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| <b>Form 5500</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2015</div><br><br><b>This Form is Open to Public Inspection</b> |
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|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u> |                                                                                                                                                                                                                                                                                                                                                 |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input checked="" type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).                                                                                            |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                             |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                                                                                                                       |

|                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                               | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                              |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES' PENSION PLAN</u>                                                                                                                                                                                                                                                                                 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>203</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>02/11/1958</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>203</u>                                                       | <b>1c</b> Effective date of plan<br><u>02/11/1958</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                                     | <u>203</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>02/11/1958</u>                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>SCHNEIDER ELECTRIC USA, INC.</u><br><br><u>200 N MARTINGALE ROAD</u><br><u>SUITE 1000</u><br><u>SCHAUMBURG, IL 60173</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>36-2440683</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>847-925-3200</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>335900</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>36-2440683</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>847-925-3200</u> | <b>2d</b> Business code (see instructions)<br><u>335900</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>36-2440683</u>                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>847-925-3200</u>                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>335900</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.

|                                                                                                 |                                                   |                   |                                                              |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                | Filed with authorized/valid electronic signature. | <u>12/27/2016</u> | <u>KAREN HANSEN</u>                                          |
|                                                                                                 | <b>Signature of plan administrator</b>            | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                |                                                   |                   |                                                              |
|                                                                                                 | <b>Signature of employer/plan sponsor</b>         | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                |                                                   |                   |                                                              |
|                                                                                                 | <b>Signature of DFE</b>                           | 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                                  |
|                                                                                                 |                                                   |                   |                                                              |

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br>SCHNEIDER ELECTRIC BENEFITS COMMITTEE<br><br>200 N MARTINGALE ROAD<br>SUITE 1000<br>SCHAUMBURG, IL 60173                                                                                                                                                                                                                             | <b>3b</b> Administrator's EIN<br>36-4141566                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>3c</b> Administrator's telephone number<br>847-925-3200                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>4</b> 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:<br><br><b>a</b> Sponsor's name                                                                                                                                                                                                                 | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 4511                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                                | <b>6a(1)</b> 947                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                     | <b>6a(2)</b> 790                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                                    | <b>6b</b> 2503                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                                     | <b>6c</b> 753                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                           | <b>6d</b> 4046                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                                                                                                                                                                                                                                                                                                             | <b>6e</b> 350                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                               | <b>6f</b> 4396                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                                        | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                           | <b>6h</b> 36                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1B 3H                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                         | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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| <b>Part III</b> | <b>Form M-1 Compliance Information (to be completed by welfare benefit plans)</b> |
|-----------------|-----------------------------------------------------------------------------------|

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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.

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

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**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 \_\_\_\_\_

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|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
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| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>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<br>SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES' PENSION PLAN                                      | B Three-digit plan number (PN) 203                                                                                                               |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>SCHNEIDER ELECTRIC USA, INC.                                  | D Employer Identification Number (EIN)<br>36-2440683                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                    |                            |                           |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I Basic Information                                                                                                                                                                           |                            |                           |                          |
| 1 Enter the valuation date: Month 01 Day 01 Year 2015                                                                                                                                              |                            |                           |                          |
| 2 Assets:                                                                                                                                                                                          |                            |                           |                          |
| a Market value                                                                                                                                                                                     | 2a                         | 330373097                 |                          |
| b Actuarial value                                                                                                                                                                                  | 2b                         | 322501160                 |                          |
| 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                                                                                                                                     | 2777                       | 214367918                 | 214367918                |
| b For terminated vested participants                                                                                                                                                               | 805                        | 24663950                  | 24663950                 |
| c For active participants                                                                                                                                                                          | 947                        | 74823399                  | 82813237                 |
| d Total                                                                                                                                                                                            | 4529                       | 313855267                 | 321845105                |
| 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                          | 6.21%                     |                          |
| 6 Target normal cost                                                                                                                                                                               | 6                          | 4777712                   |                          |

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.

|                      |                                                                                                                                                                                                                                                                                   |                                                                                                                                                        |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN HERE</div> | <div>07/19/2016</div> <div>Signature of actuary</div> <div>PAUL R. WILKINSON</div> <div>Type or print name of actuary</div> <div>BUCK CONSULTANTS, LLC</div> <div>Firm name</div> <div>123 N. WACKER DRIVE, SUITE 1000<br/>CHICAGO, IL 60606</div> <div>Address of the firm</div> | <div>Date</div> <div>14-04729</div> <div>Most recent enrollment number</div> <div>312-846-3000</div> <div>Telephone number (including area code)</div> |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|

|                |                                                            |
|----------------|------------------------------------------------------------|
| <b>Part II</b> | <b>Beginning of Year Carryover and Prefunding Balances</b> |
|----------------|------------------------------------------------------------|

|             |                                                                                                                                                          | (a) Carryover balance | (b) Prefunding balance |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b>    | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                          | 0                     | 7871264                |
| <b>8</b>    | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                       | 0                     | 7871264                |
| <b>9</b>    | Amount remaining (line 7 minus line 8) .....                                                                                                             | 0                     | 0                      |
| <b>10</b>   | Interest on line 9 using prior year's actual return of <u>9.26</u> % .....                                                                               | 0                     | 0                      |
| <b>11</b>   | Prior year's excess contributions to be added to prefunding balance:                                                                                     |                       |                        |
| <b>a</b>    | Present value of excess contributions (line 38a from prior year) .....                                                                                   |                       | 12334578               |
| <b>b(1)</b> | 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>6.43</u> % ..... |                       | 286991                 |
| <b>b(2)</b> | Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 728879                 |
| <b>c</b>    | Total available at beginning of current plan year to add to prefunding balance.....                                                                      |                       | 13350448               |
| <b>d</b>    | Portion of (c) to be added to prefunding balance .....                                                                                                   |                       | 13348874               |
| <b>12</b>   | Other reductions in balances due to elections or deemed elections .....                                                                                  | 0                     | 0                      |
| <b>13</b>   | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                                                        | 0                     | 13348874               |

## Part III Funding Percentages

|           |                                                                                                                                                                 |           |          |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> | Funding target attainment percentage.....                                                                                                                       | <b>14</b> | 96.05 %  |
| <b>15</b> | Adjusted funding target attainment percentage .....                                                                                                             | <b>15</b> | 100.20 % |
| <b>16</b> | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 95.06 %  |
| <b>17</b> | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....                                        | <b>17</b> | %        |

## Part IV Contributions and Liquidity Shortfalls

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

| Contributions made to the plan for the plan year by employer(s) and employee(s) |                                   |                                 |                          |                                   |                                 |         |
|---------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|---------|
| (a) Date<br>(MM-DD-YYYY)                                                        | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |         |
| 04/14/2016                                                                      | 12000000                          | 0                               |                          |                                   |                                 |         |
|                                                                                 |                                   |                                 |                          |                                   |                                 |         |
|                                                                                 |                                   |                                 |                          |                                   |                                 |         |
|                                                                                 |                                   |                                 |                          |                                   |                                 |         |
|                                                                                 |                                   |                                 |                          |                                   |                                 |         |
|                                                                                 |                                   |                                 |                          |                                   |                                 |         |
|                                                                                 |                                   |                                 |                          |                                   |                                 |         |
|                                                                                 |                                   |                                 | Totals ►                 | 18(b)                             | 12000000                        | 18(c) 0 |

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

|                                                                                                                        |            |          |
|------------------------------------------------------------------------------------------------------------------------|------------|----------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....                    | <b>19a</b> | 0        |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date.....                                      | <b>19b</b> | 0        |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | <b>19c</b> | 11106072 |

## 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 |
| 0                                                          | 0       | 0       | 0       |

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

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.72 % | 2nd segment:<br>6.11 % | 3rd segment:<br>6.81 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 63                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 4777712            |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance |                    | Installment   |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 12692819            |                    | 9448301       |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   |                    | 0             |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            | <b>34</b>           | 14226013           |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 13348874           | 13348874      |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 877139             |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 11106072           |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 10228933           |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 10228933           |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   | <b>40</b>           | 0                  |               |

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

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

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                             |                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>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               |                                                                 |     |
| <div>A</div> Name of plan<br>SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES' PENSION PLAN | <div>B</div> Three-digit plan number (PN) ▶                     | 203 |
|                                                                                                          |                                                                 |     |
| <div>C</div> Plan sponsor's name as shown on line 2a of Form 5500<br>SCHNEIDER ELECTRIC USA, INC.        | <div>D</div> Employer Identification Number (EIN)<br>36-2440683 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

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

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| HEWITT FINANCIAL SERVICES LLC                                                                              |
| 36-3943169                                                                                                 |

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

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

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

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

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

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

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

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

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

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

---

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**(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)

AON CONSULTING

22-2232264

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 348912                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

JPMORGAN CHASE BANK NA

13-4494650

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51 52            | NONE                                                                                              | 250536                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

STATE STREET BANK AND TRUST

56-6484434

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 50                  | NONE                                                                                              | 55352                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

BUCK CONSULTANTS

13-2655989

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 50                  | NONE                                                                                              | 43800                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CITISTREET, LLC

ONE HERITAGE DRIVE  
NORTH QUINCY, MA 02171

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 50                  | NONE                                                                                              | 34888                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

MCDERMOTT WILL & EMERY

28 STATE STREET  
BOSTON, MA 02109-1775

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE                                                                                              | 20055                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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<br>(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<br>(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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                           |                                                                                                                                                                                                                              |                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2015</b><br><br><b>This Form is Open to Public Inspection.</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                                             |                                                                            |            |
|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES' PENSION PLAN</u> | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>203</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>SCHNEIDER ELECTRIC USA, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>36-2440683</u>         |            |

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SCHNEIDER ELEC USA INC COMMON TRUST

