

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2019</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div>
	☒ a single-employer plan <div style="margin-left: 100px;">☐ a DFE (specify) _____</div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ☒
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>KONE INC. EMPLOYEES' RETIREMENT PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>05/18/1962</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>KONE INC.</u> <u>4225 NAPERVILLE ROAD, SUITE 400</u> <u>LISLE, IL 60532</u>	2b	Employer Identification Number (EIN) <u>36-2357423</u>
		2c	Plan Sponsor's telephone number <u>630-955-4225</u>
		2d	Business code (see instructions) <u>333900</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2020	RANGARAJAN I. KRISHNAMURTHY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2020	RANGARAJAN I. KRISHNAMURTHY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 3277
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 1586 6a(2) 1593 6b 833 6c 745 6d 3171 6e 158 6f 3329 6g 6h 43
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 1B 3H 1C

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

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

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

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2019</u>	
2 Assets:	
a Market value	2a <u>153568478</u>
b Actuarial value	2b <u>159792315</u>
3 Funding target/participant count breakdown	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>955</u> <u>51302249</u> <u>51302249</u>
b For terminated vested participants.....	<u>736</u> <u>20988255</u> <u>20988255</u>
c For active participants	<u>1586</u> <u>63314111</u> <u>65679924</u>
d Total.....	<u>3277</u> <u>135604615</u> <u>137970428</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>5.63</u> %
6 Target normal cost.....	6 <u>7574464</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>09/21/2020</u>
	Signature of actuary	Date
<u>ALAN D. DANG</u>	Type or print name of actuary	<u>20-07076</u>
		Most recent enrollment number
<u>AON CONSULTING, INC.</u>	Firm name	<u>847-295-5000</u>
		Telephone number (including area code)
<u>4 OVERLOOK POINT</u> <u>LINCOLNSHIRE, IL 60069</u>	Address of the firm	

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

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

Schedule SB (Form 5500) 2019
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	8736994
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	8736994
10 Interest on line 9 using prior year's actual return of <u>-3.29</u> %	0	-287447
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		7649425
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.77</u> %		441371
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		8090796
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	8449547

Part III Funding Percentages

14 Funding target attainment percentage	14	109.69 %
15 Adjusted funding target attainment percentage	15	115.81 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	112.45 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2020	2759810				
07/14/2020	2759810				
09/14/2020	1420000				
Totals ▶			18(b)	6939620	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	6403532

20 Quarterly contributions and liquidity shortfalls:

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.74 %2nd segment:
5.35 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

64

23 Mortality table(s) (see instructions)☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29****30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) **31a** 7574464**b** Excess assets, if applicable, but not greater than line 31a **31b** 7574464**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 0 Installment 0**b** Waiver amortization installment 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 0**35** Balances elected for use to offset funding requirement Carryover balance 0 Prefunding balance 0 Total balance 0**36** Additional cash requirement (line 34 minus line 35) **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 6403532**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 6403532**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan KONE INC. EMPLOYEES' RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 KONE INC.	D Employer Identification Number (EIN) 36-2357423	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	502088	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON HEWITT INVESTMENT CONSULTING

36-3109431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	NONE	316423	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLS FARGO BANK, N.A.

41-6257133

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 64 65	NONE	149383	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PLANTE MORAN

38-1357951

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	14800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning **01/01/2019** and ending **12/31/2019**

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

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD PLUS BOND FUND		
b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT, INC.		
c EIN-PN 27-2436452-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10785881
a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL REAL ESTATE FUND		
b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT, INC.		
c EIN-PN 27-2436452-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5907008
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP EQUITY INDEX FUND		
b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT, INC.		
c EIN-PN 27-2436452-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15843148
a Name of MTIA, CCT, PSA, or 103-12 IE: LONG CREDIT BOND FUND		
b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT, INC.		
c EIN-PN 27-2436452-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3200785
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP EQUITY INDEX FUND		
b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT, INC.		
c EIN-PN 27-2436452-009	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4929104
a Name of MTIA, CCT, PSA, or 103-12 IE: NON-U.S. EQUITY INDEX FUND		
b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT, INC.		
c EIN-PN 27-2436452-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20503813
a Name of MTIA, CCT, PSA, or 103-12 IE: MID DURATION LONG CREDIT BOND FUND		
b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT, INC.		
c EIN-PN 27-2436452-013	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60361608

a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. LONG GOVERNMENT BOND INDEX FD

