<u>0.00</u>
505,199.282	TOTAL AGT US LONG FIXED	6,918,469.20 13.695	7,882,725.44 15.603	964,256.24	0.00
	AGT US SMALL CAP				
	PASSIVE EQUITY				
	042699611				
<u>180,711.777</u>	8001081	<u>3,272,649.80</u>	<u>3,479,298.06</u>	<u>206,648.26</u>	<u>0.00</u>
180,711.777	TOTAL AGT US SMALL CAP	3,272,649.80 18.110	3,479,298.06 19.253	206,648.26	0.00
	TOTAL POOLED FUNDS	127,745,095.78	133,726,807.15	5,981,711.37	0.00
	TOTAL POOLED, COMMON AND COLLECTIVE FUNDS	127,745,095.78	133,726,807.15	5,981,711.37	0.00
	TOTAL ASSETS AND LIABILITIES	129,019,566.03	135,001,277.40	5,981,711.37	13.26
	CASH	58.14	58.14		
	ACCRUED INCOME	13.26	13.26		



STATEMENT OF ASSETS AND LIABILITIES
AS OF DECEMBER 31, 2014

KONE INC RETIREMENT - COMBI ACCT
ACCOUNT NUMBER 80010899

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
	TOTAL ACCOUNT	<u>129,019,637.43</u>	<u>135,001,348.80</u>	<u>5,981,711.37</u>	

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE
 FOR THE PERIOD JANUARY 1, 2014 THROUGH DECEMBER 31, 2014

KONE INC RETIREMENT - COMBI ACCT
 ACCOUNT NUMBER 80010899

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		BEGINNING MARKET VALUE	129,715,174.18				
		COMPARATIVE VALUE (5%)	6,485,758.71				
8001081	ISSUE: VP7000228 - WF ADV HERITAGE MM FD-INSTL #3106 02/14/14 B	62,347,143	1.000	0	62,347,143-*	62,347,143	
8001081	ISSUE: VP7000228 - WF ADV HERITAGE MM FD-INSTL #3106 02/14/14 S	63,300,000	1.000	0	63,300,000 *	63,300,000	0
8001081	ISSUE: 042699595 - ACT US LG C PASS EQ 02/14/14 B	661,556	17.924	57,860	11,800,000-*	11,800,000	
8001081	ISSUE: 042699603 - AGT US LNG FX AC CREDIT 02/13/14 S	2,474,743	13.739	0	34,000,000 *	33,793,683	206,317
8001081	ISSUE: 042699603 - AGT US LNG FX AC CREDIT 02/14/14 B	1,237,368	13.739	48	17,000,000-*	17,000,000	
8001081	ISSUE: 042699603 - AGT US LNG FX AC CREDIT 06/01/14 S	592,035	14.526	0	8,600,000 *	8,107,644	492,356
8001081	ISSUE: 042699603 - AGT US LNG FX AC CREDIT 09/09/14 S	457,794	15.072	0	6,900,000 *	6,269,272	630,728
8001081	ISSUE: 042699645 - AGT ACWI-EX US PASS EQ 02/14/14 B	1,440,688	11.026	84,877	15,800,000-*	15,800,000	
8001081	ISSUE: 042699660 - AGT MID DUR LNG CREDIT 02/13/14 B	3,378,916	10.062	0	34,000,000-*	34,000,000	
8001081	ISSUE: 042699660 - AGT MID DUR LNG CREDIT 02/14/14 B	900,675	10.062	62,953	9,000,000-*	9,000,000	
8001081	ISSUE: 042699660 - AGT MID DUR LNG CREDIT 06/01/14 B	829,182	10.372	0	8,600,000-*	8,600,000	
8001081	ISSUE: 042699660 - AGT MID DUR LNG CREDIT 09/09/14 B	653,377	10.561	0	6,900,000-*	6,900,000	
8001081	ISSUE: 256206103 - DODGE & COX INT'L STOCK FD #1048 02/13/14 S	152,796	42.580	0	6,506,071 *	5,746,968	759,103
8001081	ISSUE: 52106N889 - LAZARD EMERGING MKTS PTFL #638 02/13/14 S	390,039	17.370	0	6,774,969 *	7,332,831	-557,862
8001081	ISSUE: 722005667 - PIMCO COMMODITY REAL RET STRAT-I#45 02/13/14 S	1,803,868	5.730	0	10,336,161 *	13,635,259	-3,299,098
	GRAND TOTAL			205,642	301,864,344	303,632,800	-1,768,457



REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE
FOR THE PERIOD JANUARY 1, 2014 THROUGH DECEMBER 31, 2014

KONE INC RETIREMENT - COMBI ACCT
ACCOUNT NUMBER 80010899

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
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F O O T N O T E S

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SERIES / BY BROKER
FOR THE PERIOD JANUARY 1, 2014 THROUGH DECEMBER 31, 2014KONE INC RETIREMENT - COMBI ACCT
ACCOUNT NUMBER 80010899

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
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BEGINNING MARKET VALUE	129,715,174.18
COMPARATIVE VALUE (5%)	6,485,758.71

BROKER: MISCELLANEOUS

8001081	ISSUE: 042699603 - AGT US LNG FX AC CREDIT 02/12/14 B	439,387	13.655	0	6,000,000-	6,000,000	
8001081	ISSUE: 042699603 - AGT US LNG FX AC CREDIT 02/13/14 S	2,474,743	13.739	0	34,000,000 *	33,793,683	206,317
8001081	ISSUE: 042699553 - AGT GLOBAL REAL ESTATE 02/14/14 B	370,320	15.146	8,830	5,600,000-	5,600,000	
8001081	ISSUE: 042699595 - ACT US LG C PASS EQ 02/14/14 B	661,556	17.924	57,860	11,800,000-*	11,800,000	
8001081	ISSUE: 042699603 - AGT US LNG FX AC CREDIT 02/14/14 B	1,237,368	13.739	48	17,000,000-*	17,000,000	
8001081	ISSUE: 042699611 - AGT US SM CP PASS EQ 02/14/14 B	226,397	18.133	5,326	4,100,000-	4,100,000	
8001081	ISSUE: 042699645 - AGT ACWI-EX US PASS EQ 02/14/14 B	1,440,688	11.026	84,877	15,800,000-*	15,800,000	
8001081	ISSUE: 042699660 - AGT MID DUR LNG CREDIT 02/14/14 B	900,675	10.062	62,953	9,000,000-*	9,000,000	
8001081	ISSUE: 042699538 - AGT HIGH YIELD PLUS 02/18/14 B	244,501	13.521	5,927	3,300,000-	3,300,000	
8001081	ISSUE: 042699538 - AGT HIGH YIELD PLUS 02/19/14 B	110,938	13.531	1,109	1,500,000-	1,500,000	
8001081	ISSUE: 042699538 - AGT HIGH YIELD PLUS 02/21/14 B	133,003	13.564	4,039	1,800,000-	1,800,000	
8001081	ISSUE: 042699538 - AGT HIGH YIELD PLUS 02/25/14 B	103,019	13.610	2,070	1,400,000-	1,400,000	
8001081	ISSUE: 042699603 - AGT US LNG FX AC CREDIT 03/07/14 S	288,209	13.879	0	4,000,000	3,946,892	53,108
8001081	ISSUE: 042699660 - AGT MID DUR LNG CREDIT 03/07/14 B	396,174	10.097	0	4,000,000-	4,000,000	
8001081	ISSUE: 042699660 - AGT MID DUR LNG CREDIT 03/07/14 B	495,218	10.097	0	5,000,000-	5,000,000	
8001081	ISSUE: 042699603 - AGT US LNG FX AC CREDIT 04/04/14 S	356,038	14.043	0	5,000,000	4,875,779	124,221
8001081	ISSUE: 042699660 - AGT MID DUR LNG CREDIT 04/04/14 B	489,957	10.205	0	5,000,000-	5,000,000	
8001081	ISSUE: 042699553 - AGT GLOBAL REAL ESTATE 04/23/14 S	57,274	15.714	0	900,000	866,107	33,893

