

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 2015 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</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 (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>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>10/08/2016</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) <u>DELOITTE TAX LLP</u> <u>111 S. WACKER DRIVE</u> <u>CHICAGO, IL 60606</u>			Preparer's telephone number <u>312-486-1000</u>

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

Form 5500 (2015)
v. 150123

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 3221
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) 1203 6a(2) 1327 6b 810 6c 1103 6d 3240 6e 137 6f 3377 6g 6h 28
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 1C 2I 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)
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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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

▶ 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
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Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2015			
2 Assets:			
a Market value	2a	140569626	
b Actuarial value	2b	141140888	
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	902	44720414	44720414
b For terminated vested participants	1116	26918903	26918903
c For active participants	1203	39619715	41457685
d Total	3221	111259032	113097002
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	6.34%	
6 Target normal cost	6	5061966	

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		10/03/2016
Signature of actuary		Date
ALAN D. DANG		14-07076
Type or print name of actuary		Most recent enrollment number
HEWITT ASSOCIATES LLC		847-295-5000
Firm name		Telephone number (including area code)
4 OVERLOOK POINT LINCOLNSHIRE, IL 60069		
Address of the firm		

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

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: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ 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	5061966	
b Excess assets, if applicable, but not greater than line 31a	31b	5061966	
32 Amortization installments:	Outstanding Balance		
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	5704476	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	5704476	
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		

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
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	883922	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	128481	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	12200	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)

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

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

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

(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:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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>8480387</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>4616203</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>11344699</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>14001499</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>3716195</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>15860214</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>68165891</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
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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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> 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
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 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)	5763658	6271886
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	71	-1709
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1274470	1186431
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	133726807	126185088
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	140765006	133641696

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	140765006	133641696
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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)	6271886	
(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)		6271886

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	642	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		642

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

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

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-6040522
(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)		
c Other income	2c		1167
d Total income. Add all income amounts in column (b) and enter total	2d		233173

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6328730	
(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)		6328730
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)	887072	
(2) Contract administrator fees	2i(2)	108556	
(3) Investment advisory and management fees	2i(3)	31105	
(4) Other	2i(4)	1020	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1027753
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7356483

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-7123310
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: 38-1359951

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	N/A	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		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X		
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.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

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
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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>35</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
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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

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

Schedule R (Form 5500) 2015
v. 150123

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: <u>28</u> % Investment-Grade Debt: <u>65</u> % High-Yield Debt: <u>6</u> % Real Estate: <u>0</u> % Other: <u>1</u> %
	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):

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

KONE Inc. Employees' Retirement Plan

Financial Report
December 31, 2015

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, 2015 and 2014 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, 2014 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, 2015 and 2014 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 year end as of December 31, 2015 and reportable transactions for the year ended December 31, 2015 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is 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 this supplemental schedule.

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 schedule, 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 & Moran, PLLC

Elgin, Illinois
September 30, 2016

KONE Inc. Employees' Retirement Plan

Statement of Net Assets Available for Benefits

	December 31, 2015	December 31, 2014
Assets		
Investments at fair value:		
Money market fund	\$ 1,186,431	\$ 1,274,470
Common collective trust funds	126,185,088	133,726,807
Total investments at fair value	127,371,519	135,001,277
Employer contributions receivable	6,271,886	5,763,658
Other	(1,709)	71
Net Assets Available for Benefits	\$ 133,641,696	\$ 140,765,006

KONE Inc. Employees' Retirement Plan

Statement of Changes in Net Assets Available for Benefits

	Year Ended	
	December 31, 2015	December 31, 2014
Additions to Net Assets		
Employer contributions	\$ 6,271,886	\$ 5,763,658
Investment income:		
Interest and dividends	642	347,620
Net realized and unrealized (losses) gains on investments (Note 3)	(6,039,355)	8,654,161
Total investment (loss) income	(6,038,713)	9,001,781
Total additions	233,173	14,765,439
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	6,328,730	4,737,142
Administrative expenses	1,027,753	794,916
Total deductions	7,356,483	5,532,058
Net (Decrease) Increase	(7,123,310)	9,233,381
Net Assets Available for Benefits		
Beginning of year	140,765,006	131,531,625
End of year	<u><u>\$ 133,641,696</u></u>	<u><u>\$ 140,765,006</u></u>

KONE Inc. Employees' Retirement Plan

Statement of Accumulated Plan Benefits December 31, 2014

Actuarial Present Value of Accumulated Plan Benefits

Vested benefits:

Participants currently receiving benefit payments	\$ 56,997,040
Other vested participants	<u>109,884,232</u>

Total vested benefits 166,881,272

Nonvested benefits 1,388,387

Total actuarial present value of accumulated plan benefits **\$ 168,269,659**

KONE Inc. Employees' Retirement Plan

Statement of Changes in Accumulated Plan Benefits Year Ended December 31, 2014

Actuarial Present Value of Accumulated Plan Benefits -

Beginning of year	\$ 141,962,789
Increase (decrease) during the year attributable to:	
Benefits accumulated	5,705,591
Benefits paid	(4,737,142)
Decrease in the discount period	6,590,136
Change of assumptions	17,807,886
Plan amendments	940,399
Net increase	26,306,870

Actuarial Present Value of Accumulated Plan Benefits - End of year	<u>\$ 168,269,659</u>
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KONE Inc. Employees' Retirement Plan

Notes to Financial Statements December 31, 2015 and 2014

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.

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 composed 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.

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.

KONE Inc. Employees' Retirement Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 1 - Plan Description (Continued)

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.

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; 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.

KONE Inc. Employees' Retirement Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 2 - Summary of Significant Accounting Policies (Continued)

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

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, 2014 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-2015 mortality improvement for the 2014 year end and RP-2014 fully generational mortality table with scale MP-2014 for the 2013 year end
Salary increases	- 2.5 percent increase per year through 2015, then 4.0 percent per year in 2016 and thereafter
Discount rate	- 3.74 percent for the 2014 year end and 4.72 percent for the 2013 year end

The increase of approximately \$17.8 million of accumulated plan benefits resulted primarily from assumption changes related to a change in the discount rate, use of an updated mortality table improvement scale, 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, 2015 and 2014

Note 2 - Summary of Significant Accounting Policies (Continued)

Risks and Uncertainties - Contributions to the Plan and the plan benefit obligations are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee 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 financial statements.