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT, INC.

c EIN-PN 27-2436452-015	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29842670
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA INT US GOV BD

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT, INC.

c EIN-PN 27-2436452-014	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16917717
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan KONE INC. EMPLOYEES' RETIREMENT PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 KONE INC.		D Employer Identification Number (EIN) 36-2357423

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	8335250	6939620
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	1907	601
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	2402997	1479802
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	143072778	168291734
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	153812932	176711757

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	153812932	176711757
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	6939620	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6939620
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	21735	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		21735
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		26638652
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		247
d Total income. Add all income amounts in column (b) and enter total	2d		33600254

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9737218	
(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)		9737218
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)	838222	
(2) Contract administrator fees	2i(2)	125989	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		964211
j Total expenses. Add all expense amounts in column (b) and enter total	2j		10701429

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		22898825
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: **PLANTE & MORAN, LLC**

(2) EIN: **38-1359951**

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4226882. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2019</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan KONE INC. EMPLOYEES' RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 KONE INC.		D Employer Identification Number (EIN) 36-2357423
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 41-6257133		
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 92
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, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2019 v. 190130		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current year **14a**

b The plan year immediately preceding the current plan year **14b**

c The second preceding plan year **14c**

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

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

b The corresponding number for the second preceding plan year **15b**

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

a Enter the number of employers who withdrew during the preceding plan year **16a**

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers **16b**

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

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

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

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

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

Stock: 24 % Investment-Grade Debt: 66 % High-Yield Debt: 7 % Real Estate: 2 % Other: 1 %

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

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

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

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

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

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

- b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

KONE Inc. Employees' Retirement Plan

Financial Report
December 31, 2019

KONE Inc. Employees' Retirement Plan

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Schedule of Reportable Transactions	Schedule II

Independent Auditor's Report

To the Retirement Committee
KONE Inc. Employees' Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of KONE Inc. Employees' Retirement Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2019 and 2018 and the related statement of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of December 31, 2018 and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, N.A. (the "Trustee"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes related transactions. The plan administrator has obtained certifications from the Trustee as of and for the years ended December 31, 2019 and 2018 that the information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of assets held at end of year as of December 31, 2019 and reportable transactions for the year ended December 31, 2019 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

To the Retirement Committee
KONE Inc. Employees' Retirement Plan

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

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

Plante & Moreau, PLLC

Schaumburg, Illinois
September 18, 2020

KONE Inc. Employees' Retirement Plan

Statement of Net Assets Available for Benefits

	December 31, 2019 and 2018	
	2019	2018
Assets		
Investments at fair value (Note 4)	\$ 169,771,536	\$ 145,475,775
Employer contributions receivable	6,939,620	8,335,250
Other	601	1,907
Net Assets Available for Benefits	\$ 176,711,757	\$ 153,812,932

KONE Inc. Employees' Retirement Plan

Statement of Changes in Net Assets Available for Benefits

Years Ended December 31, 2019 and 2018

	2019	2018
Additions to Net Assets		
Employer contributions	\$ 6,939,620	\$ 8,335,250
Investment income (loss):		
Interest and dividends	21,735	17,067
Net realized and unrealized gains (losses) on investments	26,638,899	(4,971,575)
Total investment income (loss)	26,660,634	(4,954,508)
Total additions to net assets	33,600,254	3,380,742
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	9,737,218	8,508,403
Administrative expenses	964,211	982,030
Total deductions from net assets	10,701,429	9,490,433
Net Increase (Decrease)	22,898,825	(6,109,691)
Net Assets Available for Benefits		
Beginning of year	153,812,932	159,922,623
End of year	<u><u>\$ 176,711,757</u></u>	<u><u>\$ 153,812,932</u></u>