**b** Name of sponsor of entity listed in (a): SCHNEIDER ELECTRIC USA, INC

|                                       |                               |                                                                                                                      |
|---------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>36-2440683-204</u> | <b>d</b> Entity code <u>M</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>307218345</u> |
|---------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2015</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES' PENSION PLAN</u>                                                                                                                                                              |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> <u>203</u>     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>SCHNEIDER ELECTRIC USA, INC.</u>                                                                                                                                                                     |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><u>36-2440683</u>                        |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement                                                              |                 | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                                                                                            |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                                                                              |                 |                       |                 |
| <b>a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Total noninterest-bearing cash .....                                                       | <b>1a</b>       |                       |                 |
| <b>b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Receivables (less allowance for doubtful accounts):                                        |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (1) Employer contributions .....                                                           | <b>1b(1)</b>    | 15311408              | 12000000        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3) Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | General investments:                                                                       |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (1) Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3) Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (A) Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (B) All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (4) Corporate stocks (other than employer securities):                                     |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (A) Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (B) Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (5) Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (6) Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (7) Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (8) Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (9) Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (10) Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (11) Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   | 315324188             | 307218345       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (12) Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (13) Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (14) Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (15) Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 330635596             | 319218345       |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 330635596 | 319218345 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**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: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 12000000   |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 12000000  |

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

|                                                                                                      |                 |  |   |
|------------------------------------------------------------------------------------------------------|-----------------|--|---|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> |  |   |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |  |   |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |  |   |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |  |   |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> |  |   |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> |  |   |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |  | 0 |

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

|                 |              |  |  |
|-----------------|--------------|--|--|
| (3) Rents ..... | <b>2b(3)</b> |  |  |
|-----------------|--------------|--|--|

|                                                                                           |                 |  |   |
|-------------------------------------------------------------------------------------------|-----------------|--|---|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> |  |   |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> |  |   |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |  | 0 |

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

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            | 1071698   |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            |           |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 13071698  |

**Expenses**

|                                                                                      |       |          |          |
|--------------------------------------------------------------------------------------|-------|----------|----------|
| e Benefit payment and payments to provide benefits:                                  |       |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 21959513 |          |
| (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) |          | 21959513 |
| 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) | 468119   |          |
| (2) Contract administrator fees .....                                                | 2i(2) | 34888    |          |
| (3) Investment advisory and management fees .....                                    | 2i(3) | 250536   |          |
| (4) Other .....                                                                      | 2i(4) | 1775893  |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |          | 2529436  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |          | 24488949 |

**Net Income and Reconciliation**

|                                                          |       |  |           |
|----------------------------------------------------------|-------|--|-----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | -11417251 |
| 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: ERNST & YOUNG

(2) EIN: 34-6565596

**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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|--------|
| <b>a</b> 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>b</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  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|---------|
| <b>c</b> 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  |     |         |
| <b>d</b> 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  |     |         |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                      | X   |    |     | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                       |     | X  |     |         |
| <b>g</b> 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  |     |         |
| <b>h</b> 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  |     |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                |     | X  |     |         |
| <b>j</b> 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  |     |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                           |     | X  |     |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                            |     | X  |     |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                  |     |    |     |         |
| <b>n</b> 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.                                     |     |    |     |         |
| <b>o</b> Did the plan trust incur unrelated business taxable income?                                                                                                                                                    |     |    |     |         |
| <b>p</b> 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  
SCHNEIDER ELECTRIC USA INC COMMON

**6b** Trust's EIN  
362440683

**6c** Name of trustee or custodian

**6d** Trustee's or custodian's telephone number

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015                                                                                                                                      |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| A Name of plan<br>SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES' PENSION PLAN                                                                                                                                   |                                                                                                                                                                                                                                                                                                 | B Three-digit plan number (PN) ► 203                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>SCHNEIDER ELECTRIC USA, INC.                                                                                                                                          |                                                                                                                                                                                                                                                                                                 | D Employer Identification Number (EIN)<br>36-2440683                                            |

Part I

Distributions

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

1

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

1

0

2

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

EIN(s): 56-6484434

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

6

Part II

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

4

Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....

☐ Yes

☒ No

☐ N/A

If the plan is a defined benefit plan, go to line 8.

5

If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6

a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....

6a

b Enter the amount contributed by the employer to the plan for this plan year .....

6b

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....

6c

If you completed line 6c, skip lines 8 and 9.

7

Will the minimum funding amount reported on line 6c be met by the funding deadline? .....

☐ Yes

☐ No

☐ N/A

8

If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....

☐ Yes

☐ No

☒ N/A

Part III

Amendments

9

If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....

☐ Increase

☐ Decrease

☐ Both

☒ No

Part IV

ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10

Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....

☐ Yes

☐ No

11

a Does the ESOP hold any preferred stock? .....

☐ Yes

☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....

☐ Yes

☐ No

12

Does the ESOP hold any stock that is not readily tradable on an established securities market? .....

☐ Yes

☐ No

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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                      |            |  |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:                                                                                                                    |            |  |
|           | <b>a</b> The current year .....                                                                                                                                                                                                                      | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year .....                                                                                                                                                                             | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year .....                                                                                                                                                                                                        | <b>14c</b> |  |
| <b>15</b> | 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:                                                                         |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                           | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                 |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                             | <b>16a</b> |  |
|           | <b>b</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 .....                                                                               | <b>16b</b> |  |
| <b>17</b> | 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. .... <input type="checkbox"/> |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | 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 ..... <input type="checkbox"/>           |
| <b>19</b> | If the total number of participants is 1,000 or more, complete lines (a) through (c)                                                                                                                                                                                                                                                                                                                            |
|           | <b>a</b> Enter the percentage of plan assets held as:<br>Stock: <u>32.0</u> % Investment-Grade Debt: <u>48.0</u> % High-Yield Debt: <u>8.0</u> % Real Estate: <u>5.0</u> % Other: <u>7.0</u> %                                                                                                                                                                                                                  |
|           | <b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br><input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input checked="" type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more |
|           | <b>c</b> What duration measure was used to calculate line 19(b)?<br><input checked="" type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify):                                                                                                                                                      |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                                                                                |                                                          |                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| <b>20a</b> Is the plan a 401(k) plan? .....                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |
| <b>20b</b> 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)? .....                                                              | <input type="checkbox"/> Design-based safe harbor method | <input type="checkbox"/> ADP/ACP test                    |
| <b>20c</b> 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))? .....                   | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |
| <b>21a</b> Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): .....                                                                                                                                              | <input type="checkbox"/> Ratio percentage test           | <input type="checkbox"/> Average benefit test            |
| <b>21b</b> 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? .....                                                                           | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |
| <b>22a</b> Has the plan been timely amended for all required tax law changes? .....                                                                                                                                                                                            | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No <input type="checkbox"/> N/A |
| <b>22b</b> 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).                                                                            |                                                          |                                                          |
| <b>22c</b> 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 _____. |                                                          |                                                          |
| <b>22d</b> 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 ____/____/____.                                                                           |                                                          |                                                          |
| <b>23</b> 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)? .....                               | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |

## FINANCIAL STATEMENTS

Schneider Electric USA, Inc.  
Coordinated Bargaining Employees' Pension Plan  
Years Ended December 31, 2015 and 2014  
With Report of Independent Auditors

Ernst & Young LLP



Building a better  
working world

Schneider Electric USA, Inc.  
Coordinated Bargaining Employees' Pension Plan

Financial Statements

Years Ended December 31, 2015 and 2014

**Contents**

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## Report of Independent Auditors

The Schneider Electric Benefits Committee  
Schneider Electric USA, Inc.

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Schneider Electric USA, Inc. Coordinated Bargaining Employees' Pension Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

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

### ***Auditor's Responsibility***

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

### ***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified investment information described in Note 7, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the entity that certified the investment information meets the requirements of 29 CFR 2520.103-8. The plan administrator has obtained certifications as of December 31, 2015 and 2014, and for the years then ended, stating that the investment information provided to the plan administrator is complete and accurate.

***Disclaimer of Opinion on Financial Statements***

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

**Report on Compliance of Form and Content with Department of Labor's Rules and Regulations**

The form and content of the information included in the financial statements, other than that derived from the certified investment information, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Ernst & Young LLP*

December 21, 2016

Schneider Electric USA, Inc.  
Coordinated Bargaining Employees' Pension Plan

Statements of Net Assets Available for Benefits

|                                                                         | December 31           |                       |
|-------------------------------------------------------------------------|-----------------------|-----------------------|
|                                                                         | 2015                  | 2014                  |
| <b>Assets</b>                                                           |                       |                       |
| Interest in Schneider Electric USA, Inc.<br>Common Trust, at fair value | \$ 307,218,345        | \$ 315,324,188        |
| Receivables:                                                            |                       |                       |
| Employer contributions                                                  | 12,000,000            | 15,311,408            |
| Net assets available for benefits                                       | <u>\$ 319,218,345</u> | <u>\$ 330,635,596</u> |

*See accompanying notes.*

Schneider Electric USA, Inc.  
Coordinated Bargaining Employees' Pension Plan

Statements of Changes in Net Assets Available for Benefits

|                                                                       | <b>Year Ended December 31</b> |                       |
|-----------------------------------------------------------------------|-------------------------------|-----------------------|
|                                                                       | <b>2015</b>                   | <b>2014</b>           |
| <b>Additions</b>                                                      |                               |                       |
| Employer contributions                                                | <b>\$ 12,000,000</b>          | \$ 18,109,671         |
| <b>Deductions</b>                                                     |                               |                       |
| Administrative expenses                                               | <b>2,529,436</b>              | 2,035,890             |
| Benefits paid to participants                                         | <b>21,959,513</b>             | 34,209,871            |
| Total deductions                                                      | <b>24,488,949</b>             | 36,245,761            |
| Net investment gain from Schneider Electric USA, Inc.<br>Common Trust | <b>1,071,698</b>              | 29,068,358            |
| Net (decrease) increase prior to transfers                            | <b>(11,417,251)</b>           | 10,932,268            |
| Transfers to other plan                                               | —                             | (688,068)             |
| Net assets available for benefits:                                    |                               |                       |
| Beginning of year                                                     | <b>330,635,596</b>            | 320,391,396           |
| End of year                                                           | <b>\$ 319,218,345</b>         | <b>\$ 330,635,596</b> |

*See accompanying notes.*

Schneider Electric USA, Inc.  
Coordinated Bargaining Employees' Pension Plan

Notes to Financial Statements

December 31, 2015

**1. Description of the Plan**

The following description of the Schneider Electric USA, Inc. Coordinated Bargaining Employees' Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan document for more complete information.