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 September 30, 2016, 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.

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.

KONE Inc. Employees' Retirement Plan

Notes to Financial Statements December 31, 2015 and 2014

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:

	2015	2014
Common collective trust funds:		
Large Cap Equity Fund	\$ 11,344,699	\$ 13,517,969
Passive Equity Fund	15,860,214	15,224,617
High Yield Plus Bond Fund	8,480,387	8,000,339
Long Credit Bond Fund	14,001,499	7,882,725
Mid Duration Long Credit Bond Fund	68,165,891	80,321,715

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) changed in value as follows:

	2015	2014
Net realized and unrealized (losses) gains on investments:		
Mutual funds	\$ -	\$ (1,368,463)
U.S. government securities	-	622,758
Corporate debt securities	1,167	1,300,175
Municipal bonds	-	185,321
Common collective trust funds	(6,040,522)	7,914,370
Net (depreciation) appreciation in fair value	<u>\$ (6,039,355)</u>	<u>\$ 8,654,161</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, 2015 and 2014.

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

KONE Inc. Employees' Retirement Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 4 - Fair Value Measurements (Continued)

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.

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

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.

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, 2015

	Level 1	Level 2	Balance at December 31, 2015
Money market fund	\$ 1,186,431	\$ -	\$ 1,186,431
Common collective trust funds:			
Equity investments (1)	-	35,537,311	35,537,311
Fixed-income investments (2)	-	90,647,777	90,647,777
	<u>\$ 1,186,431</u>	<u>\$ 126,185,088</u>	<u>\$ 127,371,519</u>

KONE Inc. Employees' Retirement Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 4 - Fair Value Measurements (Continued)

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
Total	<u>\$ 1,274,470</u>	<u>\$ 133,726,807</u>	<u>\$ 135,001,277</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, however, there were no significant transfers in 2015 and 2014.

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 (IRC). Although, the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

KONE Inc. Employees' Retirement Plan

Notes to Financial Statements December 31, 2015 and 2014

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.



STATEMENT OF ASSETS AND LIABILITIES
AS OF DECEMBER 31, 2015

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 HERITAGE MONEY MARKET INSTITUTIONAL #3106 VP7000228				
<u>1,186,430.820</u>	8001081	<u>1,186,430.82</u>	<u>1,186,430.82</u>	<u>0.00</u>	<u>190.26</u>
1,186,430.820	TOTAL WELLS FARGO	1,186,430.82 100.000	1,186,430.82 100.000	0.00	190.26
	TOTAL PROPRIETARY FUNDS	1,186,430.82	1,186,430.82	0.00	190.26
	TOTAL OTHER CASH EQUIVALENTS	1,186,430.82	1,186,430.82	0.00	190.26
	TOTAL CASH EQUIVALENTS	1,186,430.82	1,186,430.82	0.00	190.26
<u>POOLED, COMMON AND COLLECTIVE FUNDS</u>					
POOLED FUNDS					
	AGT US LARGE CAP PASSIVE EQUITY 042699595				
<u>547,320.690</u>	8001081	<u>9,813,674.92</u>	<u>11,344,699.07</u>	<u>1,531,024.15</u>	<u>0.00</u>
547,320.690	TOTAL AGT US LARGE CAP	9,813,674.92 17.930	11,344,699.07 20.728	1,531,024.15	0.00
	AGT ACWI-EX US PASSIVE EQUITY 042699645				
<u>1,561,613.356</u>	8001081	<u>17,072,391.12</u>	<u>15,860,213.73</u>	<u>1,212,177.39-</u>	<u>0.00</u>
1,561,613.356	TOTAL AGT ACWI-EX US	17,072,391.12 10.933	15,860,213.73 10.156	1,212,177.39-	0.00

STATEMENT OF ASSETS AND LIABILITIES
AS OF DECEMBER 31, 2015

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>273,363.211</u>	8001081	<u>4,152,495.52</u>	<u>4,616,202.54</u>	<u>463,707.02</u>	<u>0.00</u>
273,363.211	TOTAL AGT GLOBAL REAL ESTATE	4,152,495.52 15.190	4,616,202.54 16.887	463,707.02	0.00
	AGT HIGH YIELD PLUS 042699538				
<u>656,127.837</u>	8001081	<u>8,901,659.60</u>	<u>8,480,386.68</u>	<u>421,272.92-</u>	<u>0.00</u>
656,127.837	TOTAL AGT HIGH YIELD PLUS	8,901,659.60 13.567	8,480,386.68 12.925	421,272.92-	0.00
	AGT MID DURATION LONG CREDIT 042699660				
<u>6,868,584.297</u>	8001081	<u>69,876,499.50</u>	<u>68,165,891.14</u>	<u>1,710,608.36-</u>	<u>0.00</u>
6,868,584.297	TOTAL AGT MID DURATION	69,876,499.50 10.173	68,165,891.14 9.924	1,710,608.36-	0.00
	AGT US LONG FIXED ACTIVE CREDIT 042699603				
<u>938,098.777</u>	8001081	<u>13,965,088.17</u>	<u>14,001,499.49</u>	<u>36,411.32</u>	<u>0.00</u>
938,098.777	TOTAL AGT US LONG FIXED	13,965,088.17 14.887	14,001,499.49 14.925	36,411.32	0.00
	AGT US SMALL CAP PASSIVE EQUITY 042699611				
<u>201,717.195</u>	8001081	<u>3,681,624.84</u>	<u>3,716,195.54</u>	<u>34,570.70</u>	<u>0.00</u>
201,717.195	TOTAL AGT US SMALL CAP	3,681,624.84 18.251	3,716,195.54 18.423	34,570.70	0.00
	TOTAL POOLED FUNDS	127,463,433.67	126,185,088.19	1,278,345.48-	0.00
	TOTAL POOLED, COMMON AND COLLECTIVE FUNDS	127,463,433.67	126,185,088.19	1,278,345.48-	0.00
	TOTAL ASSETS AND LIABILITIES	128,649,864.49	127,371,519.01	1,278,345.48-	190.26
	CASH	1,898.96-	1,898.96-		
	ACCRUED INCOME	190.26	190.26		