REPORTABLE TRANSACTIONS - SERIES / BY BROKER
 FOR THE PERIOD JANUARY 1, 2014 THROUGH DECEMBER 31, 2014

KONE INC RETIREMENT - COMBI ACCT
 ACCOUNT NUMBER 80010899

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
8001081	ISSUE: 042699603 - AGT US LNG FX AC CREDIT 06/01/14 S	348,354	14.353	0	5,000,000	4,770,547	229,453
8001081	ISSUE: 042699603 - AGT US LNG FX AC CREDIT 06/01/14 S	592,035	14.526	0	8,600,000 *	8,107,644	492,356
8001081	ISSUE: 042699660 - AGT MID DUR LNG CREDIT 06/01/14 B	484,828	10.313	0	5,000,000-	5,000,000	
8001081	ISSUE: 042699660 - AGT MID DUR LNG CREDIT 06/01/14 B	829,182	10.372	0	8,600,000-*	8,600,000	
8001081	ISSUE: 042699611 - AGT US SM CP PASS EQ 06/24/14 S	45,685	18.606	0	850,000	827,350	22,650
8001081	ISSUE: 042699645 - AGT ACWI-EX US PASS EQ 08/21/14 S	25,524	11.754	0	300,000	279,916	20,084
8001081	ISSUE: 042699603 - AGT US LNG FX AC CREDIT 09/09/14 S	457,794	15.072	0	6,900,000 *	6,269,272	630,728
8001081	ISSUE: 042699660 - AGT MID DUR LNG CREDIT 09/09/14 B	653,377	10.561	0	6,900,000-*	6,900,000	
8001081	ISSUE: 042699603 - AGT US LNG FX AC CREDIT 10/23/14 S	91,655	15.275	0	1,400,000	1,255,177	144,823
SUB-TOTAL				232,943	178,750,000	176,792,367	1,957,632
GRAND TOTAL				232,943	178,750,000	176,792,367	1,957,632

FOOTNOTES

* = SINGLE TRANSACTION IS 5% REPORTABLE
 B = BUY TRANSACTION
 S = SELL TRANSACTION
 R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
 FOR THE PERIOD JANUARY 1, 2014 THROUGH DECEMBER 31, 2014

KONE INC RETIREMENT - COMBI ACCT
 ACCOUNT NUMBER 80010899

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
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BEGINNING MARKET VALUE	129,715,174.18
COMPARATIVE VALUE (5%)	6,485,758.71

ISSUE: VP7000228 - WF ADV HERITAGE MM FD-INSTL #3106

8001081	01/07/14 B	126	1.000	0	126-	126	
8001081	01/10/14 B	74,347	1.000	0	74,347-	74,347	
8001081	01/14/14 B	728,451	1.000	0	728,451-	728,451	
8001081	01/28/14 B	108	1.000	0	108-	108	
8001081	01/30/14 B	247	1.000	0	247-	247	
8001081	02/03/14 B	283	1.000	0	283-	283	
8001081	02/13/14 B	1,425,347	1.000	0	1,425,347-	1,425,347	
8001081	02/14/14 B	62,347,143	1.000	0	62,347,143-*	62,347,143	
8001081	02/18/14 B	1,426,063	1.000	0	1,426,063-	1,426,063	
8001081	02/19/14 B	1,386,198	1.000	0	1,386,198-	1,386,198	
8001081	02/20/14 B	1,388,400	1.000	0	1,388,400-	1,388,400	
8001081	02/21/14 B	479,398	1.000	0	479,398-	479,398	
8001081	02/24/14 B	475,569	1.000	0	475,569-	475,569	
8001081	02/25/14 B	474,081	1.000	0	474,081-	474,081	
8001081	02/26/14 B	522,746	1.000	0	522,746-	522,746	
8001081	02/27/14 B	162	1.000	0	162-	162	
8001081	02/28/14 B	19,585	1.000	0	19,585-	19,585	
8001081	03/03/14 B	162	1.000	0	162-	162	
8001081	03/03/14 B	1	1.000	0	1-	1	
8001081	03/05/14 B	202	1.000	0	202-	202	
8001081	03/06/14 B	9,082	1.000	0	9,082-	9,082	
8001081	03/10/14 B	103	1.000	0	103-	103	
8001081	03/20/14 B	59	1.000	0	59-	59	
8001081	03/31/14 B	119	1.000	0	119-	119	
8001081	04/01/14 B	266	1.000	0	266-	266	
8001081	04/02/14 B	119	1.000	0	119-	119	
8001081	04/08/14 B	237	1.000	0	237-	237	
8001081	04/23/14 B	900,000	1.000	0	900,000-	900,000	
8001081	04/24/14 B	220	1.000	0	220-	220	
8001081	05/01/14 B	90	1.000	0	90-	90	
8001081	05/05/14 B	428	1.000	0	428-	428	
8001081	05/06/14 B	76	1.000	0	76-	76	
8001081	05/14/14 B	185	1.000	0	185-	185	
8001081	05/29/14 B	185	1.000	0	185-	185	
8001081	06/06/14 B	124	1.000	0	124-	124	
8001081	06/09/14 B	394	1.000	0	394-	394	
8001081	06/25/14 B	850,000	1.000	0	850,000-	850,000	

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2014 THROUGH DECEMBER 31, 2014KONE INC RETIREMENT - COMBI ACCT
ACCOUNT NUMBER 80010899

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
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8001081	07/02/14 B	1,501	1.000	0	1,501-	1,501	
8001081	07/30/14 B	354	1.000	0	354-	354	
8001081	08/05/14 B	85	1.000	0	85-	85	
8001081	08/20/14 B	159	1.000	0	159-	159	
8001081	08/22/14 B	300,000	1.000	0	300,000-	300,000	
8001081	08/27/14 B	185	1.000	0	185-	185	
8001081	09/03/14 B	120	1.000	0	120-	120	
8001081	09/05/14 B	67	1.000	0	67-	67	
8001081	09/09/14 B	1,088,000	1.000	0	1,088,000-	1,088,000	
8001081	09/16/14 B	1,133	1.000	0	1,133-	1,133	
8001081	09/18/14 B	185	1.000	0	185-	185	
8001081	10/03/14 B	108	1.000	0	108-	108	
8001081	10/16/14 B	120	1.000	0	120-	120	
8001081	10/24/14 B	1,400,000	1.000	0	1,400,000-	1,400,000	
8001081	10/31/14 B	1,939	1.000	0	1,939-	1,939	
8001081	11/06/14 B	754	1.000	0	754-	754	
8001081	11/07/14 B	180	1.000	0	180-	180	
8001081	11/12/14 B	70	1.000	0	70-	70	
8001081	11/21/14 B	30	1.000	0	30-	30	
8001081	12/01/14 B	2,690	1.000	0	2,690-	2,690	
8001081	12/08/14 B	108	1.000	0	108-	108	
8001081	12/09/14 B	40	1.000	0	40-	40	
8001081	12/12/14 B	1,133	1.000	0	1,133-	1,133	
8001081	12/18/14 B	103	1.000	0	103-	103	
8001081	12/26/14 B	14	1.000	0	14-	14	
8001083	01/02/14 B	36,035	1.000	0	36,035-	36,035	
8001083	01/07/14 B	21,676	1.000	0	21,676-	21,676	
8001083	01/08/14 B	306	1.000	0	306-	306	
8001083	01/10/14 B	7,041	1.000	0	7,041-	7,041	
8001083	01/13/14 B	9,685	1.000	0	9,685-	9,685	
8001083	01/14/14 B	150,685	1.000	0	150,685-	150,685	
8001083	01/15/14 B	60,762	1.000	0	60,762-	60,762	
8001083	01/16/14 B	169,156	1.000	0	169,156-	169,156	
8001083	01/17/14 B	5,328	1.000	0	5,328-	5,328	
8001083	01/24/14 B	1,046	1.000	0	1,046-	1,046	
8001083	01/27/14 B	384,299	1.000	0	384,299-	384,299	
8001083	01/28/14 B	79,674	1.000	0	79,674-	79,674	
8001083	01/29/14 B	15,047	1.000	0	15,047-	15,047	
8001083	01/31/14 B	10,058	1.000	0	10,058-	10,058	
8001083	02/03/14 B	37,173	1.000	0	37,173-	37,173	
8001083	02/11/14 B	209,084	1.000	0	209,084-	209,084	
8001083	03/03/14 B	1	1.000	0	1-	1	
SUB-TOTAL OF BUYS # 79				0	76,506,440	76,506,440	
8001081	01/02/14 S	367,452	1.000	0	367,452	367,452	0

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2014 THROUGH DECEMBER 31, 2014KONE INC RETIREMENT - COMBI ACCT
ACCOUNT NUMBER 80010899