**General**

The Plan, established on January 1, 1996, is a non-contributory, defined-benefit pension plan that provides retirement benefits for hourly paid employees of Schneider Electric USA, Inc. (the Company) under certain collective bargaining units. The Plan was closed to new hires on or after October 3, 2011.

The Schneider Electric Benefits Committee of the Company controls and manages the operation and administration of the Plan. State Street Bank and Trust Company (the Trustee) serves as trustee of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan's investment assets are held in a trust account and consist of an undivided interest in an investment account of the Schneider Electric USA, Inc. Common Trust (the Master Trust), a master trust established by the Company and administered by the Trustee.

Effective April 22, 2014, the Plan was amended and began notifying certain eligible participants of an offer to pay those individuals' pension benefit in a lump sum. Individuals eligible for the voluntary lump-sum payment option were generally participants who terminated employment on or prior to March 31, 2014, were entitled to a future benefit, had not commenced receipt of their pension benefit as of September 30, 2014, and whose vested benefit was below a specified threshold as of May 1, 2014. The 2014 lump-sum payments amounted to approximately \$12.7 million. The accumulated benefit obligation disclosed in Note 5 reflects the impact of this amendment.

Effective September 15, 2014, the Plan was amended such that no participant will accrue additional benefit service after December 31, 2015. The accumulated benefit obligation disclosed in Note 5 reflects the impact of this amendment.

Schneider Electric USA, Inc.  
Coordinated Bargaining Employees' Pension Plan

Notes to Financial Statements (continued)

**1. Description of the Plan (continued)**

**Pension Benefits**

Under the Plan, employees retiring at their normal retirement date are entitled to defined-retirement benefits as specified in the plan document. Covered employees with five or more years of vesting service become fully vested in the Plan and are eligible for pension benefits upon attainment of retirement age or any time after age 55 with 10 or more years of vesting service.

The amount of benefits to be provided at the time of retirement depends upon an employee's years of benefit service and the pension rate in effect on the date of termination. The Plan provides for normal retirement, early retirement, disability retirement, family death benefits, deferred retirement, and spouse's death benefits.

**2. Summary of Significant Accounting Policies**

**Basis of Accounting**

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

**Use of Estimates**

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

**Valuation of Investments and Income Recognition**

The Plan's investments are held in the Master Trust and 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 (exit price). See Note 8 for further discussion of fair value measurements.

A participating allocated contract exists from a prior merged plan for which the Plan receives income. This contract was transferred into the Master Trust during 2014.

Schneider Electric USA, Inc.  
Coordinated Bargaining Employees' Pension Plan

Notes to Financial Statements (continued)

**2. Summary of Significant Accounting Policies (continued)**

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

**Administrative Expenses**

The Plan pays most of its administrative expenses. All other administrative expenses of the Plan are paid by the Company. The Plan's sponsor provides accounting and other administrative services to the Plan at no charge.

**Payment of Benefits**

Benefit payments to participants are recorded upon distribution.

**Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits (see Note 5) represent the actuarial present value of estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included to the extent they are deemed attributable to employee services rendered to the valuation date.

**New Accounting Pronouncements**

In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-07, *Disclosures for Investments in Certain Entities that Calculate Net Asset Value Per Share (or its Equivalent)* (ASU 2015-07). ASU 2015-07 removes the requirement to categorize within the fair value hierarchy investments for which fair values are estimated using the net asset value practical expedient provided by Accounting Standards Codification 820, *Fair Value Measurement*. Disclosures about investments in certain entities that calculate net asset value per share are limited under ASU 2015-07 to those investments for which the entity has

Schneider Electric USA, Inc.  
Coordinated Bargaining Employees' Pension Plan

Notes to Financial Statements (continued)

**2. Summary of Significant Accounting Policies (continued)**

elected to estimate the fair value using the net asset value practical expedient. ASU 2015-07 is effective for entities (other than public business entities) for fiscal years beginning after December 15, 2016, with retrospective application to all periods presented. Early application is permitted. Management has elected to adopt ASU 2015-07 early.

In July 2015, the FASB issued ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans* (Topic 960), *Defined Contribution Pension Plans* (Topic 962), *Health and Welfare Benefit Plans* (Topic 965): (Part I) *Fully Benefit-Responsive Investment Contracts*, (Part II) *Plan Investment Disclosures*, (Part III) *Measurement Date Practical Expedient*. Part II eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Parts I and III are not applicable to the Plan. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Part II is to be applied retrospectively. Management has elected to adopt part II of the ASU early.

**3. Funding Policy**

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2015 and 2014. The Company made contributions of \$12,000,000 and \$18,109,671 for 2015 and 2014, respectively.

**4. Plan Termination**

Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances and subject to bargaining with the collective bargaining units representing employees covered by the Plan, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Schneider Electric USA, Inc.  
Coordinated Bargaining Employees' Pension Plan

Notes to Financial Statements (continued)

**4. Plan Termination (continued)**

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.

**5. Accumulated Plan Benefits**

An independent actuary estimated the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The accumulated plan benefit information is as follows:

|                                                             | <u>December 31, 2014</u> |
|-------------------------------------------------------------|--------------------------|
| Actuarial present value of accumulated plan benefits:       |                          |
| Vested benefits:                                            |                          |
| Participants and beneficiaries currently receiving payments | \$ 213,542,632           |
| Other participants                                          | 103,486,008              |
| Non-vested benefits                                         | 6,556,130                |
|                                                             | <u>\$ 323,584,770</u>    |

The changes in accumulated plan benefits are as follows:

|                                               |                       |
|-----------------------------------------------|-----------------------|
| Accumulated plan benefits – December 31, 2013 | \$ 341,610,625        |
| Changes during the year attributable to:      |                       |
| Benefits accumulated and actuarial gains      | 6,623,047             |
| Benefits paid                                 | (34,209,871)          |
| Increase for interest                         | 19,485,291            |
| Assumptions                                   | (9,924,322)           |
| Net decrease                                  | <u>(18,025,855)</u>   |
| Accumulated plan benefits – December 31, 2014 | <u>\$ 323,584,770</u> |

Schneider Electric USA, Inc.  
Coordinated Bargaining Employees' Pension Plan

Notes to Financial Statements (continued)

**5. Accumulated Plan Benefits (continued)**

The significant actuarial assumptions used in the valuations were:

|                                 |                                                                             |
|---------------------------------|-----------------------------------------------------------------------------|
| Assumed rate of return          | 2014 – 6.00%<br>2013 – 6.00%                                                |
| Retirement age                  | Various rates ranging from 2.5% at age 55 to 100%<br>at age 70              |
| Life expectancy of participants | 2014 – RP 2014, Buck Modified – MP-2016<br>2013 – RP 2014 Blue Collar Table |

These 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.

**6. Tax Status**

The Plan has received a determination letter from the Internal Revenue Service (the IRS) dated September 1, 2015, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is tax-exempt. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The Plan administrator has indicated that it will take the necessary steps, if any, to bring the Plan's operations into compliance with the Code.

Accounting principles generally accepted in the United States require plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2015, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2012.

Schneider Electric USA, Inc.  
Coordinated Bargaining Employees' Pension Plan

Notes to Financial Statements (continued)

**7. Master Trust**

The investment in the Master Trust represents the Plan's undivided ownership of the net assets of the Master Trust, which have been accumulated through the Company's contributions and investment activity of the Master Trust, less benefit payments. Use of the Master Trust permits the commingling of trust assets with the assets of other defined-benefit pension plans sponsored by the Company. Although assets of all plans are commingled in the Master Trust, the Trustee maintains supporting records for the purpose of allocating the net gain or loss of the investment account to the participating plans. The net investment income of the investment assets is allocated by the Trustee to each participating plan based on the relationship of the interest of each plan to the total of the interests of the participating plans.

All investment information disclosed in the accompanying financial statements, including investments held at December 31, 2015 and 2014, and net appreciation (depreciation) in fair value of investments, interest, dividends, and investment expenses for the years then ended, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustee.

At December 31, the investments of the Master Trust are summarized as follows:

|                                     | <b>2015</b>             | <b>2014</b>             |
|-------------------------------------|-------------------------|-------------------------|
| Investments, at fair value:         |                         |                         |
| Short-term investment funds         | \$ 32,113,307           | \$ 13,023,230           |
| Private equity investment funds     | 63,695,595              | 77,336,311              |
| Common/collective trust funds       | 1,103,865,667           | 1,131,520,502           |
| Total investments                   | <u>\$ 1,199,674,569</u> | <u>\$ 1,221,880,043</u> |
| Plan's interest in the Master Trust | <u>26%</u>              | <u>24%</u>              |

Schneider Electric USA, Inc.  
Coordinated Bargaining Employees' Pension Plan

Notes to Financial Statements (continued)

**7. Master Trust (continued)**

The net investment gain of the Master Trust for the years ended December 31, is summarized below:

|                                                                 | <u>2015</u>         | <u>2014</u>           |
|-----------------------------------------------------------------|---------------------|-----------------------|
| Dividend and interest income                                    | \$ 20,720,483       | \$ —                  |
| Net (depreciation) appreciation in fair value<br>of investments | (16,191,209)        | 114,331,820           |
| Other income                                                    | 167,320             | 102,006               |
| Net investment gain                                             | <u>\$ 4,696,594</u> | <u>\$ 114,433,826</u> |

**8. Fair Value Measurements**

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 (i.e., an exit price). The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

Level 1 – Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.