STATEMENT OF ASSETS AND LIABILITIES
AS OF DECEMBER 31, 2015

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>128,648,155.79</u>	<u>127,369,810.31</u>	<u>1,278,345.48-</u>	

**REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE
 FOR THE PERIOD JANUARY 1, 2015 THROUGH DECEMBER 31, 2015**

**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	135,001,348.80				
		COMPARATIVE VALUE (5%)	6,750,067.44				
8001081	ISSUE: 042699603 - AGT US LNG FX AC CREDIT 09/01/15 B	465,019	15.053	19	7,000,000-*	7,000,000	
8001081	ISSUE: 042699603 - AGT US LNG FX AC CREDIT 11/13/15 B	701,051	14.978	0	10,500,000-*	10,500,000	
8001081	ISSUE: 042699660 - AGT MID DUR LNG CREDIT 09/01/15 S	681,974	10.264	14	7,000,000 *	6,934,698	65,302
8001081	ISSUE: 042699660 - AGT MID DUR LNG CREDIT 11/13/15 S	1,021,178	9.989	0	10,200,000 *	10,388,803	-188,803
	GRAND TOTAL			5	34,700,000	34,823,501	-123,500

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, 2015 THROUGH DECEMBER 31, 2015**
**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	135,001,348.80
COMPARATIVE VALUE (5%)	6,750,067.44

BROKER: MISCELLANEOUS

8001081	ISSUE: 042699538 - AGT HIGH YIELD PLUS	01/01/15 B	71,915	13.905	0	1,000,000-	1,000,000
8001081	ISSUE: 042699553 - AGT GLOBAL REAL ESTATE	01/01/15 S	29,758	16.802	0	500,000	450,002 49,998
8001081	ISSUE: 042699603 - AGT US LNG FX AC CREDIT	01/01/15 S	85,191	15.260	0	1,300,000	1,166,645 133,355
8001081	ISSUE: 042699611 - AGT US SM CP PASS EQ	01/01/15 B	42,898	18.649	0	800,000-	800,000
8001081	ISSUE: 042699553 - AGT GLOBAL REAL ESTATE	01/23/15 S	19,534	17.918	0	350,000	295,389 54,611
8001081	ISSUE: 042699595 - ACT US LG C PASS EQ	01/23/15 S	60,997	20.493	0	1,250,000	1,087,989 162,011
8001081	ISSUE: 042699553 - AGT GLOBAL REAL ESTATE	05/21/15 S	5,687	17.582	0	100,000	86,006 13,994
8001081	ISSUE: 042699595 - ACT US LG C PASS EQ	05/21/15 S	37,530	21.317	0	800,000	669,405 130,595
8001081	ISSUE: 042699603 - AGT US LNG FX AC CREDIT	05/21/15 S	194,565	15.419	0	3,000,000	2,664,477 335,523
8001081	ISSUE: 042699611 - AGT US SM CP PASS EQ	05/21/15 S	14,869	20.176	0	300,000	270,810 29,190
8001081	ISSUE: 042699660 - AGT MID DUR LNG CREDIT	05/21/15 B	406,237	10.339	0	4,200,000-	4,200,000
8001081	ISSUE: 042699538 - AGT HIGH YIELD PLUS	06/18/15 S	7,249	13.796	0	100,000	98,340 1,660
8001081	ISSUE: 042699595 - ACT US LG C PASS EQ	06/18/15 S	4,705	21.255	0	100,000	83,920 16,080
8001081	ISSUE: 042699611 - AGT US SM CP PASS EQ	06/18/15 S	9,690	20.640	0	200,000	176,480 23,520
8001081	ISSUE: 042699645 - AGT ACWI-EX US PASS EQ	06/18/15 S	30,587	11.443	0	350,000	335,451 14,549
8001081	ISSUE: 042699595 - ACT US LG C PASS EQ	09/01/15 B	14,998	20.003	0	300,000-	300,000
8001081	ISSUE: 042699603 - AGT US LNG FX AC CREDIT	09/01/15 B	465,019	15.053	19	7,000,000-*	7,000,000
8001081	ISSUE: 042699603 - AGT US LNG FX AC CREDIT	09/01/15 S	93,057	15.045	0	1,400,000	1,359,522 40,478

**REPORTABLE TRANSACTIONS - SERIES / BY BROKER
FOR THE PERIOD JANUARY 1, 2015 THROUGH DECEMBER 31, 2015**
**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 09/01/15 S	360,359	15.263	0	5,500,000	5,264,673	235,327
8001081	ISSUE: 042699611 - AGT US SM CP PASS EQ 09/01/15 B	10,769	18.571	0	200,000-	200,000	
8001081	ISSUE: 042699645 - AGT ACWI-EX US PASS EQ 09/01/15 B	87,062	10.337	0	900,000-	900,000	
8001081	ISSUE: 042699660 - AGT MID DUR LNG CREDIT 09/01/15 S	681,974	10.264	14	7,000,000 *	6,934,698	65,302
8001081	ISSUE: 042699660 - AGT MID DUR LNG CREDIT 09/01/15 B	537,172	10.239	0	5,500,000-	5,500,000	
8001081	ISSUE: 042699553 - AGT GLOBAL REAL ESTATE 09/17/15 B	15,297	16.343	0	250,000-	250,000	
8001081	ISSUE: 042699595 - ACT US LG C PASS EQ 09/17/15 B	9,972	20.057	0	200,000-	200,000	
8001081	ISSUE: 042699611 - AGT US SM CP PASS EQ 09/17/15 B	5,251	19.045	0	100,000-	100,000	
8001081	ISSUE: 042699645 - AGT ACWI-EX US PASS EQ 09/17/15 B	72,436	10.354	0	750,000-	750,000	
8001081	ISSUE: 042699595 - ACT US LG C PASS EQ 10/27/15 S	26,305	20.908	0	550,000	472,363	77,637
8001081	ISSUE: 042699611 - AGT US SM CP PASS EQ 10/27/15 S	8,003	18.744	0	150,000	146,884	3,116
8001081	ISSUE: 042699645 - AGT ACWI-EX US PASS EQ 10/27/15 S	46,770	10.691	0	500,000	499,712	288
8001081	ISSUE: 042699595 - ACT US LG C PASS EQ 11/13/15 S	9,668	20.687	0	200,000	173,605	26,395
8001081	ISSUE: 042699603 - AGT US LNG FX AC CREDIT 11/13/15 B	701,051	14.978	0	10,500,000-*	10,500,000	
8001081	ISSUE: 042699611 - AGT US SM CP PASS EQ 11/13/15 S	5,352	18.686	0	100,000	98,227	1,773
8001081	ISSUE: 042699660 - AGT MID DUR LNG CREDIT 11/13/15 S	1,021,178	9.989	0	10,200,000 *	10,388,803	-188,803
SUB-TOTAL				5	65,650,000	64,423,401	1,226,600
GRAND TOTAL				5	65,650,000	64,423,401	1,226,600