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
8001081	01/08/14 S	2,983	1.000	0	2,983	2,983	0
8001081	01/09/14 S	2,585	1.000	0	2,585	2,585	0
8001081	01/17/14 S	9,052	1.000	0	9,052	9,052	0
8001081	01/21/14 S	2,889	1.000	0	2,889	2,889	0
8001081	01/24/14 S	269	1.000	0	269	269	0
8001081	01/27/14 S	4,331	1.000	0	4,331	4,331	0
8001081	01/27/14 S	26,355	1.000	0	26,355	26,355	0
8001081	01/30/14 S	4,549	1.000	0	4,549	4,549	0
8001081	01/31/14 S	28,587	1.000	0	28,587	28,587	0
8001081	02/03/14 S	373,847	1.000	0	373,847	373,847	0
8001081	02/05/14 S	1,106	1.000	0	1,106	1,106	0
8001081	02/05/14 S	14,029	1.000	0	14,029	14,029	0
8001081	02/12/14 S	6,000,000	1.000	0	6,000,000	6,000,000	0
8001081	02/14/14 S	63,300,000	1.000	0	63,300,000 *	63,300,000	0
8001081	02/18/14 S	3,300,000	1.000	0	3,300,000	3,300,000	0
8001081	02/19/14 S	1,500,000	1.000	0	1,500,000	1,500,000	0
8001081	02/21/14 S	1,800,000	1.000	0	1,800,000	1,800,000	0
8001081	02/25/14 S	1,400,000	1.000	0	1,400,000	1,400,000	0
8001081	02/27/14 S	23,016	1.000	0	23,016	23,016	0
8001081	03/03/14 S	374,920	1.000	0	374,920	374,920	0
8001081	03/07/14 S	5,000,000	1.000	0	5,000,000	5,000,000	0
8001081	03/10/14 S	312	1.000	0	312	312	0
8001081	03/12/14 S	103	1.000	0	103	103	0
8001081	03/14/14 S	216	1.000	0	216	216	0
8001081	03/28/14 S	26,744	1.000	0	26,744	26,744	0
8001081	03/31/14 S	7,473	1.000	0	7,473	7,473	0
8001081	04/01/14 S	379,535	1.000	0	379,535	379,535	0
8001081	04/02/14 S	3,748	1.000	0	3,748	3,748	0
8001081	04/15/14 S	21,266	1.000	0	21,266	21,266	0
8001081	04/16/14 S	2,026	1.000	0	2,026	2,026	0
8001081	04/16/14 S	34,433	1.000	0	34,433	34,433	0
8001081	04/22/14 S	14,755	1.000	0	14,755	14,755	0
8001081	04/28/14 S	220	1.000	0	220	220	0
8001081	05/01/14 S	383,897	1.000	0	383,897	383,897	0
8001081	05/02/14 S	4,153	1.000	0	4,153	4,153	0
8001081	05/07/14 S	6,213	1.000	0	6,213	6,213	0
8001081	05/08/14 S	76	1.000	0	76	76	0
8001081	05/09/14 S	71,786	1.000	0	71,786	71,786	0
8001081	05/12/14 S	31,711	1.000	0	31,711	31,711	0
8001081	05/16/14 S	185	1.000	0	185	185	0
8001081	05/19/14 S	85	1.000	0	85	85	0
8001081	05/20/14 S	47,454	1.000	0	47,454	47,454	0
8001081	05/21/14 S	1,434	1.000	0	1,434	1,434	0
8001081	06/02/14 S	386,127	1.000	0	386,127	386,127	0
8001081	06/03/14 S	1,352	1.000	0	1,352	1,352	0
8001081	06/05/14 S	5,090	1.000	0	5,090	5,090	0

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2014 THROUGH DECEMBER 31, 2014KONE INC RETIREMENT - COMBI ACCT
ACCOUNT NUMBER 80010899

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
8001081	06/06/14 S	394	1.000	0	394	394	0
8001081	06/10/14 S	124	1.000	0	124	124	0
8001081	06/11/14 S	394	1.000	0	394	394	0
8001081	06/12/14 S	1,619	1.000	0	1,619	1,619	0
8001081	07/01/14 S	386,497	1.000	0	386,497	386,497	0
8001081	07/01/14 S	26,878	1.000	0	26,878	26,878	0
8001081	07/03/14 S	2,138	1.000	0	2,138	2,138	0
8001081	07/07/14 S	1,501	1.000	0	1,501	1,501	0
8001081	07/09/14 S	3,011	1.000	0	3,011	3,011	0
8001081	07/16/14 S	684	1.000	0	684	684	0
8001081	07/22/14 S	89,446	1.000	0	89,446	89,446	0
8001081	08/01/14 S	391,689	1.000	0	391,689	391,689	0
8001081	08/06/14 S	713	1.000	0	713	713	0
8001081	08/07/14 S	445	1.000	0	445	445	0
8001081	08/14/14 S	32,445	1.000	0	32,445	32,445	0
8001081	08/20/14 S	3,863	1.000	0	3,863	3,863	0
8001081	08/26/14 S	19,644	1.000	0	19,644	19,644	0
8001081	08/29/14 S	185	1.000	0	185	185	0
8001081	09/02/14 S	400,633	1.000	0	400,633	400,633	0
8001081	09/05/14 S	120	1.000	0	120	120	0
8001081	09/09/14 S	218	1.000	0	218	218	0
8001081	09/10/14 S	6,328	1.000	0	6,328	6,328	0
8001081	09/16/14 S	159	1.000	0	159	159	0
8001081	09/23/14 S	83	1.000	0	83	83	0
8001081	09/26/14 S	41,735	1.000	0	41,735	41,735	0
8001081	09/29/14 S	4,000	1.000	0	4,000	4,000	0
8001081	10/01/14 S	391,239	1.000	0	391,239	391,239	0
8001081	10/06/14 S	3,340	1.000	0	3,340	3,340	0
8001081	10/07/14 S	108	1.000	0	108	108	0
8001081	10/09/14 S	1,007	1.000	0	1,007	1,007	0
8001081	10/15/14 S	14,000	1.000	0	14,000	14,000	0
8001081	10/27/14 S	116,401	1.000	0	116,401	116,401	0
8001081	11/03/14 S	391,909	1.000	0	391,909	391,909	0
8001081	11/04/14 S	2,824	1.000	0	2,824	2,824	0
8001081	11/05/14 S	2,027	1.000	0	2,027	2,027	0
8001081	11/10/14 S	1,011	1.000	0	1,011	1,011	0
8001081	11/14/14 S	255	1.000	0	255	255	0
8001081	11/21/14 S	8,495	1.000	0	8,495	8,495	0
8001081	12/01/14 S	393,478	1.000	0	393,478	393,478	0
8001081	12/04/14 S	69,496	1.000	0	69,496	69,496	0
8001081	12/04/14 S	3,000	1.000	0	3,000	3,000	0
8001081	12/05/14 S	406	1.000	0	406	406	0
8001081	12/11/14 S	124	1.000	0	124	124	0
8001081	12/15/14 S	244	1.000	0	244	244	0
8001081	12/17/14 S	253	1.000	0	253	253	0
8001081	12/22/14 S	103	1.000	0	103	103	0

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2014 THROUGH DECEMBER 31, 2014KONE INC RETIREMENT - COMBI ACCT
ACCOUNT NUMBER 80010899