KONE Inc. Employees' Retirement Plan

Statement of Accumulated Plan Benefits

December 31, 2018

Actuarial Present Value of Accumulated Plan Benefits

Vested benefits:

Participants currently receiving benefit payments

\$ 54,807,041

Other vested participants

104,851,753

Total vested benefits

159,658,794

Nonvested benefits

1,983,718

Total Actuarial Present Value of Accumulated Plan Benefits

\$ 161,642,512

KONE Inc. Employees' Retirement Plan

Statement of Changes in Accumulated Plan Benefits

Year Ended December 31, 2018

Actuarial Present Value of Accumulated Plan Benefits - Beginning of year	\$ 169,447,497
Increase (decrease) during the year attributable to:	
Benefits accumulated	8,896,385
Interest due to the decrease in the discount period	5,948,313
Benefits paid	(8,508,403)
Plan amendments	1,346
Changes in actuarial assumptions (Note 2)	<u>(14,142,626)</u>
Net decrease	<u>(7,804,985)</u>
Actuarial Present Value of Accumulated Plan Benefits - End of year	<u>\$ 161,642,512</u>

December 31, 2019 and 2018

Note 1 - Plan Description

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

General

The Plan is a defined benefit plan covering substantially all employees of KONE Inc. (the "Company"). The Plan is a combination of different locations and/or business units, and, therefore, requirements and benefits vary. The Plan provides benefits under two primary benefit formulas, a cash balance benefit formula that applies to nonunion employees and a factory retirement benefit formula that applies to employees covered by a collective bargaining agreement with District #6, Local Lodge 1191 of the International Association of Machinists and Aerospace Workers. The cash balance benefit formula was added to the Plan for non-union-eligible employees with one or more hours of service on or after January 1, 2015. The Plan also contains several legacy benefit formulas that apply to participants covered by plans that previously merged with and into the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility and Vesting

Eligible employees become participants in the Plan following completion of the service requirements described in the plan document. Participants with a cash balance benefit under the Plan become fully vested in their plan benefits after completing three years of service. All other participants become fully vested in their plan benefits after completing five years of service.

Pension Benefits

Cash Balance Benefits

A cash balance participant's benefit under the Plan is equal to the cash balance account maintained for the participant, reflecting an opening balance credit, pay credits, and interest credits. Each cash balance participant has an opening balance credit of \$0. For each plan year in which a cash balance participant earns one year of benefit service, a pay credit is credited to the cash balance participant's account. The pay credit is calculated based on the cash balance participant's eligible pay during the plan year multiplied by the applicable contribution percentage, which ranges from 4.0 percent to 6.5 percent depending on the participant's total years of benefit service as of the end of the plan year. As of the end of each plan year, an interest credit is applied to the cash balance participant's account. The interest credit is calculated based on the 30-year U.S. Treasury note rate.

Factory Retirement Benefits

A factory participant's benefit under the Plan is equal to his or her years of benefit service multiplied by the applicable dollar rate(s) that apply to such participant.

Legacy Retirement Benefits

Prior to January 1, 2015, participants (other than factory participants) earned benefits under one of the Plan's legacy benefit formulas described in the Plan. For salaried and clerical employees, that benefit generally equals the greater of (i) the participant's projected normal retirement benefit calculated as a percentage of the participant's average annual compensation for the five most highly compensated consecutive calendar years within the 10-year period preceding retirement or termination of service and (ii) the participant's years of benefit service at retirement by the applicable benefit rate in effect at termination. All other participants are entitled to annual pension benefits beginning at age 65 equal to the number of completed years of benefit service multiplied by the applicable rate in effect at the date of retirement.

December 31, 2019 and 2018**Note 1 - Plan Description (Continued)****Death Benefits**

For participants who commenced plan benefit payments prior to death, no death benefit is paid, unless the participant elected a payment method prior to death that continues payments after his or her death. Also, if a vested participant (other than a cash balance participant) dies before commencing his or her plan benefit and has no surviving spouse or domestic partner at the time of his or her death, then no death benefit is paid.