REPORTABLE TRANSACTIONS - SERIES / BY BROKER
FOR THE PERIOD JANUARY 1, 2015 THROUGH DECEMBER 31, 2015

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 ISSUE
FOR THE PERIOD JANUARY 1, 2015 THROUGH DECEMBER 31, 2015**
**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	135,001,348.80
COMPARATIVE VALUE (5%)	6,750,067.44

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

8001081	01/09/15 B	704	1.000	0	704-	704	
8001081	01/23/15 B	1,600,000	1.000	0	1,600,000-	1,600,000	
8001081	01/26/15 B	185	1.000	0	185-	185	
8001081	01/30/15 B	109	1.000	0	109-	109	
8001081	01/30/15 B	134	1.000	0	134-	134	
8001081	02/02/15 B	901	1.000	0	901-	901	
8001081	02/04/15 B	497	1.000	0	497-	497	
8001081	03/02/15 B	148	1.000	0	148-	148	
8001081	03/03/15 B	15	1.000	0	15-	15	
8001081	03/04/15 B	74	1.000	0	74-	74	
8001081	03/04/15 B	309	1.000	0	309-	309	
8001081	03/05/15 B	74	1.000	0	74-	74	
8001081	03/20/15 B	288	1.000	0	288-	288	
8001081	04/06/15 B	65	1.000	0	65-	65	
8001081	04/10/15 B	1,440,886	1.000	0	1,440,886-	1,440,886	
8001081	05/08/15 B	65	1.000	0	65-	65	
8001081	05/15/15 B	65	1.000	0	65-	65	
8001081	05/18/15 B	277	1.000	0	277-	277	
8001081	06/02/15 B	75	1.000	0	75-	75	
8001081	06/11/15 B	65	1.000	0	65-	65	
8001081	06/15/15 B	104	1.000	0	104-	104	
8001081	06/22/15 B	750,000	1.000	0	750,000-	750,000	
8001081	07/02/15 B	249	1.000	0	249-	249	
8001081	07/06/15 B	86	1.000	0	86-	86	
8001081	07/10/15 B	1,440,886	1.000	0	1,440,886-	1,440,886	
8001081	07/23/15 B	3,833	1.000	0	3,833-	3,833	
8001081	07/24/15 B	4,570	1.000	0	4,570-	4,570	
8001081	08/03/15 B	311	1.000	0	311-	311	
8001081	08/04/15 B	86	1.000	0	86-	86	
8001081	08/19/15 B	50,000	1.000	0	50,000-	50,000	
8001081	08/20/15 B	374	1.000	0	374-	374	
8001081	09/03/15 B	453	1.000	0	453-	453	
8001081	09/11/15 B	2,881,886	1.000	0	2,881,886-	2,881,886	
8001081	09/15/15 B	210	1.000	0	210-	210	
8001081	09/30/15 B	114	1.000	0	114-	114	
8001081	10/01/15 B	221	1.000	0	221-	221	
8001081	10/14/15 B	317	1.000	0	317-	317	

**REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2015 THROUGH DECEMBER 31, 2015**
**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	10/19/15 B	545	1.000	0	545-	545	
8001081	10/27/15 B	1,200,000	1.000	0	1,200,000-	1,200,000	
8001081	10/30/15 B	12,748	1.000	0	12,748-	12,748	
8001081	10/30/15 B	375	1.000	0	375-	375	
8001081	11/03/15 B	71	1.000	0	71-	71	
8001081	11/04/15 B	1,210	1.000	0	1,210-	1,210	
8001081	11/12/15 B	146	1.000	0	146-	146	
8001081	11/19/15 B	5,142	1.000	0	5,142-	5,142	
8001081	11/30/15 B	3,798	1.000	0	3,798-	3,798	
SUB-TOTAL OF BUYS # 46				0	9,402,671	9,402,671	
8001081	01/02/15 S	394,006	1.000	0	394,006	394,006	0
8001081	01/06/15 S	17,247	1.000	0	17,247	17,247	0
8001081	01/08/15 S	2,020	1.000	0	2,020	2,020	0
8001081	01/09/15 S	81	1.000	0	81	81	0
8001081	01/22/15 S	216	1.000	0	216	216	0
8001081	01/28/15 S	185	1.000	0	185	185	0
8001081	02/02/15 S	395,227	1.000	0	395,227	395,227	0
8001081	02/03/15 S	109	1.000	0	109	109	0
8001081	02/04/15 S	901	1.000	0	901	901	0
8001081	02/09/15 S	106,101	1.000	0	106,101	106,101	0
8001081	02/10/15 S	32,253	1.000	0	32,253	32,253	0
8001081	03/02/15 S	398,676	1.000	0	398,676	398,676	0
8001081	03/04/15 S	148	1.000	0	148	148	0
8001081	03/06/15 S	426	1.000	0	426	426	0
8001081	03/10/15 S	74	1.000	0	74	74	0
8001081	03/13/15 S	1,372	1.000	0	1,372	1,372	0
8001081	03/17/15 S	69,521	1.000	0	69,521	69,521	0
8001081	03/23/15 S	740	1.000	0	740	740	0
8001081	04/01/15 S	401,847	1.000	0	401,847	401,847	0
8001081	04/07/15 S	312,401	1.000	0	312,401	312,401	0
8001081	04/08/15 S	65	1.000	0	65	65	0
8001081	04/15/15 S	135,556	1.000	0	135,556	135,556	0
8001081	04/22/15 S	750,000	1.000	0	750,000	750,000	0
8001081	05/01/15 S	397,436	1.000	0	397,436	397,436	0
8001081	05/04/15 S	1,937	1.000	0	1,937	1,937	0
8001081	05/19/15 S	71	1.000	0	71	71	0
8001081	05/19/15 S	129	1.000	0	129	129	0
8001081	05/20/15 S	65	1.000	0	65	65	0
8001081	05/21/15 S	42,164	1.000	0	42,164	42,164	0
8001081	05/26/15 S	141,183	1.000	0	141,183	141,183	0
8001081	05/27/15 S	32,333	1.000	0	32,333	32,333	0
8001081	06/01/15 S	402,490	1.000	0	402,490	402,490	0
8001081	06/04/15 S	75	1.000	0	75	75	0
8001081	06/17/15 S	230	1.000	0	230	230	0

**REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2015 THROUGH DECEMBER 31, 2015**
**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	06/18/15 S	235	1.000	0	235	235	0
8001081	06/19/15 S	53,406	1.000	0	53,406	53,406	0
8001081	07/01/15 S	930,374	1.000	0	930,374	930,374	0
8001081	07/06/15 S	76	1.000	0	76	76	0
8001081	07/08/15 S	86	1.000	0	86	86	0
8001081	07/13/15 S	46,487	1.000	0	46,487	46,487	0
8001081	07/16/15 S	79,710	1.000	0	79,710	79,710	0
8001081	07/20/15 S	612	1.000	0	612	612	0
8001081	07/28/15 S	59,361	1.000	0	59,361	59,361	0
8001081	08/03/15 S	431,532	1.000	0	431,532	431,532	0
8001081	08/06/15 S	86	1.000	0	86	86	0
8001081	08/12/15 S	11,737	1.000	0	11,737	11,737	0
8001081	08/17/15 S	5,363	1.000	0	5,363	5,363	0
8001081	08/17/15 S	4,000	1.000	0	4,000	4,000	0
8001081	08/18/15 S	31,770	1.000	0	31,770	31,770	0
8001081	08/19/15 S	50,000	1.000	0	50,000	50,000	0
8001081	08/31/15 S	11,215	1.000	0	11,215	11,215	0
8001081	09/01/15 S	404,889	1.000	0	404,889	404,889	0
8001081	09/11/15 S	14,491	1.000	0	14,491	14,491	0
8001081	09/18/15 S	1,300,000	1.000	0	1,300,000	1,300,000	0
8001081	09/18/15 S	32,495	1.000	0	32,495	32,495	0
8001081	09/24/15 S	5,917	1.000	0	5,917	5,917	0
8001081	10/01/15 S	464,847	1.000	0	464,847	464,847	0
8001081	10/02/15 S	381	1.000	0	381	381	0
8001081	10/07/15 S	111	1.000	0	111	111	0
8001081	10/09/15 S	71	1.000	0	71	71	0
8001081	10/13/15 S	952	1.000	0	952	952	0
8001081	10/15/15 S	29	1.000	0	29	29	0
8001081	10/16/15 S	317	1.000	0	317	317	0
8001081	10/20/15 S	143,781	1.000	0	143,781	143,781	0
8001081	10/21/15 S	228	1.000	0	228	228	0
8001081	10/26/15 S	12,089	1.000	0	12,089	12,089	0
8001081	11/02/15 S	404,254	1.000	0	404,254	404,254	0
8001081	11/03/15 S	12,875	1.000	0	12,875	12,875	0
8001081	11/05/15 S	71	1.000	0	71	71	0
8001081	11/13/15 S	33,205	1.000	0	33,205	33,205	0
8001081	12/01/15 S	472,607	1.000	0	472,607	472,607	0
8001081	12/02/15 S	8,042	1.000	0	8,042	8,042	0
8001081	12/04/15 S	50,847	1.000	0	50,847	50,847	0
8001081	12/07/15 S	2,292	1.000	0	2,292	2,292	0
8001081	12/08/15 S	108,458	1.000	0	108,458	108,458	0
8001081	12/14/15 S	49,328	1.000	0	49,328	49,328	0
8001081	12/15/15 S	53,532	1.000	0	53,532	53,532	0
8001081	12/16/15 S	40,809	1.000	0	40,809	40,809	0
8001081	12/17/15 S	81,331	1.000	0	81,331	81,331	0
8001081	12/17/15 S	22,729	1.000	0	22,729	22,729	0

**REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2015 THROUGH DECEMBER 31, 2015**
**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	12/21/15 S	1,829	1.000	0	1,829	1,829	0
8001081	12/22/15 S	10,772	1.000	0	10,772	10,772	0
8001081	12/24/15 S	3,798	1.000	0	3,798	3,798	0
SUB-TOTAL OF SALES # 83				0	9,490,712	9,490,712	0
SUB-TOTAL				0	18,893,383	18,893,383	0
ISSUE: 042699603 - AGT US LNG FX AC CREDIT							
8001081	09/01/15 B	465,019	15.053	19	7,000,000-*	7,000,000	
8001081	11/13/15 B	701,051	14.978	0	10,500,000-*	10,500,000	
SUB-TOTAL OF BUYS # 2				19	17,500,000	17,500,000	
8001081	01/01/15 S	85,191	15.260	0	1,300,000	1,166,645	133,355
8001081	05/21/15 S	194,565	15.419	0	3,000,000	2,664,477	335,523
8001081	09/01/15 S	93,057	15.045	0	1,400,000	1,359,522	40,478
8001081	09/01/15 S	360,359	15.263	0	5,500,000	5,264,673	235,327
SUB-TOTAL OF SALES # 4				0	11,200,000	10,455,317	744,684
SUB-TOTAL				19	28,700,000	27,955,317	744,684
ISSUE: 042699660 - AGT MID DUR LNG CREDIT							
8001081	05/21/15 B	406,237	10.339	0	4,200,000-	4,200,000	
8001081	09/01/15 B	537,172	10.239	0	5,500,000-	5,500,000	
SUB-TOTAL OF BUYS # 2				0	9,700,000	9,700,000	
8001081	09/01/15 S	681,974	10.264	14	7,000,000 *	6,934,698	65,302
8001081	11/13/15 S	1,021,178	9.989	0	10,200,000 *	10,388,803	-188,803
SUB-TOTAL OF SALES # 2				14	17,200,000	17,323,501	-123,500
SUB-TOTAL				14	26,900,000	27,023,501	-123,500
GRAND TOTAL				5	74,493,383	73,872,201	621,183

**REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2015 THROUGH DECEMBER 31, 2015**

**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 - SINGLE / BY BROKER
FOR THE PERIOD JANUARY 1, 2015 THROUGH DECEMBER 31, 2015**
**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	135,001,348.80
COMPARATIVE VALUE (5%)	6,750,067.44

BROKER: MISCELLANEOUS

8001081	ISSUE: 042699538 - AGT HIGH YIELD PLUS	01/01/15 B	71,915	13.905	0	1,000,000-	1,000,000
8001081	ISSUE: 042699553 - AGT GLOBAL REAL ESTATE	01/01/15 S	29,758	16.802	0	500,000	450,002 49,998
8001081	ISSUE: 042699603 - AGT US LNG FX AC CREDIT	01/01/15 S	85,191	15.260	0	1,300,000	1,166,645 133,355
8001081	ISSUE: 042699611 - AGT US SM CP PASS EQ	01/01/15 B	42,898	18.649	0	800,000-	800,000
8001081	ISSUE: 042699553 - AGT GLOBAL REAL ESTATE	01/23/15 S	19,534	17.918	0	350,000	295,389 54,611
8001081	ISSUE: 042699595 - ACT US LG C PASS EQ	01/23/15 S	60,997	20.493	0	1,250,000	1,087,989 162,011
8001081	ISSUE: 042699553 - AGT GLOBAL REAL ESTATE	05/21/15 S	5,687	17.582	0	100,000	86,006 13,994
8001081	ISSUE: 042699595 - ACT US LG C PASS EQ	05/21/15 S	37,530	21.317	0	800,000	669,405 130,595
8001081	ISSUE: 042699603 - AGT US LNG FX AC CREDIT	05/21/15 S	194,565	15.419	0	3,000,000	2,664,477 335,523
8001081	ISSUE: 042699611 - AGT US SM CP PASS EQ	05/21/15 S	14,869	20.176	0	300,000	270,810 29,190
8001081	ISSUE: 042699660 - AGT MID DUR LNG CREDIT	05/21/15 B	406,237	10.339	0	4,200,000-	4,200,000
8001081	ISSUE: 042699538 - AGT HIGH YIELD PLUS	06/18/15 S	7,249	13.796	0	100,000	98,340 1,660
8001081	ISSUE: 042699595 - ACT US LG C PASS EQ	06/18/15 S	4,705	21.255	0	100,000	83,920 16,080
8001081	ISSUE: 042699611 - AGT US SM CP PASS EQ	06/18/15 S	9,690	20.640	0	200,000	176,480 23,520
8001081	ISSUE: 042699645 - AGT ACWI-EX US PASS EQ	06/18/15 S	30,587	11.443	0	350,000	335,451 14,549
8001081	ISSUE: 042699595 - ACT US LG C PASS EQ	09/01/15 B	14,998	20.003	0	300,000-	300,000
8001081	ISSUE: 042699603 - AGT US LNG FX AC CREDIT	09/01/15 B	465,019	15.053	19	7,000,000-*	7,000,000
8001081	ISSUE: 042699603 - AGT US LNG FX AC CREDIT	09/01/15 S	93,057	15.045	0	1,400,000	1,359,522 40,478

**REPORTABLE TRANSACTIONS - SINGLE / BY BROKER
FOR THE PERIOD JANUARY 1, 2015 THROUGH DECEMBER 31, 2015**
**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 09/01/15 S	360,359	15.263	0	5,500,000	5,264,673	235,327
8001081	ISSUE: 042699611 - AGT US SM CP PASS EQ 09/01/15 B	10,769	18.571	0	200,000-	200,000	
8001081	ISSUE: 042699645 - AGT ACWI-EX US PASS EQ 09/01/15 B	87,062	10.337	0	900,000-	900,000	
8001081	ISSUE: 042699660 - AGT MID DUR LNG CREDIT 09/01/15 S	681,974	10.264	14	7,000,000 *	6,934,698	65,302
8001081	ISSUE: 042699660 - AGT MID DUR LNG CREDIT 09/01/15 B	537,172	10.239	0	5,500,000-	5,500,000	
8001081	ISSUE: 042699553 - AGT GLOBAL REAL ESTATE 09/17/15 B	15,297	16.343	0	250,000-	250,000	
8001081	ISSUE: 042699595 - ACT US LG C PASS EQ 09/17/15 B	9,972	20.057	0	200,000-	200,000	
8001081	ISSUE: 042699611 - AGT US SM CP PASS EQ 09/17/15 B	5,251	19.045	0	100,000-	100,000	
8001081	ISSUE: 042699645 - AGT ACWI-EX US PASS EQ 09/17/15 B	72,436	10.354	0	750,000-	750,000	
8001081	ISSUE: 042699595 - ACT US LG C PASS EQ 10/27/15 S	26,305	20.908	0	550,000	472,363	77,637
8001081	ISSUE: 042699611 - AGT US SM CP PASS EQ 10/27/15 S	8,003	18.744	0	150,000	146,884	3,116
8001081	ISSUE: 042699645 - AGT ACWI-EX US PASS EQ 10/27/15 S	46,770	10.691	0	500,000	499,712	288
8001081	ISSUE: 042699595 - ACT US LG C PASS EQ 11/13/15 S	9,668	20.687	0	200,000	173,605	26,395
8001081	ISSUE: 042699603 - AGT US LNG FX AC CREDIT 11/13/15 B	701,051	14.978	0	10,500,000-*	10,500,000	
8001081	ISSUE: 042699611 - AGT US SM CP PASS EQ 11/13/15 S	5,352	18.686	0	100,000	98,227	1,773
8001081	ISSUE: 042699660 - AGT MID DUR LNG CREDIT 11/13/15 S	1,021,178	9.989	0	10,200,000 *	10,388,803	-188,803
SUB-TOTAL				5	65,650,000	64,423,401	1,226,600
GRAND TOTAL				5	65,650,000	64,423,401	1,226,600