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
8001081	12/22/14 S	20,509	1.000	0	20,509	20,509	0
8001081	12/23/14 S	8,667	1.000	0	8,667	8,667	0
8001083	01/03/14 S	39,716	1.000	0	39,716	39,716	0
8001083	01/06/14 S	13,795	1.000	0	13,795	13,795	0
8001083	01/09/14 S	91,922	1.000	0	91,922	91,922	0
8001083	01/16/14 S	1,046	1.000	0	1,046	1,046	0
8001083	01/17/14 S	1,287	1.000	0	1,287	1,287	0
8001083	01/17/14 S	10,397	1.000	0	10,397	10,397	0
8001083	01/21/14 S	67,225	1.000	0	67,225	67,225	0
8001083	01/22/14 S	153,864	1.000	0	153,864	153,864	0
8001083	01/23/14 S	117,718	1.000	0	117,718	117,718	0
8001083	01/24/14 S	26,535	1.000	0	26,535	26,535	0
8001083	01/28/14 S	135,694	1.000	0	135,694	135,694	0
8001083	01/30/14 S	160,000	1.000	0	160,000	160,000	0
8001083	01/31/14 S	35,052	1.000	0	35,052	35,052	0
8001083	02/05/14 S	54,604	1.000	0	54,604	54,604	0
8001083	02/07/14 S	60,736	1.000	0	60,736	60,736	0
8001083	02/12/14 S	204,574	1.000	0	204,574	204,574	0
8001083	02/12/14 S	331,482	1.000	0	331,482	331,482	0
8001083	03/03/14 S	1	1.000	0	1	1	0
SUB-TOTAL OF SALES # 113				0	89,315,854	89,315,854	0
SUB-TOTAL				0	165,822,294	165,822,294	0
ISSUE: 042699538 - AGT HIGH YIELD PLUS							
8001081	02/18/14 B	244,501	13.521	5,927	3,300,000-	3,300,000	
8001081	02/19/14 B	110,938	13.531	1,109	1,500,000-	1,500,000	
8001081	02/21/14 B	133,003	13.564	4,039	1,800,000-	1,800,000	
8001081	02/25/14 B	103,019	13.610	2,070	1,400,000-	1,400,000	
SUB-TOTAL OF BUYS # 4				13,145	8,000,000	8,000,000	
SUB-TOTAL				13,145	8,000,000	8,000,000	0
ISSUE: 042699553 - AGT GLOBAL REAL ESTATE							
8001081	02/14/14 B	370,320	15.146	8,830	5,600,000-	5,600,000	
SUB-TOTAL OF BUYS # 1				8,830	5,600,000	5,600,000	
8001081	04/23/14 S	57,274	15.714	0	900,000	866,107	33,893

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
 FOR THE PERIOD JANUARY 1, 2014 THROUGH DECEMBER 31, 2014

KONE INC RETIREMENT - COMBI ACCT
 ACCOUNT NUMBER 80010899

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
SUB-TOTAL OF SALES # 1				0	900,000	866,107	33,893
SUB-TOTAL				8,830	6,500,000	6,466,107	33,893
ISSUE: 042699595 - ACT US LG C PASS EQ							
8001081	02/14/14 B	661,556	17.924	57,860	11,800,000-*	11,800,000	
SUB-TOTAL OF BUYS # 1				57,860	11,800,000	11,800,000	
SUB-TOTAL				57,860	11,800,000	11,800,000	0
ISSUE: 042699603 - AGT US LNG FX AC CREDIT							
8001081	02/12/14 B	439,387	13.655	0	6,000,000-	6,000,000	
8001081	02/14/14 B	1,237,368	13.739	48	17,000,000-*	17,000,000	
SUB-TOTAL OF BUYS # 2				48	23,000,000	23,000,000	
8001081	02/13/14 S	2,474,743	13.739	0	34,000,000 *	33,793,683	206,317
8001081	03/07/14 S	288,209	13.879	0	4,000,000	3,946,892	53,108
8001081	04/04/14 S	356,038	14.043	0	5,000,000	4,875,779	124,221
8001081	06/01/14 S	348,354	14.353	0	5,000,000	4,770,547	229,453
8001081	06/01/14 S	592,035	14.526	0	8,600,000 *	8,107,644	492,356
8001081	09/09/14 S	457,794	15.072	0	6,900,000 *	6,269,272	630,728
8001081	10/23/14 S	91,655	15.275	0	1,400,000	1,255,177	144,823
SUB-TOTAL OF SALES # 7				0	64,900,000	63,018,994	1,881,006
SUB-TOTAL				48	87,900,000	86,018,994	1,881,006
ISSUE: 042699645 - AGT ACWI-EX US PASS EQ							
8001081	02/14/14 B	1,440,688	11.026	84,877	15,800,000-*	15,800,000	
SUB-TOTAL OF BUYS # 1				84,877	15,800,000	15,800,000	
8001081	08/21/14 S	25,524	11.754	0	300,000	279,916	20,084
SUB-TOTAL OF SALES # 1				0	300,000	279,916	20,084

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
 FOR THE PERIOD JANUARY 1, 2014 THROUGH DECEMBER 31, 2014

KONE INC RETIREMENT - COMBI ACCT
 ACCOUNT NUMBER 80010899

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
SUB-TOTAL				84,877	16,100,000	16,079,916	20,084
ISSUE: 042699660 - AGT MID DUR LNG CREDIT							
8001081	02/13/14 B	3,378,916	10.062	0	34,000,000-*	34,000,000	
8001081	02/14/14 B	900,675	10.062	62,953	9,000,000-*	9,000,000	
8001081	03/07/14 B	396,174	10.097	0	4,000,000-	4,000,000	
8001081	03/07/14 B	495,218	10.097	0	5,000,000-	5,000,000	
8001081	04/04/14 B	489,957	10.205	0	5,000,000-	5,000,000	
8001081	06/01/14 B	484,828	10.313	0	5,000,000-	5,000,000	
8001081	06/01/14 B	829,182	10.372	0	8,600,000-*	8,600,000	
8001081	09/09/14 B	653,377	10.561	0	6,900,000-*	6,900,000	
SUB-TOTAL OF BUYS # 8				62,953	77,500,000	77,500,000	
SUB-TOTAL				62,953	77,500,000	77,500,000	0
ISSUE: 256206103 - DODGE & COX INT'L STOCK FD #1048							
8001081	02/13/14 S	152,796	42.580	0	6,506,071 *	5,746,968	759,103
SUB-TOTAL OF SALES # 1				0	6,506,071	5,746,968	759,103
SUB-TOTAL				0	6,506,071	5,746,968	759,103
ISSUE: 52106N889 - LAZARD EMERGING MKTS PTFL #638							
8001081	02/13/14 S	390,039	17.370	0	6,774,969 *	7,332,831	-557,862
SUB-TOTAL OF SALES # 1				0	6,774,969	7,332,831	-557,862
SUB-TOTAL				0	6,774,969	7,332,831	-557,862
ISSUE: 722005667 - PIMCO COMMODITY REAL RET STRAT-I#45							
8001081	02/13/14 S	1,803,868	5.730	0	10,336,161 *	13,635,259	-3,299,098
SUB-TOTAL OF SALES # 1				0	10,336,161	13,635,259	-3,299,098
SUB-TOTAL				0	10,336,161	13,635,259	-3,299,098



REPORTABLE TRANSACTIONS - SERIES / BY ISSUE FOR THE PERIOD JANUARY 1, 2014 THROUGH DECEMBER 31, 2014					KONE INC RETIREMENT - COMBI ACCT ACCOUNT NUMBER 80010899		
TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
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GRAND TOTAL				227,617	397,239,495	398,402,369	-1,162,876

FOOTNOTES

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SINGLE / BY BROKER
 FOR THE PERIOD JANUARY 1, 2014 THROUGH DECEMBER 31, 2014

KONE INC RETIREMENT - COMBI ACCT
 ACCOUNT NUMBER 80010899

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
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BEGINNING MARKET VALUE	129,715,174.18
COMPARATIVE VALUE (5%)	6,485,758.71