Level 2 – Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:

- Quoted prices for similar assets and liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in markets that are not active.
- Observable inputs other than quoted prices that are used in the valuation of the assets or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals).

Schneider Electric USA, Inc.  
Coordinated Bargaining Employees' Pension Plan

Notes to Financial Statements (continued)

**8. Fair Value Measurements (continued)**

- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 – Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level input that is significant to the fair value measurement in its entirety.

The following is a description of the valuation techniques and inputs used for assets measured at fair value:

*Private equity investment funds:* Valued at the net asset value (NAV) provided by the investment fund managers. The NAV is calculated using valuation models developed by the investment fund managers and independent third-party appraisals.

*Common/collective trust funds:* Valued at the NAV provided by the administrators of the funds. The NAV is based on underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding.

*Short-term investment fund:* Valued at cost, which represents fair value.

Schneider Electric USA, Inc.  
Coordinated Bargaining Employees' Pension Plan

Notes to Financial Statements (continued)

**8. Fair Value Measurements (continued)**

|                                                | <u>2015</u>             |
|------------------------------------------------|-------------------------|
| Short-term investment fund                     | \$ 32,113,307           |
| Common/collective trust funds:                 |                         |
| Real estate <sup>(a)</sup>                     | 60,388,676              |
| Fixed income <sup>(b)</sup>                    | 741,083,928             |
| U.S. equities <sup>(c)</sup>                   | 207,571,157             |
| International equities <sup>(c)</sup>          | 94,821,906              |
| Private equity investment funds <sup>(d)</sup> | 63,695,595              |
| Total assets at fair value                     | <u>\$ 1,199,674,569</u> |
|                                                | <u>2014</u>             |
| Short-term investment fund                     | \$ 13,023,230           |
| Common/collective trust funds:                 |                         |
| Real estate <sup>(a)</sup>                     | 70,344,830              |
| Fixed income <sup>(b)</sup>                    | 740,199,203             |
| U.S. equities <sup>(c)</sup>                   | 230,342,285             |
| International equities <sup>(c)</sup>          | 90,634,184              |
| Private equity investment funds <sup>(d)</sup> | 77,336,311              |
| Total assets at fair value                     | <u>\$ 1,221,880,043</u> |

<sup>(a)</sup> This category includes common/collective trust funds that are designed to produce a relatively high level of current income combined with moderate appreciation potential. This fund is primarily invested in real estate investments owned directly or through partnership interests and mortgage loans or income-producing real estate. A 45-day redemption notice is required to liquidate the fund. This category also includes a common/collective trust fund that is designed to generate a high level of total return through above-average current income while maintaining the potential for capital appreciation. This fund is primarily invested in equity securities of issuers whose value is derived from development, management, and market pricing of underlying real estate properties. There are no redemption restrictions to liquidate this fund.

Schneider Electric USA, Inc.  
Coordinated Bargaining Employees' Pension Plan

Notes to Financial Statements (continued)

**8. Fair Value Measurements (continued)**

- <sup>(b)</sup> This category includes common/collective trust funds that are designed to provide total return through investments in a diversified portfolio of investment-grade, fixed-income securities. This category also includes common/collective trust funds that are designed to provide total return through investments in a diversified portfolio of debt securities that are rated below investment grade or unrated. The redemption notice period is 15 business days (or such shorter period agreed to by the Trustee) for these funds. In normal functioning capital markets, generally there are no redemption restrictions to liquidate these funds.
- <sup>(c)</sup> This category includes common/collective trust funds that are designed to provide a diversified profile of equity securities and emphasis on capital appreciation over an extended period of time. The redemption notice period is 15 business days (or such shorter period agreed to by the Trustee) for these funds. In normal functioning capital markets, generally there are no redemption restrictions to liquidate these funds.
- <sup>(d)</sup> This category includes limited partnership investments, which offer portfolio diversification along with higher expected long-term market returns. These investments are 5 to 17 years old. The private equity investments can generally not be liquidated until the funds are fully terminated and distributed.

**9. Risks and Uncertainties**

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

The Plan's contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Schneider Electric USA, Inc.  
Coordinated Bargaining Employees' Pension Plan

Notes to Financial Statements (continued)

**10. Related-Party Transactions**

The Master Trust holds units of common/collective trust funds in which State Street Bank and Trust Company, the Trustee, is a sub-advisor or manager of these funds. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

**11. Subsequent Events**

Management has evaluated subsequent events through December 21, 2016, the date the financial statements were available to be issued.

In 2016, the Plan was amended to provide an early payout feature to certain eligible participants. Generally, participants whose employment ended on or before May 31, 2016, and have not yet commenced receiving benefit payments as of October 31, 2016, may elect to receive their accrued benefit in a lump-sum payment or an annuity.

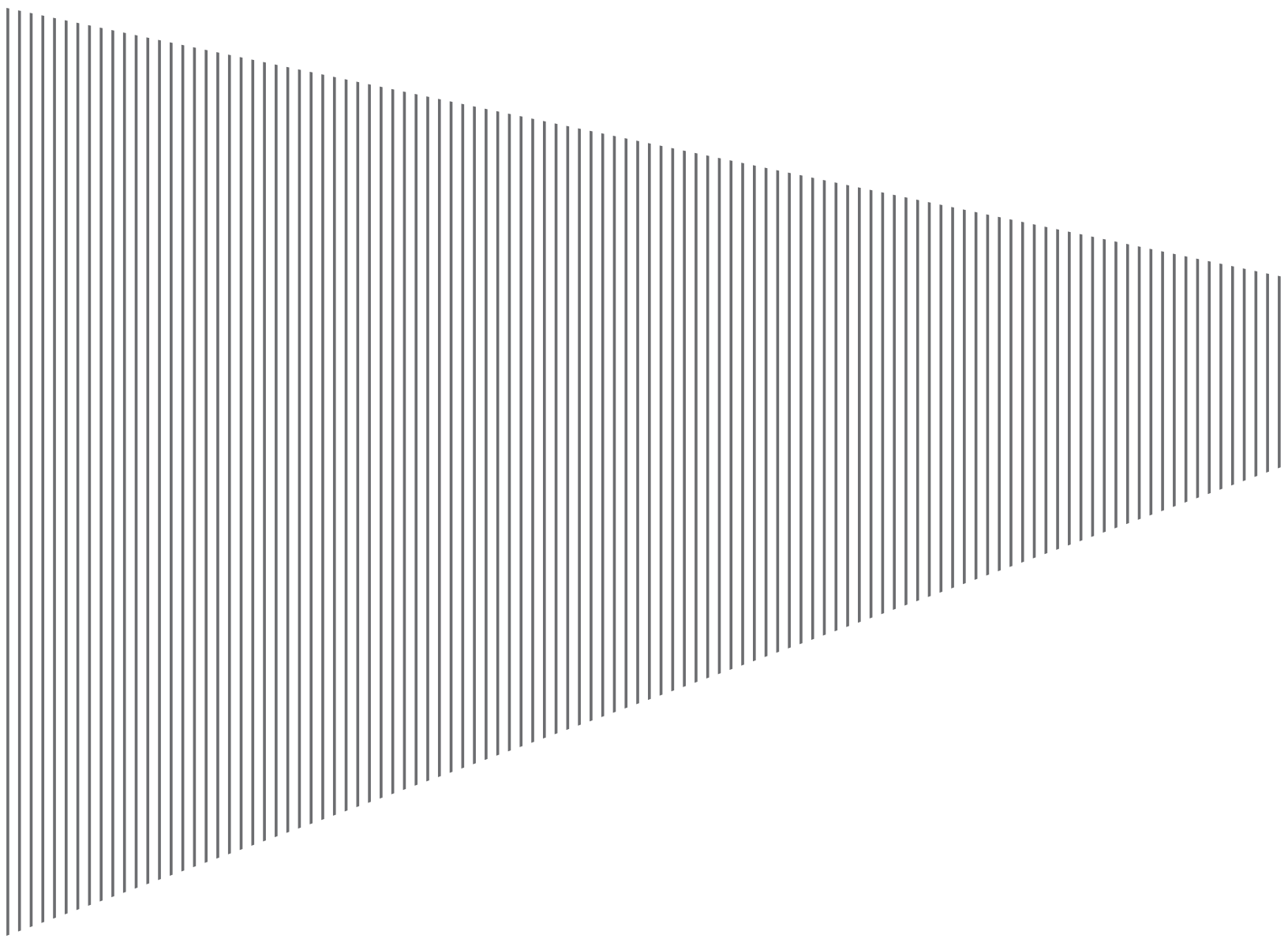
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**Schneider Electric USA, Inc. Coordinated Bargaining Employees' Pension Plan**

**EIN / PN: 36-2440683 / 203**

**Schedule SB, line 26 - Schedule of Active Participant Data**

| Age      | Years of Credited Service |        |        |          |          |          |          |          |          |         |
|----------|---------------------------|--------|--------|----------|----------|----------|----------|----------|----------|---------|
|          | Under 1                   | 1 to 4 | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 to 39 | 40 & up |
| Under 25 | 0                         | 3      | 0      | 0        | 0        | 0        | 0        | 0        | 0        | 0       |
| 25 to 29 | 0                         | 6      | 8      | 1        | 0        | 0        | 0        | 0        | 0        | 0       |
| 30 to 34 | 0                         | 6      | 13     | 8        | 0        | 0        | 0        | 0        | 0        | 0       |
| 35 to 39 | 0                         | 7      | 16     | 19       | 13       | 1        | 0        | 0        | 0        | 0       |
| 40 to 44 | 0                         | 10     | 13     | 17       | 50       | 15       | 1        | 0        | 0        | 0       |
| 45 to 49 | 0                         | 8      | 18     | 15       | 29       | 19       | 8        | 0        | 0        | 0       |
| 50 to 54 | 0                         | 9      | 20     | 24       | 32       | 26       | 18       | 26       | 5        | 0       |
| 55 to 59 | 0                         | 17     | 20     | 19       | 35       | 17       | 10       | 29       | 105      | 7       |
| 60 to 64 | 0                         | 2      | 9      | 4        | 11       | 15       | 7        | 16       | 55       | 76      |
| 65 to 69 | 0                         | 0      | 4      | 0        | 2        | 1        | 0        | 0        | 2        | 15      |
| 70 & up  | 0                         | 0      | 0      | 0        | 1        | 0        | 0        | 1        | 1        | 2       |

# Schneider Electric USA, Inc. Coordinated Bargaining Employees' Pension Plan

EIN/PN: 36-2440683 / 203

## Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

### Prescribed Funding Assumptions and Methods

The following assumptions and methods are prescribed by ERISA, as amended by PPA, MAP-21, and HATFA.