REPORTABLE TRANSACTIONS - SINGLE / BY BROKER
FOR THE PERIOD JANUARY 1, 2015 THROUGH DECEMBER 31, 2015

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
Kone Inc. Employees' Retirement Plan
EIN: 36-2357423 PN: 001

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 2014), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.72%
2nd Segment Rate	6.11%
3rd Segment Rate	6.81%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2014), without regard to interest rate stabilization
1st Segment Rate	1.15%
2nd Segment Rate	4.06%
3rd Segment Rate	5.15%
Salary Increases	
Minimum Funding Target Normal Cost	2.5%
Maximum Tax Expected Benefit Increase	4.0%
Cash Balance Interest Crediting Rate	3.5%
Cash Balance Annuity Conversion Rate	Same as funding interest rates above
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 3.5% per year.
Optional Payment Form Election Percentage	Office and McKinney 50% elect a lump sum 35% elect single life annuity 9% elect a 50% joint and survivor annuity 5% elect a 100% joint and survivor annuity 1% elect a 66-2/3% joint and survivor annuity Factory 70% elect single life annuity 18% elect a 50% joint and survivor annuity 10% elect a 100% joint and survivor annuity 2% elect a 66-2/3% joint and survivor annuity
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums and actuarial equivalence for annuity payment forms.

Schedule SB Attachment (Form 5500)—2015 Plan Year
Kone Inc. Employees' Retirement Plan
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Optional Payment Form Conversion Mortality	Current IRS section 417(e) table for lump sums and actuarial equivalence for annuity payment forms.
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy and Disabled	2015 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
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	2014 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 \$265,000.
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>

Schedule SB Attachment (Form 5500)—2015 Plan Year
Kone Inc. Employees' Retirement Plan
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Expected Return on Assets

2013 Plan Year	6.76% (third segment rate for 2013)
2014 Plan Year	6.99% (third segment rate for 2014)
2015 Plan Year	6.81% (third segment rate for 2015)

Trust Expenses Included in Target Normal Cost	\$1,090,000 Based on expected plan administrative expenses plus PBGC premium, rounded to the nearest \$5,000
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Actuarial Method	Standard unit credit cost method
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Valuation Date	January 1, 2015
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Schedule SB Attachment (Form 5500)—2015 Plan Year
Kone Inc. Employees' Retirement Plan
EIN: 36-2357423 PN: 001

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)—2015 Plan Year
Kone Inc. Employees' Retirement Plan
EIN: 36-2357423 PN: 001

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)—2015 Plan Year
Kone Inc. Employees' Retirement Plan
EIN: 36-2357423 PN: 001

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)—2015 Plan Year
Kone Inc. Employees' Retirement Plan
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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)—2015 Plan Year
Kone Inc. Employees' Retirement Plan
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Schedule SB, line 24—Change in Actuarial Assumptions

The January 1, 2015 funding valuation reflects the following non-prescribed assumption changes:

- A change in the optional payment from election from 70% elect single life annuity, 18% elect a 50% joint and survivor annuity, 10% elect a 100% joint and survivor annuity, and 2% elect a 66-2/3% joint and survivor annuity to 50% elect lump sum, 35% elect single life annuity, 9% elect a 50% joint and survivor annuity, 5% elect a 100% joint and survivor annuity, and 1% elect a 66-2/3% joint and survivor annuity for Office and McKinney employees following the plan amendment to a cash balance formula effective January 1, 2015.
- A change in the assumed expenses payable from the trust from \$520,000 to \$1,090,000, based on expected plan administrative expenses plus PBGC premium, rounded to the nearest \$5,000.

These changes were made to better reflect anticipated plan experience. Neither of these assumption changes reduced the funding shortfall by more than the thresholds stated in Internal Revenue Code Section 430(h)(5), as such, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2015 Plan Year
Kone Inc. Employees' Retirement Plan
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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)—2015 Plan Year
Kone Inc. Employees' Retirement Plan
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Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2015

Date	Amount	Days to Discount to 1/1/2015 at 6.34%	Interest Adjusted Contribution
January 12, 2016	\$ 1,440,886	376	\$ 1,352,472
September 12, 2016	<u>4,831,000</u>	620	<u>4,352,004</u>
Total Contribution	\$ 6,271,886		\$ 5,704,476

Schedule SB Attachment (Form 5500)—2015 Plan Year
Kone Inc. Employees' Retirement Plan
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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2015

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		8								
25-29		35 \$61,483	27 \$103,088	2						
30-34		57 \$74,212	45 \$94,952	6	2					
35-39		53 \$97,568	48 \$90,462	37 \$109,094	15	2				
40-44		59 \$94,183	35 \$111,616	19	37 \$137,102	14				
45-49		40 \$121,173	38 \$116,320	37 \$103,133	28 \$97,350	20 \$160,009	16	1		
50-54		51 \$117,478	42 \$112,697	24 \$101,735	20 \$101,380	15	30 \$133,649	16	5	
55-59		26 \$108,809	21 \$117,215	29 \$87,362	32 \$100,292	3	15	21 \$118,878	18	3
60-64		11	21 \$107,716	14	14	10	13	10	6	14
65-69		4	2	4	13	2	2			5
70+		1			3		1			1

N-1,203

Schedule SB Attachment (Form 5500)—2015 Plan Year
Kone Inc. Employees' Retirement Plan
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Schedule SB, Part V—Summary of Plan Provisions

Office and McKinney

Final Average Pay formula effective before December 31, 2014

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	<p>The greater of (1) and (2) below:</p> <p>(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:</p> <p>(a) 1.00% of average monthly compensation</p> <p>(b) 0.25% of average monthly compensation up to \$1,666.67</p> <p>(c) 50% of primary Social Security benefit at age 65</p> <p>(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:</p>

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
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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.

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. Vested terminations on or after January 1, 2015 may receive entire benefit upon termination.

Benefit

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

Effective December 31, 2014, the accrued benefits under the Final Average Pay formula were frozen, and the above formula is replaced by the frozen benefit amount at age 65. As of January 1, 2015, the new cash balance formula is effective for future accruals.