BROKER: MISCELLANEOUS

8001081	ISSUE: 042699603 - AGT US LNG FX AC CREDIT	02/12/14 B	439,387	13.655	0	6,000,000-	6,000,000	
8001081	ISSUE: 042699603 - AGT US LNG FX AC CREDIT	02/13/14 S	2,474,743	13.739	0	34,000,000 *	33,793,683	206,317
8001081	ISSUE: 042699553 - AGT GLOBAL REAL ESTATE	02/14/14 B	370,320	15.146	8,830	5,600,000-	5,600,000	
8001081	ISSUE: 042699595 - ACT US LG C PASS EQ	02/14/14 B	661,556	17.924	57,860	11,800,000-*	11,800,000	
8001081	ISSUE: 042699603 - AGT US LNG FX AC CREDIT	02/14/14 B	1,237,368	13.739	48	17,000,000-*	17,000,000	
8001081	ISSUE: 042699611 - AGT US SM CP PASS EQ	02/14/14 B	226,397	18.133	5,326	4,100,000-	4,100,000	
8001081	ISSUE: 042699645 - AGT ACWI-EX US PASS EQ	02/14/14 B	1,440,688	11.026	84,877	15,800,000-*	15,800,000	
8001081	ISSUE: 042699660 - AGT MID DUR LNG CREDIT	02/14/14 B	900,675	10.062	62,953	9,000,000-*	9,000,000	
8001081	ISSUE: 042699538 - AGT HIGH YIELD PLUS	02/18/14 B	244,501	13.521	5,927	3,300,000-	3,300,000	
8001081	ISSUE: 042699538 - AGT HIGH YIELD PLUS	02/19/14 B	110,938	13.531	1,109	1,500,000-	1,500,000	
8001081	ISSUE: 042699538 - AGT HIGH YIELD PLUS	02/21/14 B	133,003	13.564	4,039	1,800,000-	1,800,000	
8001081	ISSUE: 042699538 - AGT HIGH YIELD PLUS	02/25/14 B	103,019	13.610	2,070	1,400,000-	1,400,000	
8001081	ISSUE: 042699603 - AGT US LNG FX AC CREDIT	03/07/14 S	288,209	13.879	0	4,000,000	3,946,892	53,108
8001081	ISSUE: 042699660 - AGT MID DUR LNG CREDIT	03/07/14 B	396,174	10.097	0	4,000,000-	4,000,000	
8001081	ISSUE: 042699660 - AGT MID DUR LNG CREDIT	03/07/14 B	495,218	10.097	0	5,000,000-	5,000,000	
8001081	ISSUE: 042699603 - AGT US LNG FX AC CREDIT	04/04/14 S	356,038	14.043	0	5,000,000	4,875,779	124,221
8001081	ISSUE: 042699660 - AGT MID DUR LNG CREDIT	04/04/14 B	489,957	10.205	0	5,000,000-	5,000,000	
8001081	ISSUE: 042699553 - AGT GLOBAL REAL ESTATE	04/23/14 S	57,274	15.714	0	900,000	866,107	33,893

REPORTABLE TRANSACTIONS - SINGLE / BY BROKER
 FOR THE PERIOD JANUARY 1, 2014 THROUGH DECEMBER 31, 2014

KONE INC RETIREMENT - COMBI ACCT
 ACCOUNT NUMBER 80010899

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
8001081	ISSUE: 042699603 - AGT US LNG FX AC CREDIT 06/01/14 S	348,354	14.353	0	5,000,000	4,770,547	229,453
8001081	ISSUE: 042699603 - AGT US LNG FX AC CREDIT 06/01/14 S	592,035	14.526	0	8,600,000 *	8,107,644	492,356
8001081	ISSUE: 042699660 - AGT MID DUR LNG CREDIT 06/01/14 B	484,828	10.313	0	5,000,000-	5,000,000	
8001081	ISSUE: 042699660 - AGT MID DUR LNG CREDIT 06/01/14 B	829,182	10.372	0	8,600,000-*	8,600,000	
8001081	ISSUE: 042699611 - AGT US SM CP PASS EQ 06/24/14 S	45,685	18.606	0	850,000	827,350	22,650
8001081	ISSUE: 042699645 - AGT ACWI-EX US PASS EQ 08/21/14 S	25,524	11.754	0	300,000	279,916	20,084
8001081	ISSUE: 042699603 - AGT US LNG FX AC CREDIT 09/09/14 S	457,794	15.072	0	6,900,000 *	6,269,272	630,728
8001081	ISSUE: 042699660 - AGT MID DUR LNG CREDIT 09/09/14 B	653,377	10.561	0	6,900,000-*	6,900,000	
8001081	ISSUE: 042699603 - AGT US LNG FX AC CREDIT 10/23/14 S	91,655	15.275	0	1,400,000	1,255,177	144,823
SUB-TOTAL				232,943	178,750,000	176,792,367	1,957,632
GRAND TOTAL				232,943	178,750,000	176,792,367	1,957,632

FOOTNOTES

* = SINGLE TRANSACTION IS 5% REPORTABLE
 B = BUY TRANSACTION
 S = SELL TRANSACTION
 R = REINVESTMENT TRANSACTION

Plan Name	Kone Inc. Employees' Retirement Plan
Plan Sponsor EIN	36-2357423
ERISA Plan #	001
Plan Year Ending	December 31, 2014

The required attachment marked with an "X" in the Attachment column is included within the "Copy of Schedule MB/SB in PDF format labeled MB/SB Actuary Signature" attachment to Schedule SB location which consists of the entire Schedule SB and its attachments.

Form / Schedule	Line#	Description	Attachment Title (if different from Description)	Attach- ment
5500 Sch. SB	None	Statement by Enrolled Actuary		
5500 Sch. SB	Line 27	Actuarial Information Based on Pre-PPA Funding Rules		
5500 Sch. SB	Line E	Information for Each Individual Employer		
5500 Sch. SB	Line 4	Additional Information for Plans in At-Risk Status		
5500 Sch. SB	Line 7	Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding		
5500 Sch. SB	Line 8	Late Election to Apply Balances to Quarterly Installments		
5500 Sch. SB	Line 9	Explanation of Credit Balance Discrepancy		
5500 Sch. SB	Line 18	Contributions Made to the Plan for the Plan Year		
5500 Sch. SB	Line 19	Discounted Employer Contributions		X
5500 Sch. SB	Line 20c	Liquidity Requirement Certification		
5500 Sch. SB	Line 22	Description of Weighted Average Retirement Age		X
5500 Sch. SB	Line 23	Information on Use of Multiple Mortality Tables		
5500 Sch. SB	Line 23	Information on Use of Substitute Mortality Tables		
5500 Sch. SB	Part V	Statement of Actuarial Assumptions/Methods		X
5500 Sch. SB	Part V	Summary of Plan Provisions		X
5500 Sch. SB	Line 24	Change in Actuarial Assumptions		
5500 Sch. SB	Line 25	Change in Method		
5500 Sch. SB	Line 26	Schedule of Active Participant Data		X
5500 Sch. SB	Line 27	Balances Subject to Binding Agreement with PBGC		
5500 Sch. SB	Line 27	Alternative 17-Year Funding Schedule of Airlines		
5500 Sch. SB	Line 32	Schedule of Amortization Bases		
5500 Sch. SB		Other Attachment [Enter Description]		

Plan Name	Kone Inc. Employees' Retirement Plan
Plan Sponsor EIN	36-2357423
ERISA Plan #	001
Plan Year Ending	December 31, 2014

The required attachment marked with an "X" in the Attachment column is included within the "Copy of Schedule MB/SB in PDF format labeled MB/SB Actuary Signature" attachment to Schedule SB location which consists of the entire Schedule SB and its attachments.

Form / Schedule	Line#	Description	Attachment Title (if different from Description)	Attach- ment
5500 Sch. SB	None	Statement by Enrolled Actuary		
5500 Sch. SB	Line 27	Actuarial Information Based on Pre-PPA Funding Rules		
5500 Sch. SB	Line E	Information for Each Individual Employer		
5500 Sch. SB	Line 4	Additional Information for Plans in At-Risk Status		
5500 Sch. SB	Line 7	Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding		
5500 Sch. SB	Line 8	Late Election to Apply Balances to Quarterly Installments		
5500 Sch. SB	Line 9	Explanation of Credit Balance Discrepancy		
5500 Sch. SB	Line 18	Contributions Made to the Plan for the Plan Year		
5500 Sch. SB	Line 19	Discounted Employer Contributions		X
5500 Sch. SB	Line 20c	Liquidity Requirement Certification		
5500 Sch. SB	Line 22	Description of Weighted Average Retirement Age		X
5500 Sch. SB	Line 23	Information on Use of Multiple Mortality Tables		
5500 Sch. SB	Line 23	Information on Use of Substitute Mortality Tables		
5500 Sch. SB	Part V	Statement of Actuarial Assumptions/Methods		X
5500 Sch. SB	Part V	Summary of Plan Provisions		X
5500 Sch. SB	Line 24	Change in Actuarial Assumptions		
5500 Sch. SB	Line 25	Change in Method		
5500 Sch. SB	Line 26	Schedule of Active Participant Data		X
5500 Sch. SB	Line 27	Balances Subject to Binding Agreement with PBGC		
5500 Sch. SB	Line 27	Alternative 17-Year Funding Schedule of Airlines		
5500 Sch. SB	Line 32	Schedule of Amortization Bases		
5500 Sch. SB		Other Attachment [Enter Description]		

Plan Name	Kone Inc. Employees' Retirement Plan
Plan Sponsor EIN	36-2357423
ERISA Plan #	001
Plan Year Ending	December 31, 2014

The required attachment marked with an "X" in the Attachment column is included within the "Copy of Schedule MB/SB in PDF format labeled MB/SB Actuary Signature" attachment to Schedule SB location which consists of the entire Schedule SB and its attachments.