#### Funding interest rates

For 2015 Plan Year:

Segment Rates with four-month lookback, constrained in accordance with HATFA as follows:

|                     | Unconstrained Rates* | Rates Reflecting HATFA Corridor** |
|---------------------|----------------------|-----------------------------------|
| First Segment Rate  | 1.15%                | 4.72%                             |
| Second Segment Rate | 4.06%                | 6.11%                             |
| Third Segment Rate  | 5.15%                | 6.81%                             |

Effective Interest Rate  
based on HATFA rates

6.21%

For 2014 Plan Year:

Segment Rates with four-month lookback, constrained in accordance with HATFA as follows:

|                     | Unconstrained Rates* | Rates Reflecting HATFA Corridor** |
|---------------------|----------------------|-----------------------------------|
| First Segment Rate  | 1.37%                | 4.99%                             |
| Second Segment Rate | 4.05%                | 6.32%                             |
| Third Segment Rate  | 5.06%                | 6.99%                             |

Effective Interest Rate  
based on HATFA rates

6.43%

\*Used for maximum tax-deduction purposes

\*\*Used for minimum funding and benefit restriction purposes

**Schneider Electric USA, Inc. Coordinated Bargaining Employees' Pension Plan**

**EIN/PN: 36-2440683 / 203**

**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Continued)**

**Prescribed Funding Assumptions and Methods (continued)**

**Mortality**

Mortality tables for non-disabled participants mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis, projected 7 years from the valuation date for annuitants and 15 years for non-annuitants. For disabled participants, mortality is based on Rev. Rule 96-97 Post 1994 Disabled Mortality.

**Actuarial cost method**

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan administrative expenses to be paid from plan assets during the year.

# Schneider Electric USA, Inc. Coordinated Bargaining Employees' Pension Plan

EIN/PN: 36-2440683 / 203

## Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Continued)

### Non-Prescribed Funding Assumptions and Methods

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor and is an acceptable method under PPA.

### Expenses

Expected plan administrative expenses of \$2,248,415 were added to the Target Normal Cost. The amount is based on the prior year's administrative expenses, plus this year's expected PBGC premiums payable from the plan.

### Frequency of optional payment forms

The underlying assumption is that 55% of future retirees will choose the life only option, while the remaining future retirees will choose a Joint and Survivor option.

### Marital percentage

80% of participants are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

### Withdrawal rates for active participants not eligible for retirement

Sample rates as follows:

| Age | Annual Rate of: |
|-----|-----------------|
|     | Withdrawal      |
| 20  | 24.80%          |
| 25  | 14.90%          |
| 30  | 9.20%           |
| 35  | 5.30%           |
| 40  | 2.70%           |
| 45  | 1.90%           |
| 50  | 1.10%           |

**Schneider Electric USA, Inc. Coordinated Bargaining Employees' Pension Plan**

**EIN/PN: 36-2440683 / 203**

**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Continued)**

**Non-Prescribed Funding Assumptions and Methods (continued)**

**Retirement rates**

|     | Annual Rate of Retirement |           |
|-----|---------------------------|-----------|
| Age | Regular                   | Special * |
| 55  | 2.50%                     | 15.00%    |
| 56  | 2.50%                     | 8.00%     |
| 57  | 2.50%                     | 8.00%     |
| 58  | 2.50%                     | 5.00%     |
| 59  | 2.50%                     | 5.00%     |
| 60  | 8.00%                     | 20.00%    |
| 61  | 8.00%                     | 20.00%    |
| 62  | 40.00%                    | 40.00%    |
| 63  | 25.00%                    | 25.00%    |
| 64  | 35.00%                    | 35.00%    |
| 65  | 60.00%                    | 60.00%    |
| 66  | 20.00%                    | 20.00%    |
| 67  | 20.00%                    | 20.00%    |
| 68  | 20.00%                    | 20.00%    |
| 69  | 20.00%                    | 20.00%    |
| 70  | 100.00%                   | 100.00%   |

\* Special Rule of 90 rates apply if age plus service is 90 or more.

**Disability rates**

| Age | Annual Rate |
|-----|-------------|
| 20  | 0.06%       |
| 25  | 0.10%       |
| 30  | 0.17%       |
| 35  | 0.25%       |
| 40  | 0.36%       |
| 45  | 0.52%       |
| 50  | 0.85%       |
| 55  | 1.49%       |
| 60  | 1.79%       |
| 64  | 1.99%       |
| 65  | 0.00%       |

# Schneider Electric USA, Inc. Coordinated Bargaining Employees' Pension Plan

EIN/PN: 36-2440683 / 203

## Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Continued)

### Non-Prescribed Funding Assumptions and Methods (continued)

#### Asset valuation method

The Actuarial Value of Assets is market value as of the valuation date, including discounted receivable contributions, reduced by decreasing fractions,  $\frac{2}{3}$  and  $\frac{1}{3}$ , of the of the gain/(loss) in each of the prior 2-years, respectively. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

|                      | Actuary's Assumption | Third Segment Rate | Reflecting PPA Limit |
|----------------------|----------------------|--------------------|----------------------|
| 2015 Expected Return | 6.00%                | 6.81%              | 6.00%                |
| 2014 Expected Return | 6.00%                | 6.99%              | 6.00%                |
| 2013 Expected Return | 7.50%                | 6.76%              | 6.76%                |

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the economic and demographic assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report.

#### Census and Assets

The valuation was based on data as of January 1, 2015 and does not take into account future participants. All census data was supplied by the Plan Administrator and was subject to reasonable consistency checks. Asset data was supplied by State Street Bank and was accepted unaudited.

|                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="font-size: 1.5em; font-weight: bold;">2015</div><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                           |                                                                |                                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I Annual Report Identification Information</b>                                                                                    |                                                                |                                                                                                                                                                                    |
| For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>                                  |                                                                |                                                                                                                                                                                    |
| <b>A</b> This return/report is for:                                                                                                       | <input type="checkbox"/> a multiemployer plan;                 | <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or |
|                                                                                                                                           | <input checked="" type="checkbox"/> a single-employer plan;    | <input type="checkbox"/> a DFE (specify) ____                                                                                                                                      |
| <b>B</b> This return/report is:                                                                                                           | <input type="checkbox"/> the first return/report;              | <input type="checkbox"/> the final return/report;                                                                                                                                  |
|                                                                                                                                           | <input checked="" type="checkbox"/> an amended return/report;  | <input type="checkbox"/> a short plan year return/report (less than 12 months).                                                                                                    |
| <b>C</b> If the plan is a collectively-bargained plan, check here. <span style="float: right;"><input checked="" type="checkbox"/></span> |                                                                |                                                                                                                                                                                    |
| <b>D</b> Check box if filing under:                                                                                                       | <input checked="" type="checkbox"/> Form 5558;                 | <input type="checkbox"/> automatic extension;                                                                                                                                      |
|                                                                                                                                           | <input type="checkbox"/> special extension (enter description) | <input type="checkbox"/> the DFVC program;                                                                                                                                         |

|                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----|------------------------------------------------|--|--------------------------------------------------------------|--|-----------------------------------------------------------|--|------------------------------------------------------|--|
| <b>Part II Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
| <b>1a</b> Name of plan<br>SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES' PENSION PLAN                                                                                                                                                                                                                                                               | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 30%; text-align: center;">203</td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/>02/11/1958</td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/>36-2440683</td> </tr> <tr> <td colspan="2"><b>2c</b> Plan Sponsor's telephone number<br/>847-925-3200</td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/>335900</td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | 203 | <b>1c</b> Effective date of plan<br>02/11/1958 |  | <b>2b</b> Employer Identification Number (EIN)<br>36-2440683 |  | <b>2c</b> Plan Sponsor's telephone number<br>847-925-3200 |  | <b>2d</b> Business code (see instructions)<br>335900 |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                            | 203                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
| <b>1c</b> Effective date of plan<br>02/11/1958                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
| <b>2b</b> Employer Identification Number (EIN)<br>36-2440683                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
| <b>2c</b> Plan Sponsor's telephone number<br>847-925-3200                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
| <b>2d</b> Business code (see instructions)<br>335900                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>SCHNEIDER ELECTRIC USA, INC.<br><br><br>200 N MARTINGALE ROAD<br>SUITE 1000<br>SCHAUMBURG IL 60173 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |

**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.

|                                                                                                 |                                    |            |                                                              |
|-------------------------------------------------------------------------------------------------|------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                |                                    | 12/27/2016 | KAREN HANSEN                                                 |
|                                                                                                 | Signature of plan administrator    | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                |                                    |            |                                                              |
|                                                                                                 | Signature of employer/plan sponsor | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                |                                    |            |                                                              |
|                                                                                                 | 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                                  |

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

Form 5500 (2015)  
v. 150123

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a Plan administrator's name and address</b> <input type="checkbox"/> Same as Plan Sponsor<br>SCHNEIDER ELECTRIC BENEFITS COMMITTEE<br><br>200 N MARTINGALE ROAD<br>SUITE 1000<br>SCHAUMBURG IL 60173                                                                                                                                                                                                                              | <b>3b Administrator's EIN</b><br>36-4141566<br><hr/> <b>3c Administrator's telephone number</b><br>847-925-3200                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>4</b> 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:<br><b>a</b> Sponsor's name                                                                                                                                                                                                                     | <b>4b</b> EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 4,511                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>6</b> 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).                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                                | <b>6a(1)</b> 947                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                     | <b>6a(2)</b> 790                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                                    | <b>6b</b> 2,503                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                                     | <b>6c</b> 753                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c. ....                                                                                                                                                                                                                                                                                                                                                                                  | <b>6d</b> 4,046                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                                                                                                                                                                                                                                                                                                             | <b>6e</b> 350                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>f</b> Total. Add lines 6d and 6e.....                                                                                                                                                                                                                                                                                                                                                                                              | <b>6f</b> 4,396                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                                        | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                           | <b>6h</b> 36                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1B 3H                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                         | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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

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

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

OMB No. 1210-0110

**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

▶ **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.