Schedule SB Attachment (Form 5500)—2015 Plan Year
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Cash Balance Formula Effective After January 1, 2015

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	Cash Balance <table><tr><th>Service</th><th>Contribution</th></tr><tr><td>0–4</td><td>4.0%</td></tr><tr><td>5–9</td><td>4.5%</td></tr><tr><td>10–14</td><td>5.0%</td></tr><tr><td>15–19</td><td>5.5%</td></tr><tr><td>20–24</td><td>6.0%</td></tr><tr><td>25+</td><td>6.5%</td></tr></table> <p>Pay credits provided annually at end of year, or at date of termination (if earlier).</p> <p>30-year Treasury Rates interest, credited annually.</p> <p>Cash balance account payable as a lump sum, or equivalent annuity based on 417(e).</p>	Service	Contribution	0–4	4.0%	5–9	4.5%	10–14	5.0%	15–19	5.5%	20–24	6.0%	25+	6.5%
Service	Contribution														
0–4	4.0%														
5–9	4.5%														
10–14	5.0%														
15–19	5.5%														
20–24	6.0%														
25+	6.5%														
Early Retirement Eligibility	Age 55 with three or more years of vesting service.														
Benefit Reduction for Early Payment	Same as Normal Retirement benefit.														
Disability Retirement Eligibility	Permanent and total disability with three years of service.														
Benefit	Accruals end at date of disability. Interest credits continue until the balance is distributed.														

Schedule SB Attachment (Form 5500)—2015 Plan Year
Kone Inc. Employees' Retirement Plan
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Preretirement Surviving Spouse Benefit

Eligibility

All vested participants who have not yet begun receiving benefit payments.

Benefit

Same as Normal Retirement benefit, except that the form of payment is a lump sum or a single life annuity (for a spouse beneficiary).

Interest credits continue until balance is distributed.

Vested Termination Benefits

Eligibility

Three years of vesting service. May receive entire benefit upon vested termination.

Benefit

Account balance at termination plus interest up until date of distribution

Schedule SB Attachment (Form 5500)—2015 Plan Year
Kone Inc. Employees' Retirement Plan
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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

Schedule SB Attachment (Form 5500)—2015 Plan Year
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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)—2015 Plan Year
Kone Inc. Employees' Retirement Plan
EIN: 36-2357423 PN: 001

Definitions

Effective Date	Amended and restated December 31, 2014.
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. Large amount lump sum option on entire benefit for Office and McKinney employees.
Payment of Small Amounts	Nonelective lump sum payment if the actuarial equivalent single sum of the benefit does not exceed \$5,000.
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

Schedule SB Attachment (Form 5500)—2015 Plan Year
Kone Inc. Employees' Retirement Plan
EIN: 36-2357423 PN: 001

Plan Changes Since the Prior Year

The funding valuations reflect following plan change.

- Effective December 31, 2014, the accrued benefits under the Final Average Pay formula for Office and McKinney employees were frozen, and replaced by the frozen benefit amounts at age 65. As of January 1, 2015, the new cash balance formula is effective for future accruals for Office and McKinney employees.

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.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

▶ **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 2015			
2 Assets:			
a Market value	2a	140,569,626	
b Actuarial value	2b	141,140,888	
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	902	44,720,414	44,720,414
b For terminated vested participants	1,116	26,918,903	26,918,903
c For active participants	1,203	39,619,715	41,457,685
d Total	3,221	111,259,032	113,097,002
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	6.34%	
6 Target normal cost	6	5,061,966	

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	ALAN D. DANG ADD	10/03/2016
Signature of actuary		Date
ALAN D. DANG		1407076
Type or print name of actuary		Most recent enrollment number
HEWITT ASSOCIATES LLC		847-295-5000
Firm name		Telephone number (including area code)

4 OVERLOOK POINT

LINCOLNSHIRE IL 60069
Address of the firm

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

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

Schedule SB (Form 5500) 2015
v. 150123

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	6,845,150
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	6,845,150
10 Interest on line 9 using prior year's actual return of <u>6.97%</u>	0	477,107
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		5,225,976
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>6.55%</u>		342,301
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		5,568,277
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	7,322,257

Part III Funding Percentages

14 Funding target attainment percentage	14	118.32%
15 Adjusted funding target attainment percentage	15	124.79%
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	118.40%
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
01/12/2016	1,440,886	0			
09/12/2016	4,831,000	0			
Totals ▶			18(b)	6,271,886	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	5,704,476

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: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%
			☐ 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	5,061,966
b Excess assets, if applicable, but not greater than line 31a		31b	5,061,966
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	5,704,476
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	5,704,476
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	

Plan Name	KONE Inc. Employees' Retirement Plan
Plan Sponsor EIN	36-2357423
ERISA Plan #	001
Plan Year Ending	December 31, 2015

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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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 2015 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2015 or fiscal plan year beginning	01/01/2015 and ending 12/31/2015
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> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 05/18/1962	
1b Three-digit plan number (PN) ▶	001				
1c Effective date of plan 05/18/1962					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) KONE INC. 4225 NAPERVILLE ROAD, SUITE 400 LISLE IL 60532	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 36-2357423</td> </tr> <tr> <td>2c Plan Sponsor's telephone number (630) 955-4225</td> </tr> <tr> <td>2d Business code (see instructions) 333900</td> </tr> </table>	2b Employer Identification Number (EIN) 36-2357423	2c Plan Sponsor's telephone number (630) 955-4225	2d Business code (see instructions) 333900	
2b Employer Identification Number (EIN) 36-2357423					
2c Plan Sponsor's telephone number (630) 955-4225					
2d Business code (see instructions) 333900					

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		OCT 06, 2016	MICHAEL P. BAUSCHKA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		OCT 06, 2016	MICHAEL P. BAUSCHKA
	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)			Preparer's telephone number
DELOITTE TAX LLP 111 S. WACKER DRIVE CHICAGO IL 60606			(312) 486-1000

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

Form 5500 (2015)
v. 150123

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 3,221
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 1,203
a(2) Total number of active participants at the end of the plan year	6a(2) 1,327
b Retired or separated participants receiving benefits	6b 810
c Other retired or separated participants entitled to future benefits.....	6c 1,103
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 3,240
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 137
f Total. Add lines 6d and 6e	6f 3,377
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 28
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 1C 2I	
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)
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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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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 _____