Form / Schedule	Line#	Description	Attachment Title (if different from Description)	Attach- ment
5500 Sch. SB	None	Statement by Enrolled Actuary		
5500 Sch. SB	Line 27	Actuarial Information Based on Pre-PPA Funding Rules		
5500 Sch. SB	Line E	Information for Each Individual Employer		
5500 Sch. SB	Line 4	Additional Information for Plans in At-Risk Status		
5500 Sch. SB	Line 7	Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding		
5500 Sch. SB	Line 8	Late Election to Apply Balances to Quarterly Installments		
5500 Sch. SB	Line 9	Explanation of Credit Balance Discrepancy		
5500 Sch. SB	Line 18	Contributions Made to the Plan for the Plan Year		
5500 Sch. SB	Line 19	Discounted Employer Contributions		X
5500 Sch. SB	Line 20c	Liquidity Requirement Certification		
5500 Sch. SB	Line 22	Description of Weighted Average Retirement Age		X
5500 Sch. SB	Line 23	Information on Use of Multiple Mortality Tables		
5500 Sch. SB	Line 23	Information on Use of Substitute Mortality Tables		
5500 Sch. SB	Part V	Statement of Actuarial Assumptions/Methods		X
5500 Sch. SB	Part V	Summary of Plan Provisions		X
5500 Sch. SB	Line 24	Change in Actuarial Assumptions		
5500 Sch. SB	Line 25	Change in Method		
5500 Sch. SB	Line 26	Schedule of Active Participant Data		X
5500 Sch. SB	Line 27	Balances Subject to Binding Agreement with PBGC		
5500 Sch. SB	Line 27	Alternative 17-Year Funding Schedule of Airlines		
5500 Sch. SB	Line 32	Schedule of Amortization Bases		
5500 Sch. SB		Other Attachment [Enter Description]		

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2014**This Form is Open to Public
Inspection**For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>KONE Inc. Employees' Retirement Plan</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>KONE Inc.</u>	D Employer Identification Number (EIN) <u>36-2357423</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other	
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2014</u>			
2 Assets:			
a Market value	2a	<u>131,484,789</u>	
b Actuarial value	2b	<u>130,438,059</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>860</u>	<u>41,824,996</u>	<u>41,824,996</u>
b For terminated vested participants.....	<u>1,116</u>	<u>26,304,286</u>	<u>26,304,286</u>
c For active participants.....	<u>1,153</u>	<u>35,019,412</u>	<u>36,252,609</u>
d Total.....	<u>3,129</u>	<u>103,148,694</u>	<u>104,381,891</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>6.55 %</u>	
6 Target normal cost	6	<u>2,702,103</u>	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>ALAN D. DANG</u> <u>ADD</u>	<u>10/01/2015</u>
	Signature of actuary	Date
<u>Alan D. Dang</u>	Type or print name of actuary	<u>14-07076</u>
		Most recent enrollment number
<u>Hewitt Associates LLC</u>	Firm name	<u>(847) 295-5000</u>
		Telephone number (including area code)
<u>4 Overlook Point</u>		
<u>Lincolnshire</u>	<u>IL 60069</u>	
	Address of the firm	

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2014
v. 140124

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	6,500,000
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	6,500,000
10 Interest on line 9 using prior year's actual return of <u>5.31%</u>	0	345150
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		3017566
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.37%</u>		192219
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		3209785
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	6845150

Part III Funding Percentages

14 Funding target attainment percentage	14	118.40 %
15 Adjusted funding target attainment percentage	15	124.96 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	113.66 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/10/2015	1,440,886				
07/10/2015	1,440,886				
09/11/2015	2,881,886				
Totals ▶			18(b)	5,763,658	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	5,225,976

20 Quarterly contributions and liquidity shortfalls:**a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	2,702,103	
b Excess assets, if applicable, but not greater than line 31a	31b	2,702,103	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	5,225,976	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	5,225,976	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years.....	43		

Schedule SB Attachment (Form 5500)—2014 Plan Year
Kone Inc. Employees' Retirement Plan
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Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2014

Date	Amount	Days to Discount to 1/1/2014 at 6.55%	Interest Adjusted Contribution
April 10, 2015	\$ 1,440,886	464	\$ 1,329,238
July 10, 2015	1,440,886	555	1,308,378
September 11, 2015	<u>2,881,886</u>	618	<u>2,588,360</u>
Total Contribution	\$ 5,763,658		\$ 5,225,976

Schedule SB Attachment (Form 5500)—2014 Plan Year
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Schedule SB, line 22—Description of Weighted Average Retirement Age

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	10.00%	1.0000	5.55
56.5	10.00%	0.9000	5.09
57.5	10.00%	0.8100	4.66
58.5	10.00%	0.7290	4.26
59.5	10.00%	0.6561	3.90
60.5	10.00%	0.5905	3.57
61.5	10.00%	0.5314	3.27
62.5	15.00%	0.4783	4.48
63.5	15.00%	0.4066	3.87
64.5	15.00%	0.3456	3.34
65.5	25.00%	0.2937	4.81
66.5	25.00%	0.2203	3.66
67.5	25.00%	0.1652	2.79
68.5	25.00%	0.1239	2.12
69.5	25.00%	0.0929	1.61
70	100.00%	0.0697	4.88
Weighted Average			61.86

Schedule SB Attachment (Form 5500)—2014 Plan Year
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Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2013), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
	Grammer
1st Segment Rate	4.99%
2nd Segment Rate	6.32%
3rd Segment Rate	6.99%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2013), without regard to interest rate stabilization
1st Segment Rate	1.37%
2nd Segment Rate	4.05%
3rd Segment Rate	5.06%
Salary Increases	
Minimum Funding Target Normal Cost	2.5%
Maximum Tax Expected Benefit Increase	4.0%
Optional Payment Form Election Percentage	70% elect a single life annuity 18% select a 50% joint and survivor annuity 10% select a 100% joint and survivor annuity 2% select a 66⅔% joint and survivor annuity
Optional Payment Form Conversion Interest Rate	N/A
Optional Payment Form Conversion Mortality	N/A
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy and Disabled	2014 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3

Schedule SB Attachment (Form 5500)—2014 Plan Year
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Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2013 Pensionable earnings rolled forward one year with the salary increase assumption.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$210,000 and the IRC section 401(a)(17) compensation limit of \$260,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2012 Plan Year	7.52%
2013 Plan Year	6.76%
Trust Expenses Included in Target Normal Cost	\$520,000. Based on expected plan administrative expenses plus PBGC premiums, rounded to the nearest \$5,000
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2014

Schedule SB Attachment (Form 5500)—2014 Plan Year
Kone Inc. Employees' Retirement Plan
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Table 1

Retirement Rates

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

Schedule SB Attachment (Form 5500)—2014 Plan Year
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Table 2—Page 1 of 2

Withdrawal Rates

Age	Years of Service				
	0-1	2	3	4	5+
15	30.00%	25.00%	20.00%	15.00%	35.50%
16	30.00%	25.00%	20.00%	15.00%	35.50%
17	30.00%	25.00%	20.00%	15.00%	35.50%
18	30.00%	25.00%	20.00%	15.00%	35.50%
19	30.00%	25.00%	20.00%	15.00%	35.50%
20	30.00%	25.00%	20.00%	15.00%	35.50%
21	30.00%	25.00%	20.00%	15.00%	35.50%
22	30.00%	25.00%	20.00%	15.00%	33.50%
23	30.00%	25.00%	20.00%	15.00%	31.70%
24	30.00%	25.00%	20.00%	15.00%	29.90%
25	30.00%	25.00%	20.00%	15.00%	28.10%
26	30.00%	25.00%	20.00%	15.00%	26.40%
27	30.00%	25.00%	20.00%	15.00%	24.80%
28	30.00%	25.00%	20.00%	15.00%	23.20%
29	30.00%	25.00%	20.00%	15.00%	21.70%
30	30.00%	25.00%	20.00%	15.00%	20.30%
31	30.00%	25.00%	20.00%	15.00%	18.90%
32	30.00%	25.00%	20.00%	15.00%	17.50%
33	30.00%	25.00%	20.00%	15.00%	16.30%
34	30.00%	25.00%	20.00%	15.00%	15.10%
35	30.00%	25.00%	20.00%	15.00%	13.90%
36	30.00%	25.00%	20.00%	15.00%	12.80%
37	30.00%	25.00%	20.00%	15.00%	11.80%
38	30.00%	25.00%	20.00%	15.00%	10.80%
39	30.00%	25.00%	20.00%	15.00%	9.90%
40	30.00%	25.00%	20.00%	15.00%	9.00%
41	30.00%	25.00%	20.00%	15.00%	8.20%
42	30.00%	25.00%	20.00%	15.00%	7.50%
43	30.00%	25.00%	20.00%	15.00%	6.80%
44	30.00%	25.00%	20.00%	15.00%	6.20%