However, if a vested participant (other than a cash balance participant) dies prior to commencing his or her plan benefit and is survived by a spouse or domestic partner, then a death benefit is paid. In such case, the death benefit payable to the surviving spouse or domestic partner generally equals the survivor benefit under the 50 percent joint and survivor annuity payment form, or equals the 66-2/3 percent joint and survivor annuity payment form for participants who die after their normal retirement age.

Upon the death of a vested cash balance participant before commencing plan benefits, the participant's surviving spouse, domestic partner, or beneficiary, as applicable, will receive 100 percent of the participant's cash balance account payable either in a lump sum or single life annuity.

Funding

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

Contributions

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

Party-in-interest Transactions

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

Note 2 - Summary of Significant Accounting Policies**Investment Valuation and Income Recognition**

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

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

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

Various administrative costs are paid by the Company.

December 31, 2019 and 2018**Note 2 - Summary of Significant Accounting Policies (Continued)*****Actuarial Present Value of Accumulated Plan Benefits***

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

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

Actuarial Assumptions

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

The significant actuarial assumptions used in the valuation of the Plan as of December 31, 2018 are summarized as follows:

Actuarial cost method	Projected unit credit cost method
Retirement age	Rates graded by age, ranging from 55 to 70+
Mortality basis	Pri-2012 mortality study projected generationally from 2012 with Scale MP-2019 - 2018
	RP-2006 fully generational table with scale MP-2018 mortality improvement - 2017
Salary increases	4.0 percent increase per annum
Discount rate	4.26 percent per annum - 2018
	3.60 percent per annum - 2017

The decrease of approximately \$14.1 million of accumulated plan benefits primarily resulted from assumption changes related to a change in the discount rate and the use of an updated base mortality table and mortality projection scale.

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

Risks and Uncertainties

Contributions to the Plan and the accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. It is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the financial statements.

December 31, 2019 and 2018

Note 2 - Summary of Significant Accounting Policies (Continued)

Use of Estimates

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

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including September 18, 2020, which is the date the financial statements were available to be issued.

Note 3 - Unaudited Information

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

Note 4 - Fair Value Measurements

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

Level 1

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

Level 2

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

Level 3

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

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

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

Money Market Fund

The money market fund is valued at quoted prices reported in active markets.

December 31, 2019 and 2018
Note 4 - Fair Value Measurements (Continued)
Common/Collective Trust Funds

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

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2019 and 2018:

		Assets Measured at Fair Value on a Recurring Basis at December 31, 2019	
		Investments (at Fair Value)	Level 1
Money market fund		\$ 1,479,802	\$ 1,479,802
Investments measured at NAV - Common/collective trust funds		<u>168,291,734</u>	
Total investments at fair value		<u>\$ 169,771,536</u>	
		Assets Measured at Fair Value on a Recurring Basis at December 31, 2018	
		Investments (at Fair Value)	Level 1
Money market fund		\$ 2,402,997	\$ 2,402,997
Investments measured at NAV - Common/collective trust funds		<u>143,072,778</u>	
Total investments at fair value		<u>\$ 145,475,775</u>	

There were no unfunded commitments or redemption restrictions on the common/collective trust funds described above.

Note 5 - Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated June 27, 2014 indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. The Plan has also filed for a new determination letter from the Internal Revenue Service on August 31, 2020.