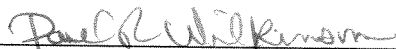
|                                                                                                                                                                                                                                                                                                                   |  |                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING<br>EMPLOYEES' PENSION PLAN                                                                                                                                                                                                           |  | <b>B</b> Three-digit<br>plan number (PN) ▶ 203              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>SCHNEIDER ELECTRIC USA, INC.                                                                                                                                                                                                          |  | <b>D</b> Employer Identification Number (EIN)<br>36-2440683 |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B <input type="checkbox"/> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |  |                                                             |

**Part I Basic Information**

|                                                                                                                                                                                                                    |                               |                              |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------|-----------------------------|
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2015</u>                                                                                                                                  |                               |                              |                             |
| <b>2</b> Assets:                                                                                                                                                                                                   |                               |                              |                             |
| <b>a</b> Market value .....                                                                                                                                                                                        |                               | <b>2a</b>                    | 330,373,097                 |
| <b>b</b> Actuarial value .....                                                                                                                                                                                     |                               | <b>2b</b>                    | 322,501,160                 |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                                | (1) Number of<br>participants | (2) Vested Funding<br>Target | (3) Total Funding<br>Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                        | 2,777                         | 214,367,918                  | 214,367,918                 |
| <b>b</b> For terminated vested participants .....                                                                                                                                                                  | 805                           | 24,663,950                   | 24,663,950                  |
| <b>c</b> For active participants .....                                                                                                                                                                             | 947                           | 74,823,399                   | 82,813,237                  |
| <b>d</b> Total .....                                                                                                                                                                                               | 4,529                         | 313,855,267                  | 321,845,105                 |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                                   |                               |                              |                             |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                          |                               | <b>4a</b>                    |                             |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in<br>at-risk status for fewer than five consecutive years and disregarding loading factor ..... |                               | <b>4b</b>                    |                             |
| <b>5</b> Effective interest rate .....                                                                                                                                                                             | <b>5</b>                      | 6.21%                        |                             |
| <b>6</b> Target normal cost .....                                                                                                                                                                                  | <b>6</b>                      | 4,777,712                    |                             |

**Statement by Enrolled Actuary**

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

**SIGN  
HERE**

Signature of actuary

Paul R. Wilkinson

Type or print name of actuary

Buck Consultants, LLC

Firm name

123 N. Wacker Drive, Suite 1000

CHICAGO IL 60606

Address of the firm

7/19/2016

Date

1404729

Most recent enrollment number

312-846-3000

Telephone number (including area code)

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

|                                                                                                                                                                                              |                       |                       |                       |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                       |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.72% | 2nd segment:<br>6.11% | 3rd segment:<br>6.81% | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                       |                       |                       | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                       |                       |                       | <b>22</b> 63                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                       |                                                     |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 4,777,712          |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 |                     |                    |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | Outstanding Balance | Installment        |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 12,692,819          | 9,448,301          |               |
|                                                                                                                                                                                      | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                         | <b>34</b>           | 14,226,013         |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 13,348,874         | 13,348,874    |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 877,139            |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 11,106,072         |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 10,228,933         |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 10,228,933         |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

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

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

**Schneider Electric USA, Inc. Coordinated Bargaining Employees' Pension Plan**

**EIN / PN: 36-2440683 / 203**

**Schedule SB, Line 22 - Description of Weighted Average Retirement Age**

This table calculates the weighted average retirement age for all active persons in the plan

| <b>(1)</b><br><b>Age</b>                                       | <b>(2)</b><br><b>Expected Active<br/>Headcount</b> | <b>(3)</b><br><b>Retirement Rate</b> | <b>(4)</b><br><b>Expected<br/>Retirements<br/>(2)*(3)</b> | <b>(5)</b><br><b>Weighted Age<br/>(1)*(4)</b> |
|----------------------------------------------------------------|----------------------------------------------------|--------------------------------------|-----------------------------------------------------------|-----------------------------------------------|
| 55                                                             | 409.6740                                           | 0.0338                               | 13.8473                                                   | 761.6001                                      |
| 56                                                             | 444.9795                                           | 0.0342                               | 15.2064                                                   | 851.5581                                      |
| 57                                                             | 475.5999                                           | 0.0398                               | 18.9242                                                   | 1,078.6778                                    |
| 58                                                             | 492.3231                                           | 0.0328                               | 16.1240                                                   | 935.1942                                      |
| 59                                                             | 506.2838                                           | 0.0354                               | 17.9020                                                   | 1,056.2153                                    |
| 60                                                             | 535.9517                                           | 0.1394                               | 74.7063                                                   | 4,482.3785                                    |
| 61                                                             | 500.9437                                           | 0.1442                               | 72.2442                                                   | 4,406.8965                                    |
| 62                                                             | 459.8516                                           | 0.3805                               | 174.9933                                                  | 10,849.5827                                   |
| 63                                                             | 303.6564                                           | 0.2386                               | 72.4572                                                   | 4,564.8061                                    |
| 64                                                             | 252.1217                                           | 0.3383                               | 85.2980                                                   | 5,459.0712                                    |
| 65                                                             | 175.6341                                           | 0.5933                               | 104.2099                                                  | 6,773.6427                                    |
| 66                                                             | 79.5497                                            | 0.1976                               | 15.7158                                                   | 1,037.2431                                    |
| 67                                                             | 71.4024                                            | 0.2000                               | 14.2805                                                   | 956.7925                                      |
| 68                                                             | 58.7110                                            | 0.2000                               | 11.7422                                                   | 798.4693                                      |
| 69                                                             | 46.6193                                            | 0.2000                               | 9.3239                                                    | 643.3463                                      |
| 70                                                             | 38.0043                                            | 1.0000                               | 38.0043                                                   | 2,660.3041                                    |
| 71                                                             | 0.0000                                             | 1.0000                               | 0.0000                                                    | 0.0000                                        |
| 72                                                             | 2.0000                                             | 1.0000                               | 2.0000                                                    | 144.0000                                      |
| 73                                                             | 0.0000                                             | 1.0000                               | 0.0000                                                    | 0.0000                                        |
| 74                                                             | 2.0000                                             | 1.0000                               | 2.0000                                                    | 148.0000                                      |
| 75                                                             | 0.0000                                             | 1.0000                               | 0.0000                                                    | 0.0000                                        |
| 76                                                             | 1.0000                                             | 1.0000                               | <u>1.0000</u>                                             | <u>76.0000</u>                                |
| <b>Total</b>                                                   |                                                    |                                      | <b>759.9795</b>                                           | <b>47,683.7785</b>                            |
| <b>Weighted Average Retirement Age = 47683.7785 / 759.9795</b> |                                                    |                                      |                                                           | <b>62.74</b>                                  |
| <b>Rounded Weighted Average Retirement Age</b>                 |                                                    |                                      |                                                           | <b>63</b>                                     |

**Note to Column 2:** The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

**Note to Column 3:** At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

**General note:** The table presents values rounded to fewer significant digits than used in the calculation.

**Schneider Electric USA, Inc. Coordinated Bargaining Employees' Pension Plan**

**EIN/PN: 36-2440683 / 203**

**Schedule SB, Line 24 – Change in Actuarial Assumptions**

Assumed expenses were changed from \$1,464,556 to \$2,248,415 to better anticipate future plan experience.

**Schneider Electric USA, Inc. Coordinated Bargaining Employees' Pension Plan**

**EIN / PN: 36-2440683 / 203**

**Schedule SB, line 26 - Schedule of Active Participant Data**

| Age      | Years of Credited Service |        |        |          |          |          |          |          |          |         |
|----------|---------------------------|--------|--------|----------|----------|----------|----------|----------|----------|---------|
|          | Under 1                   | 1 to 4 | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 to 39 | 40 & up |
| Under 25 | 0                         | 3      | 0      | 0        | 0        | 0        | 0        | 0        | 0        | 0       |
| 25 to 29 | 0                         | 6      | 8      | 1        | 0        | 0        | 0        | 0        | 0        | 0       |
| 30 to 34 | 0                         | 6      | 13     | 8        | 0        | 0        | 0        | 0        | 0        | 0       |
| 35 to 39 | 0                         | 7      | 16     | 19       | 13       | 1        | 0        | 0        | 0        | 0       |
| 40 to 44 | 0                         | 10     | 13     | 17       | 50       | 15       | 1        | 0        | 0        | 0       |
| 45 to 49 | 0                         | 8      | 18     | 15       | 29       | 19       | 8        | 0        | 0        | 0       |
| 50 to 54 | 0                         | 9      | 20     | 24       | 32       | 26       | 18       | 26       | 5        | 0       |
| 55 to 59 | 0                         | 17     | 20     | 19       | 35       | 17       | 10       | 29       | 105      | 7       |
| 60 to 64 | 0                         | 2      | 9      | 4        | 11       | 15       | 7        | 16       | 55       | 76      |
| 65 to 69 | 0                         | 0      | 4      | 0        | 2        | 1        | 0        | 0        | 2        | 15      |
| 70 & up  | 0                         | 0      | 0      | 0        | 1        | 0        | 0        | 1        | 1        | 2       |