Schedule SB Attachment (Form 5500)—2014 Plan Year
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Table 2—Page 2 of 2

Withdrawal Rates

Age	Years of Service				
	0-1	2	3	4	5+
45	30.00%	25.00%	20.00%	15.00%	5.60%
46	30.00%	25.00%	20.00%	15.00%	5.10%
47	30.00%	25.00%	20.00%	15.00%	4.70%
48	30.00%	25.00%	20.00%	15.00%	4.30%
49	30.00%	25.00%	20.00%	15.00%	4.00%
50	30.00%	25.00%	20.00%	15.00%	3.70%
51	30.00%	25.00%	20.00%	15.00%	3.50%
52	30.00%	25.00%	20.00%	15.00%	3.40%
53	30.00%	25.00%	20.00%	15.00%	3.30%
54	30.00%	25.00%	20.00%	15.00%	3.30%
55	30.00%	25.00%	20.00%	15.00%	3.30%
56+	30.00%	25.00%	20.00%	15.00%	0.00%

Schedule SB Attachment (Form 5500)—2014 Plan Year
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Table 3

Disability Rates

Age	Rate	Age	Rate
20	0.050%	50	0.340%
21	0.050%	51	0.380%
22	0.050%	52	0.430%
23	0.050%	53	0.490%
24	0.050%	54	0.560%
25	0.060%	55	0.645%
26	0.060%	56	0.735%
27	0.060%	57	0.830%
28	0.065%	58	0.930%
29	0.065%	59	1.030%
30	0.065%	60	1.130%
31	0.070%	61	1.240%
32	0.070%	62	1.370%
33	0.080%	63	1.515%
34	0.085%	64	1.680%
35	0.090%	65+	0.000%
36	0.100%		
37	0.105%		
38	0.110%		
39	0.120%		
40	0.130%		
41	0.145%		
42	0.155%		
43	0.170%		
44	0.180%		
45	0.200%		
46	0.220%		
47	0.250%		
48	0.275%		
49	0.315%		

Schedule SB Attachment (Form 5500)—2014 Plan Year
Kone Inc. Employees' Retirement Plan
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Schedule SB, Part V—Summary of Plan Provisions

Office and McKinney

Eligibility for Participation

All covered employees are eligible to participate on the first day of the month coincident with or next following completion of one year of eligibility service.

Normal Retirement

Eligibility

The first day of the month coincident with or next following the attainment of age 65.

Monthly Benefit

The greater of (1) and (2) below:

(1) The sum of (a) and (b) below, multiplied by years of projected benefit service at normal retirement age (maximum 40 years), reduced by (c) below, and then multiplied by a fraction, not exceeding one, equal to years of benefit service over projected benefit service at normal retirement age:

(a) 1.00% of average monthly compensation

(b) 0.25% of average monthly compensation up to \$1,666.67

(c) 50% of primary Social Security benefit at age 65

(2) The applicable dollar rate, as in effect at the date of termination, multiplied by the number of years of benefit service at normal retirement:

Date of Termination	Applicable Dollar Rate
Office Prior to 5/1/1981	\$11
On or After 5/1/1981 but Before 5/1/1982	\$12
On or After 5/1/1982 but Before 1/1/1990	\$13
On or After 1/1/1990	\$18
McKinney	\$18

Early Retirement

Eligibility

Age 55 and five years of vesting service.

Benefit Reduction for Early Payment

Accrued benefit reduced actuarially for each month by which payments precede normal retirement age.

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Disability Retirement

Eligibility

Five years of vesting service.

Benefit

Unreduced accrued benefit, payable immediately.

Preretirement Surviving Spouse Benefit

Eligibility

All vested participants.

Benefit

50% of an employee's accrued benefit, reduced for early retirement and the 50% joint and survivor option, payable to a surviving spouse commencing on the later of (a) the date the participant would have attained age 55, or (b) the date of death.

Vested Termination Benefits

Eligibility

Five years of vesting service.

Benefit

Accrued benefit payable at normal retirement age, or payable at early retirement age with reductions as for early retirement.

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Factory

Eligibility for Participation

All employees covered by a collective bargaining agreement with District Lodge No. 102 of the IAM are eligible to participate on the first day of the month coincident with or next following completion of the probationary period.

Normal Retirement

Eligibility

The first day of the month coincident with or next following the attainment of age 65.

Monthly Benefit

The sum of (1) and (2) below:

- (1) The applicable dollar rate, as in effect at the date of termination, multiplied by the number of years of benefit service at the date of termination or December 31, 2003, if earlier:

Date of Termination	Applicable Dollar Rate
On or After 5/1/1979 but Prior to 5/1/1980	\$10
On or After 5/1/1980 but Prior to 5/1/1981	\$11
On or After 5/1/1981 but Prior to 5/1/1982	\$12
On or After 5/1/1982 but Prior to 4/16/1989	\$13
On or After 4/16/1989 but Prior to 4/16/1990	\$14
On or After 4/16/1990 but Prior to 4/16/1991 (effective retroactive for retirements occurring on or after 4/16/1989)	\$16
On or After 4/16/1991 but Prior to 4/16/1992 (effective retroactive for retirements occurring on or after 4/16/1989)	\$18
On or After 4/16/1992 but Prior to 4/16/1993	\$19
On or After 4/16/1993 but Prior to 4/16/1994	\$20
On or After 4/16/1994 but Prior to 4/16/1995	\$21
On or After 4/16/1995 but Prior to 4/16/1996	\$22
On or After 4/16/1996 but Prior to 4/16/1997	\$23
On or After 4/16/1997 but Prior to 11/1/2002	\$24
On or After 11/1/2002	\$25

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- (2) The sum of the applicable dollar rate multiplied by years of benefit service earned in each service period for service after December 31, 2003:

Service Period	Applicable Dollar Rate
On or After 1/1/2004 but Prior to 1/1/2008	\$26
On or After 1/1/2008 but Prior to 1/1/2009	\$27
On or After 1/1/2009 but Prior to 1/1/2010	\$28
On or After 1/1/2010	\$29

Early Retirement
Eligibility

Age 55.

Benefit Reduction for Early Payment

Accrued benefit reduced actuarially for each month by which payments precede normal retirement age.

Disability Retirement
Eligibility

Five years of vesting service.

Benefit

Unreduced accrued benefit, payable immediately.

Preretirement Surviving Spouse Benefit
Eligibility

All vested participants.

Benefit

50% of an employee's accrued benefit, reduced for early retirement and the 50% joint and survivor option, payable to a surviving spouse commencing on the later of (a) the date the participant would have attained age 55, or (b) the date of death.

Vested Termination Benefits
Eligibility

Five years of vesting service.

Benefit

Accrued benefit payable at normal retirement age, or payable at early retirement age with reductions as for early retirement.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Kone Inc. Employees' Retirement Plan
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APD

Eligibility for Participation	All employees of the company's Arkansas City, Kansas plant covered by the collective bargaining agreement with the IUE AFL-CIO Local 1004 who have completed one year of eligibility service.	
Normal Retirement Eligibility	First day of the month coincident with or next following the attainment of age 65.	
Monthly Benefit	The applicable dollar rate, as in effect at the date of termination, multiplied by the number of years of benefit service at normal retirement:	
	Date of Termination	Applicable Dollar Rate
	On or After 6/30/1990 but Before 6/30/1992	\$15
	On or After 6/30/1992 but Before 6/30/1998	\$18
	On or After 6/30/1998	\$20
Early Retirement Eligibility	Age 60 and five years of vesting service.	
Benefit Reduction for Early Payment	Accrued benefit reduced actuarially for each month by which payments precede normal retirement age.	
Disability Retirement Eligibility	Five years of vesting service.	
Benefit	Unreduced accrued benefit, payable immediately.	
Preretirement Surviving Spouse Benefit Eligibility	All vested participants.	
Benefit	50% of an employee's accrued benefit, reduced for early retirement and the 50% joint and survivor option, payable to a surviving spouse commencing on the later of (a) the date the participant would have attained age 55, or (b) the date of death.	