Note 6 - Plan Termination

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

STATEMENT OF ASSETS AND LIABILITIES
AS OF DECEMBER 31, 2019

KONE INC. DB CASH AND HEK FUNDS
ACCOUNT NUMBER 8001081

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
<u>CASH EQUIVALENTS</u>					
OTHER CASH EQUIVALENTS					
NON-PROPRIETARY CASH SWEEP					
1,479,802.080	WELLS FARGO BANK COLLATERALIZED INSTITUTIONAL BANK DEPOSIT ACCOUNT 992995936	1,479,802.08 100.0000	1,479,802.08 100.0000	0.00	600.96
	TOTAL NON-PROPRIETARY CASH SWEEP	1,479,802.08	1,479,802.08	0.00	600.96
	TOTAL OTHER CASH EQUIVALENTS	1,479,802.08	1,479,802.08	0.00	600.96
	TOTAL CASH EQUIVALENTS	1,479,802.08	1,479,802.08	0.00	600.96
<u>POOLED, COMMON AND COLLECTIVE FUNDS</u>					
POOLED FUNDS					
1,439,002.516	AON HEWITT GROUP TRUST NON-U.S. EQUITY INDEX FUND MS6595537	16,302,427.41 11.3290	20,503,812.98 14.2486	4,201,385.57	0.00
268,910.418	AON HEWITT GROUP TRUST GLOBAL REAL ESTATE FUND MS6556976	4,349,935.97 16.1762	5,907,007.79 21.9665	1,557,071.82	0.00
636,596.731	AON HEWITT GROUP TRUST HIGH YIELD BOND FUND MS6595586	8,807,044.56 13.8346	10,785,881.33 16.9430	1,978,836.77	0.00
172,129.394	AGT SMC PASSIVE EQTY MS4158015	3,561,671.15 20.6918	4,929,103.52 28.6360	1,367,432.37	0.00

STATEMENT OF ASSETS AND LIABILITIES
AS OF DECEMBER 31, 2019

KONE INC. DB CASH AND HEK FUNDS
ACCOUNT NUMBER 8001081

PAR VALUE/SHARES	DESCRIPTION	COST VALUE / UNIT COST	MARKET VALUE / UNIT PRICE	UNREALIZED GAIN/LOSS	ACCRUED INCOME
145,677.113	AON HEWITT GROUP TRUST LONG CREDIT BOND FUND MS6595602	2,645,688.00 18.1613	3,200,785.19 21.9718	555,097.19	0.00
445,493.938	AON HEWITT GROUP TRUST LARGE CAP EQUITY INDEX FUND MS6557024	9,076,545.87 20.3741	15,843,148.14 35.5631	6,766,602.27	0.00
1,593,119.387	AHGT SSGA INT US GOV BD IRT MIRRORED HOLDING 008995268	16,900,000.00 10.6081	16,917,717.12 10.6192	17,717.12	0.00
2,584,466.329	AHGT US LG GOV BD IRT MIRRORED HOLDING IRT MIRRORED HOLDING 108993270	25,685,917.69 9.9386	29,842,669.88 11.5469	4,156,752.19	0.00
4,501,394.261	AON MID LOC MS2699325	54,594,309.48 12.1283	60,361,608.39 13.4095	5,767,298.91	0.00
TOTAL POOLED FUNDS		141,923,540.13	168,291,734.34	26,368,194.21	0.00
TOTAL POOLED, COMMON AND COLLECTIVE FUNDS		141,923,540.13	168,291,734.34	26,368,194.21	0.00
TOTAL ASSETS AND LIABILITIES		143,403,342.21	169,771,536.42	26,368,194.21	600.96
ACCRUED INCOME		600.96	600.96		
TOTAL ACCOUNT		143,403,943.17	169,772,137.38	26,368,194.21	

**REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE
FOR THE PERIOD JANUARY 1, 2019 THROUGH DECEMBER 31, 2019**

**KONE INC. DB CASH AND HEK FUNDS
ACCOUNT NUMBER 8001081**

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
	BEGINNING MARKET VALUE		145,477,681.50			
	COMPARATIVE VALUE (5%)		7,273,884.07			
	-----		-----			
ISSUE: MS2699325 - AON MID LOC						
04/01/19 B	1,293,028	12.297	\$15900000	15,900,000-*	15,900,000	
ISSUE: MS2699325 - AON MID LOC						
04/16/19 S	683,458	12.437	0	8,500,000 *	8,155,173	344,827
ISSUE: MS2699325 - AON MID LOC						
05/31/19 B	1,073,716	12.387	\$13300000	13,300,000-*	13,300,000	
ISSUE: MS2699325 - AON MID LOC						
06/28/19 B	846,909	12.398	\$10500000	10,500,000-*	10,500,000	
ISSUE: MS6595602 - AGT US LNG FI ACT CR						
01/01/19 S	420,370	17.841	0	7,500,000 *	7,402,752	97,248
ISSUE: MS6595602 - AGT US LNG FI ACT CR						
04/01/19 S	919,651	19.029	0	17,500,000 *	16,296,989	1,203,011
ISSUE: MS6595602 - AGT US LNG FI ACT CR						
04/16/19 B	443,026	19.186	8,500,000	8,500,000-*	8,500,000	
ISSUE: MS6595602 - AGT US LNG FI ACT CR						
05/31/19 S	723,275	19.356	0	14,000,000 *	13,135,629	864,371
ISSUE: MS6595602 - AGT US LNG FI ACT CR						
06/28/19 S	604,941	19.837	0	12,000,000 *	10,986,527	1,013,473
ISSUE: 008995268 - AHGT SSGA INT US GOV BD						
08/06/19 B	1,037,960	10.598	\$11000000	11,000,000-*	11,000,000	
ISSUE: 108993270 - AHGT US LG GOV BD						
08/06/19 S	1,023,943	11.719	0	12,000,000 *	10,046,890	1,953,110
GRAND TOTAL			\$59200000	130,700,000	125,223,960	5,476,042