**Schneider Electric USA, Inc. Coordinated Bargaining Employees' Pension Plan**

**EIN / PN: 36-2440683 / 203**

**Schedule SB, Line 32 - Schedule of Amortization Bases**

| Type of Base | Present Value of<br>Remaining Installments<br>as of January 1, 2015 | Date Established | Remaining<br>Installments | Shortfall<br>Amortization<br>Installment |
|--------------|---------------------------------------------------------------------|------------------|---------------------------|------------------------------------------|
| Shortfall    | \$5,299,081                                                         | 1/1/2015         | 7                         | \$881,254                                |
| Shortfall    | (\$10,534,245)                                                      | 1/1/2014         | 6                         | (\$1,982,906)                            |
| Shortfall    | (\$2,999,501)                                                       | 1/1/2013         | 5                         | (\$656,470)                              |
| Shortfall    | (\$15,577,973)                                                      | 1/1/2012         | 4                         | (\$4,167,909)                            |
| Shortfall    | \$20,276,914                                                        | 1/1/2011         | 3                         | \$7,072,979                              |
| Shortfall    | \$16,228,543                                                        | 1/1/2010         | 2                         | \$8,301,353                              |

# Schneider Electric USA, Inc. Coordinated Bargaining Employees' Pension Plan

EIN/PN: 36-2440683 / 203

## Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

### Prescribed Funding Assumptions and Methods

The following assumptions and methods are prescribed by ERISA, as amended by PPA, MAP-21, and HATFA.

#### Funding interest rates

For 2015 Plan Year:

Segment Rates with four-month lookback, constrained in accordance with HATFA as follows:

|                     | Unconstrained Rates* | Rates Reflecting HATFA Corridor** |
|---------------------|----------------------|-----------------------------------|
| First Segment Rate  | 1.15%                | 4.72%                             |
| Second Segment Rate | 4.06%                | 6.11%                             |
| Third Segment Rate  | 5.15%                | 6.81%                             |

Effective Interest Rate  
based on HATFA rates

6.21%

For 2014 Plan Year:

Segment Rates with four-month lookback, constrained in accordance with HATFA as follows:

|                     | Unconstrained Rates* | Rates Reflecting HATFA Corridor** |
|---------------------|----------------------|-----------------------------------|
| First Segment Rate  | 1.37%                | 4.99%                             |
| Second Segment Rate | 4.05%                | 6.32%                             |
| Third Segment Rate  | 5.06%                | 6.99%                             |

Effective Interest Rate  
based on HATFA rates

6.43%

\*Used for maximum tax-deduction purposes

\*\*Used for minimum funding and benefit restriction purposes

**Schneider Electric USA, Inc. Coordinated Bargaining Employees' Pension Plan**

**EIN/PN: 36-2440683 / 203**

**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Continued)**

**Prescribed Funding Assumptions and Methods (continued)**

**Mortality**

Mortality tables for non-disabled participants mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis, projected 7 years from the valuation date for annuitants and 15 years for non-annuitants. For disabled participants, mortality is based on Rev. Rule 96-97 Post 1994 Disabled Mortality.

**Actuarial cost method**

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan administrative expenses to be paid from plan assets during the year.

# Schneider Electric USA, Inc. Coordinated Bargaining Employees' Pension Plan

EIN/PN: 36-2440683 / 203

## Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Continued)

### Non-Prescribed Funding Assumptions and Methods

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor and is an acceptable method under PPA.

### Expenses

Expected plan administrative expenses of \$2,248,415 were added to the Target Normal Cost. The amount is based on the prior year's administrative expenses, plus this year's expected PBGC premiums payable from the plan.

### Frequency of optional payment forms

The underlying assumption is that 55% of future retirees will choose the life only option, while the remaining future retirees will choose a Joint and Survivor option.

### Marital percentage

80% of participants are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

### Withdrawal rates for active participants not eligible for retirement

Sample rates as follows:

| Age | Annual Rate of: |
|-----|-----------------|
|     | Withdrawal      |
| 20  | 24.80%          |
| 25  | 14.90%          |
| 30  | 9.20%           |
| 35  | 5.30%           |
| 40  | 2.70%           |
| 45  | 1.90%           |
| 50  | 1.10%           |

**Schneider Electric USA, Inc. Coordinated Bargaining Employees' Pension Plan**

**EIN/PN: 36-2440683 / 203**

**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Continued)**

**Non-Prescribed Funding Assumptions and Methods (continued)**

**Retirement rates**

| Age | Annual Rate of Retirement |           |
|-----|---------------------------|-----------|
|     | Regular                   | Special * |
| 55  | 2.50%                     | 15.00%    |
| 56  | 2.50%                     | 8.00%     |
| 57  | 2.50%                     | 8.00%     |
| 58  | 2.50%                     | 5.00%     |
| 59  | 2.50%                     | 5.00%     |
| 60  | 8.00%                     | 20.00%    |
| 61  | 8.00%                     | 20.00%    |
| 62  | 40.00%                    | 40.00%    |
| 63  | 25.00%                    | 25.00%    |
| 64  | 35.00%                    | 35.00%    |
| 65  | 60.00%                    | 60.00%    |
| 66  | 20.00%                    | 20.00%    |
| 67  | 20.00%                    | 20.00%    |
| 68  | 20.00%                    | 20.00%    |
| 69  | 20.00%                    | 20.00%    |
| 70  | 100.00%                   | 100.00%   |

\* Special Rule of 90 rates apply if age plus service is 90 or more.

**Disability rates**

| Age | Annual Rate |
|-----|-------------|
| 20  | 0.06%       |
| 25  | 0.10%       |
| 30  | 0.17%       |
| 35  | 0.25%       |
| 40  | 0.36%       |
| 45  | 0.52%       |
| 50  | 0.85%       |
| 55  | 1.49%       |
| 60  | 1.79%       |
| 64  | 1.99%       |
| 65  | 0.00%       |

# Schneider Electric USA, Inc. Coordinated Bargaining Employees' Pension Plan

EIN/PN: 36-2440683 / 203

## Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Continued)

### Non-Prescribed Funding Assumptions and Methods (continued)

#### Asset valuation method

The Actuarial Value of Assets is market value as of the valuation date, including discounted receivable contributions, reduced by decreasing fractions,  $\frac{2}{3}$  and  $\frac{1}{3}$ , of the of the gain/(loss) in each of the prior 2-years, respectively. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

|                      | Actuary's Assumption | Third Segment Rate | Reflecting PPA Limit |
|----------------------|----------------------|--------------------|----------------------|
| 2015 Expected Return | 6.00%                | 6.81%              | 6.00%                |
| 2014 Expected Return | 6.00%                | 6.99%              | 6.00%                |
| 2013 Expected Return | 7.50%                | 6.76%              | 6.76%                |

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the economic and demographic assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report.

#### Census and Assets

The valuation was based on data as of January 1, 2015 and does not take into account future participants. All census data was supplied by the Plan Administrator and was subject to reasonable consistency checks. Asset data was supplied by State Street Bank and was accepted unaudited.

# Schneider Electric USA, Inc. Coordinated Bargaining Employees' Pension Plan

EIN/PN: 36-2440683 / 203

## Schedule SB, Part V – Summary of Plan Provisions

### PARTICIPATION

Date of hire. Oxford employees hired on or after October 31, 2004 are not eligible. All other employees hired on or after October 3, 2011 are not eligible.

### BENEFITS

Effective December 31, 2015, accrued benefits are frozen for all participants based on benefit service and the benefit rate on that date or termination date if earlier.

#### Normal Retirement Benefit

Eligibility

Age 65 with 5 years of service.

Amount

Effective October 1, 2008, \$44 multiplied by years of benefit service for Non-Oxford employees hired before September 12, 2005; the rate increases to \$46 effective November 1, 2011.

Oxford employees and employees hired on or after September 12, 2005 are eligible for pension plan multipliers of \$41 and \$35, respectively; the rates increase to \$43 and \$37, respectively, effective November 1, 2011.

For participants in the Middletown and Milwaukee 68 Plans, the benefit is offset by the purchased annuity.

#### Early Retirement Benefit

Eligibility

Age 55 with 10 years of service.

Amount

Accrued benefit payable at normal retirement age. If payment commences prior to normal retirement age, amount is reduced  $\frac{1}{2}\%$  for each month prior to normal retirement age. If age plus service is at least 90, the benefit is the greater of the reduced early retirement benefit or the accrued benefit based on service limited to 30 years unreduced for early commencement.

#### Deferred Vested Benefit

Eligibility

5 years of service.

Amount

Accrued benefit payable at normal retirement age. If the participant has 10 years of service, a reduced benefit may commence as early as age 55. The reduction is  $\frac{1}{2}\%$  for each month prior to normal retirement age.