Schedule SB Attachment (Form 5500)—2014 Plan Year
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Vested Termination Benefits

Eligibility

Five years of vesting service.

Benefit

Accrued benefit payable at normal retirement age, or payable at early retirement age with reductions as for early retirement.

Definitions

Effective Date

Amended and restated January 1, 2002. Most recent amendment adopted and effective September 15, 2007.

Eligibility Service

One year of eligibility service is earned for each period during which six months are worked by a full-time employee (1,000 or more hours if part-time employee).

Benefit Service

One year of benefit service is earned for each year in which 1,000 or more hours are worked.

Vesting Service

One year of vesting service is earned for each year in which 1,000 or more hours are worked. In the year of termination, one year is credited if the participant works at least six months during that plan year.

Compensation

Base salary plus overtime and bonuses but excluding income from the Incentive Stock Participation Plan and other amounts includible in a participant's gross income.

Average Monthly Compensation

The average monthly compensation for the highest five consecutive calendar years during the last 10 years of service preceding termination of employment.

Normal Form of Benefit

Life annuity or an actuarially equivalent 50% joint and survivor annuity if the participant is married at the date of his retirement.

Optional Payment Forms

Life annuity, 50% joint and survivor annuity, 66 2/3% joint and survivor annuity, 75% joint and survivor annuity, and 100% joint and survivor annuity.

Payment of Small Amounts

Non-elective lump sum payment if the actuarial equivalent single sum of the benefit does not exceed \$5,000.

Schedule SB Attachment (Form 5500)—2014 Plan Year
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Actuarial Equivalent

For lump sum calculations, the mortality table prescribed in IRC Section 417(e) and the annual interest rate on 30-year Treasury securities for the month of October preceding the first day of the plan year in which the distribution occurs. For early retirement reductions, factors in Table I of the plan document. For joint and survivor annuities, factors in Table II of the plan document. For all other cases, the UP-1984 Unisex Mortality table and 7% interest rate.

Plan Year

Calendar year.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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

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

As a result of an internal change in assignments at Hewitt Associates LLC, the Enrolled Actuary has changed from Robert W. Bernsee to Alan D. Dang.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Kone Inc. Employees' Retirement Plan
EIN: 36-2357423 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2014

Attained Age	Number of Participants and Average Compensation									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		5								
25-29		47 \$67,871	31 \$90,570							
30-34		51 \$74,175	43 \$86,177	11	1					
35-39		43 \$85,782	43 \$79,349	39 \$105,641	12	1				
40-44		43 \$91,796	41 \$90,125	27 \$83,618	33 \$138,485	14				
45-49		38 \$97,748	45 \$103,616	38 \$90,128	22 \$106,609	18	16			
50-54		41 \$100,640	35 \$95,474	25 \$92,767	24 \$92,148	11	31 \$130,192	17	5	
55-59		20 \$92,076	34 \$95,059	25 \$86,935	20 \$89,767	7	14	24 \$110,122	11	2
60-64		12	20 \$82,590	10	17	7	16	5	5	15
65-69		2	4	2	10	2	2	1	2	5
70+				1	4		1		1	1

N-1,153

Plan Name	Kone Inc. Employees' Retirement Plan
Plan Sponsor EIN	36-2357423
ERISA Plan #	001
Plan Year Ending	December 31, 2014

The required attachment marked with an "X" in the Attachment column is included within the "Copy of Schedule MB/SB in PDF format labeled MB/SB Actuary Signature" attachment to Schedule SB location which consists of the entire Schedule SB and its attachments.

Form / Schedule	Line#	Description	Attachment Title (if different from Description)	Attach- ment
5500 Sch. SB	None	Statement by Enrolled Actuary		
5500 Sch. SB	Line 27	Actuarial Information Based on Pre-PPA Funding Rules		
5500 Sch. SB	Line E	Information for Each Individual Employer		
5500 Sch. SB	Line 4	Additional Information for Plans in At-Risk Status		
5500 Sch. SB	Line 7	Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding		
5500 Sch. SB	Line 8	Late Election to Apply Balances to Quarterly Installments		
5500 Sch. SB	Line 9	Explanation of Credit Balance Discrepancy		
5500 Sch. SB	Line 18	Contributions Made to the Plan for the Plan Year		
5500 Sch. SB	Line 19	Discounted Employer Contributions		X
5500 Sch. SB	Line 20c	Liquidity Requirement Certification		
5500 Sch. SB	Line 22	Description of Weighted Average Retirement Age		X
5500 Sch. SB	Line 23	Information on Use of Multiple Mortality Tables		
5500 Sch. SB	Line 23	Information on Use of Substitute Mortality Tables		
5500 Sch. SB	Part V	Statement of Actuarial Assumptions/Methods		X
5500 Sch. SB	Part V	Summary of Plan Provisions		X
5500 Sch. SB	Line 24	Change in Actuarial Assumptions		
5500 Sch. SB	Line 25	Change in Method		
5500 Sch. SB	Line 26	Schedule of Active Participant Data		X
5500 Sch. SB	Line 27	Balances Subject to Binding Agreement with PBGC		
5500 Sch. SB	Line 27	Alternative 17-Year Funding Schedule of Airlines		
5500 Sch. SB	Line 32	Schedule of Amortization Bases		
5500 Sch. SB		Other Attachment [Enter Description]		

Plan Name	Kone Inc. Employees' Retirement Plan
Plan Sponsor EIN	36-2357423
ERISA Plan #	001
Plan Year Ending	December 31, 2014

The required attachment marked with an "X" in the Attachment column is included within the "Copy of Schedule MB/SB in PDF format labeled MB/SB Actuary Signature" attachment to Schedule SB location which consists of the entire Schedule SB and its attachments.

Form / Schedule	Line#	Description	Attachment Title (if different from Description)	Attach- ment
5500 Sch. SB	None	Statement by Enrolled Actuary		
5500 Sch. SB	Line 27	Actuarial Information Based on Pre-PPA Funding Rules		
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5500 Sch. SB	Line 32	Schedule of Amortization Bases		
5500 Sch. SB		Other Attachment [Enter Description]		

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 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ 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)

Part II Basic Plan Information—enter all requested information											
1a Name of plan KONE INC. EMPLOYEES' RETIREMENT PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 05/18/1962</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 36-2357423</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number (630) 955-4225</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 333900</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 05/18/1962		2b Employer Identification Number (EIN) 36-2357423		2c Plan Sponsor's telephone number (630) 955-4225		2d Business code (see instructions) 333900	
1b Three-digit plan number (PN) ▶	001										
1c Effective date of plan 05/18/1962											
2b Employer Identification Number (EIN) 36-2357423											
2c Plan Sponsor's telephone number (630) 955-4225											
2d Business code (see instructions) 333900											
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) KONE INC. 4225 NAPERVILLE ROAD, SUITE 400 LISLE IL 60532											

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		<u>OCT 02, 2015</u>	MICHAEL P. BAUSCHKA Enter name of individual signing as plan administrator
	Signature of plan administrator	Date	
SIGN HERE		<u>OCT 02, 2015</u>	MICHAEL P. BAUSCHKA Enter name of individual signing as employer or plan sponsor
	Signature of employer/plan sponsor	Date	
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) DELOITTE TAX LLP 111 S. WACKER DRIVE CHICAGO IL 60606			Preparer's telephone number (optional) (312) 486-1000

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2014)
v. 140124

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 3,128
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 1,153 6a(2) 1,203 6b 784 6c 1,094 6d 3,081 6e 140 6f 3,221 6g 6h 43
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1B 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 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 _____

Plan Name	KONE Inc. Employees' Retirement Plan
Plan Sponsor EIN	36-2357423
ERISA Plan #	001
Plan Year Ending	December 31, 2014

The required attachment marked with an “X” in the Attachment column is included within the Accountant’s Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the DFE’s Independent Qualified Public Accountant (IQPA).

Form / Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

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