# Schneider Electric USA, Inc. Coordinated Bargaining Employees' Pension Plan

EIN/PN: 36-2440683 / 203

## Schedule SB, Part V – Summary of Plan Provisions (Continued)

### Disability Benefit

|             |                                                                                                                                                                                                  |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility | 10 years of service and totally and permanently disabled.                                                                                                                                        |
| Amount      | Accrued benefit payable immediately. If the participant is not eligible for Social Security benefits, an additional amount equal to the accrued benefit is payable until normal retirement date. |

### Surviving Family Term Benefit

|             |                                                                                    |
|-------------|------------------------------------------------------------------------------------|
| Eligibility | Death in active employment after completion of 10 years of service.                |
| Amount      | 50% of the accrued benefit unreduced for early retirement and payable for 5 years. |

### Spouse's Benefit

|             |                                                                                                                                                                                                                                                                                               |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility | Death after completion of 5 years of service.                                                                                                                                                                                                                                                 |
| Amount      | 50% of the accrued benefit had the participant elected a joint and 50% survivor annuity. If the participant had 10 years of service at death, payment may begin on the first day of the month the participant could have retired. The benefit is offset by any surviving family term benefit. |

### Normal Form

For unmarried participants, benefits are payable for life. For unmarried participants in the Cedar Rapids 20, Cedar Rapids 22, and Middletown unions, benefits are payable for 5 years certain and life. For married participants, an actuarially reduced benefit is payable, which provides 50% of the benefit payable to the spouse if the participant predeceases the spouse. Optional forms are available on an actuarial equivalent basis. For terminations on or after October 1, 2002, joint & survivor benefits provide a pop-up feature that is fully subsidized by the employer. In the event the retiree's beneficiary dies in the first five years of retirement, the retiree's benefit will increase, or pop up, to the life only benefit amount.

### Actuarial Equivalence

Annuity Options: 7.00% interest with the 76 PET – 96.45 Mortality Table, a table based on experience underlying the 1971 Group Annuity Mortality Table, without margins, with a projection of mortality improvements to 1976.

**Schneider Electric USA, Inc. Coordinated Bargaining Employees' Pension Plan**

**EIN / PN: 36-2440683 / 203**

**Schedule SB, Line 22 - Description of Weighted Average Retirement Age**

This table calculates the weighted average retirement age for all active persons in the plan

| (1)<br>Age                                                     | (2)<br>Expected Active<br>Headcount | (3)<br>Retirement Rate | (4)<br>Expected<br>Retirements<br>(2)*(3) | (5)<br>Weighted Age<br>(1)*(4) |
|----------------------------------------------------------------|-------------------------------------|------------------------|-------------------------------------------|--------------------------------|
| 55                                                             | 409.6740                            | 0.0338                 | 13.8473                                   | 761.6001                       |
| 56                                                             | 444.9795                            | 0.0342                 | 15.2064                                   | 851.5581                       |
| 57                                                             | 475.5999                            | 0.0398                 | 18.9242                                   | 1,078.6778                     |
| 58                                                             | 492.3231                            | 0.0328                 | 16.1240                                   | 935.1942                       |
| 59                                                             | 506.2838                            | 0.0354                 | 17.9020                                   | 1,056.2153                     |
| 60                                                             | 535.9517                            | 0.1394                 | 74.7063                                   | 4,482.3785                     |
| 61                                                             | 500.9437                            | 0.1442                 | 72.2442                                   | 4,406.8965                     |
| 62                                                             | 459.8516                            | 0.3805                 | 174.9933                                  | 10,849.5827                    |
| 63                                                             | 303.6564                            | 0.2386                 | 72.4572                                   | 4,564.8061                     |
| 64                                                             | 252.1217                            | 0.3383                 | 85.2980                                   | 5,459.0712                     |
| 65                                                             | 175.6341                            | 0.5933                 | 104.2099                                  | 6,773.6427                     |
| 66                                                             | 79.5497                             | 0.1976                 | 15.7158                                   | 1,037.2431                     |
| 67                                                             | 71.4024                             | 0.2000                 | 14.2805                                   | 956.7925                       |
| 68                                                             | 58.7110                             | 0.2000                 | 11.7422                                   | 798.4693                       |
| 69                                                             | 46.6193                             | 0.2000                 | 9.3239                                    | 643.3463                       |
| 70                                                             | 38.0043                             | 1.0000                 | 38.0043                                   | 2,660.3041                     |
| 71                                                             | 0.0000                              | 1.0000                 | 0.0000                                    | 0.0000                         |
| 72                                                             | 2.0000                              | 1.0000                 | 2.0000                                    | 144.0000                       |
| 73                                                             | 0.0000                              | 1.0000                 | 0.0000                                    | 0.0000                         |
| 74                                                             | 2.0000                              | 1.0000                 | 2.0000                                    | 148.0000                       |
| 75                                                             | 0.0000                              | 1.0000                 | 0.0000                                    | 0.0000                         |
| 76                                                             | 1.0000                              | 1.0000                 | <u>1.0000</u>                             | <u>76.0000</u>                 |
| <b>Total</b>                                                   |                                     |                        | <b>759.9795</b>                           | <b>47,683.7785</b>             |
| <b>Weighted Average Retirement Age = 47683.7785 / 759.9795</b> |                                     |                        |                                           | <b>62.74</b>                   |
| <b>Rounded Weighted Average Retirement Age</b>                 |                                     |                        |                                           | <b>63</b>                      |

**Note to Column 2:** The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

**Note to Column 3:** At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

**General note:** The table presents values rounded to fewer significant digits than used in the calculation.

# Schneider Electric USA, Inc. Coordinated Bargaining Employees' Pension Plan

EIN/PN: 36-2440683 / 203

## Schedule SB, Part V – Summary of Plan Provisions

### PARTICIPATION

Date of hire. Oxford employees hired on or after October 31, 2004 are not eligible. All other employees hired on or after October 3, 2011 are not eligible.

### BENEFITS

Effective December 31, 2015, accrued benefits are frozen for all participants based on benefit service and the benefit rate on that date or termination date if earlier.

#### Normal Retirement Benefit

Eligibility

Age 65 with 5 years of service.

Amount

Effective October 1, 2008, \$44 multiplied by years of benefit service for Non-Oxford employees hired before September 12, 2005; the rate increases to \$46 effective November 1, 2011.

Oxford employees and employees hired on or after September 12, 2005 are eligible for pension plan multipliers of \$41 and \$35, respectively; the rates increase to \$43 and \$37, respectively, effective November 1, 2011.

For participants in the Middletown and Milwaukee 68 Plans, the benefit is offset by the purchased annuity.

#### Early Retirement Benefit

Eligibility

Age 55 with 10 years of service.

Amount

Accrued benefit payable at normal retirement age. If payment commences prior to normal retirement age, amount is reduced  $\frac{1}{2}\%$  for each month prior to normal retirement age. If age plus service is at least 90, the benefit is the greater of the reduced early retirement benefit or the accrued benefit based on service limited to 30 years unreduced for early commencement.

#### Deferred Vested Benefit

Eligibility

5 years of service.

Amount

Accrued benefit payable at normal retirement age. If the participant has 10 years of service, a reduced benefit may commence as early as age 55. The reduction is  $\frac{1}{2}\%$  for each month prior to normal retirement age.

# Schneider Electric USA, Inc. Coordinated Bargaining Employees' Pension Plan

EIN/PN: 36-2440683 / 203

## Schedule SB, Part V – Summary of Plan Provisions (Continued)

### Disability Benefit

|             |                                                                                                                                                                                                  |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility | 10 years of service and totally and permanently disabled.                                                                                                                                        |
| Amount      | Accrued benefit payable immediately. If the participant is not eligible for Social Security benefits, an additional amount equal to the accrued benefit is payable until normal retirement date. |

### Surviving Family Term Benefit

|             |                                                                                    |
|-------------|------------------------------------------------------------------------------------|
| Eligibility | Death in active employment after completion of 10 years of service.                |
| Amount      | 50% of the accrued benefit unreduced for early retirement and payable for 5 years. |

### Spouse's Benefit

|             |                                                                                                                                                                                                                                                                                               |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility | Death after completion of 5 years of service.                                                                                                                                                                                                                                                 |
| Amount      | 50% of the accrued benefit had the participant elected a joint and 50% survivor annuity. If the participant had 10 years of service at death, payment may begin on the first day of the month the participant could have retired. The benefit is offset by any surviving family term benefit. |

### Normal Form

For unmarried participants, benefits are payable for life. For unmarried participants in the Cedar Rapids 20, Cedar Rapids 22, and Middletown unions, benefits are payable for 5 years certain and life. For married participants, an actuarially reduced benefit is payable, which provides 50% of the benefit payable to the spouse if the participant predeceases the spouse. Optional forms are available on an actuarial equivalent basis. For terminations on or after October 1, 2002, joint & survivor benefits provide a pop-up feature that is fully subsidized by the employer. In the event the retiree's beneficiary dies in the first five years of retirement, the retiree's benefit will increase, or pop up, to the life only benefit amount.

### Actuarial Equivalence

Annuity Options: 7.00% interest with the 76 PET – 96.45 Mortality Table, a table based on experience underlying the 1971 Group Annuity Mortality Table, without margins, with a projection of mortality improvements to 1976.

**Schneider Electric USA, Inc. Coordinated Bargaining Employees' Pension Plan**

**EIN / PN: 36-2440683 / 203**

**Schedule SB, Line 32 - Schedule of Amortization Bases**

| Type of Base | Present Value of<br>Remaining Installments<br>as of January 1, 2015 | Date Established | Remaining<br>Installments | Shortfall<br>Amortization<br>Installment |
|--------------|---------------------------------------------------------------------|------------------|---------------------------|------------------------------------------|
| Shortfall    | \$5,299,081                                                         | 1/1/2015         | 7                         | \$881,254                                |
| Shortfall    | (\$10,534,245)                                                      | 1/1/2014         | 6                         | (\$1,982,906)                            |
| Shortfall    | (\$2,999,501)                                                       | 1/1/2013         | 5                         | (\$656,470)                              |
| Shortfall    | (\$15,577,973)                                                      | 1/1/2012         | 4                         | (\$4,167,909)                            |
| Shortfall    | \$20,276,914                                                        | 1/1/2011         | 3                         | \$7,072,979                              |
| Shortfall    | \$16,228,543                                                        | 1/1/2010         | 2                         | \$8,301,353                              |

**Schneider Electric USA, Inc. Coordinated Bargaining Employees' Pension Plan**

**EIN/PN: 36-2440683 / 203**

**Schedule SB, Line 24 – Change in Actuarial Assumptions**

Assumed expenses were changed from \$1,464,556 to \$2,248,415 to better anticipate future plan experience.