F O O T N O T E S

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

**REPORTABLE TRANSACTIONS - SERIES / BY BROKER
FOR THE PERIOD JANUARY 1, 2019 THROUGH DECEMBER 31, 2019**
**KONE INC. DB CASH AND HEK FUNDS
ACCOUNT NUMBER 8001081**

SERIES / BYBROKER						
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
BEGINNING MARKET VALUE		145,477,681.50				
COMPARATIVE VALUE (5%)		7,273,884.07				

BROKER: MISCELLANEOUS						
ISSUE: MS6595602 - AGT US LNG FI ACT CR						
01/01/19 S	420,370	17.841	0	7,500,000 *	7,402,752	97,248
ISSUE: MS6557024 - AGT US PASSIVE EQTY						
01/01/19 B	14,536	27.518	400,000	400,000-	400,000	
ISSUE: MS6595537 - AGT ACWI-EX US PASSIVE EQUITY						
01/07/19 B	83,904	11.918	1,000,000	1,000,000-	1,000,000	
ISSUE: MS4158015 - AGT SMC PASSIVE EQTY						
01/07/19 B	4,204	23.786	100,000	100,000-	100,000	
ISSUE: MS2699325 - AON MID LOC						
01/07/19 B	468,884	11.730	5,500,000	5,500,000-	5,500,000	
ISSUE: MS6595602 - AGT US LNG FI ACT CR						
03/12/19 B	243,267	18.498	4,500,000	4,500,000-	4,500,000	
ISSUE: MS4158015 - AGT SMC PASSIVE EQTY						
03/12/19 S	26,648	26.268	0	700,000	524,580	175,420
ISSUE: MS2699325 - AON MID LOC						
03/12/19 S	371,240	12.122	0	4,500,000	4,340,957	159,043
ISSUE: MS6557024 - AGT US PASSIVE EQTY						
03/12/19 S	20,893	30.154	0	630,000	409,417	220,583
ISSUE: MS6595537 - AGT ACWI-EX US PASSIVE EQUITY						
04/01/19 B	42,118	13.058	550,000	550,000-	550,000	
ISSUE: MS6595602 - AGT US LNG FI ACT CR						
04/01/19 S	919,651	19.029	0	17,500,000 *	16,296,989	1,203,011
ISSUE: MS2699325 - AON MID LOC						
04/01/19 B	1,293,028	12.297	\$15900000	15,900,000-*	15,900,000	
ISSUE: MS6595602 - AGT US LNG FI ACT CR						
04/16/19 B	443,026	19.186	8,500,000	8,500,000-*	8,500,000	
ISSUE: MS2699325 - AON MID LOC						
04/16/19 S	683,458	12.437	0	8,500,000 *	8,155,173	344,827
ISSUE: 108993270 - AHGT US LG GOV BD						
04/18/19 B	194,270	10.295	2,000,000	2,000,000-	2,000,000	
ISSUE: MS6595602 - AGT US LNG FI ACT CR						
05/31/19 S	723,275	19.356	0	14,000,000 *	13,135,629	864,371
ISSUE: MS2699325 - AON MID LOC						
05/31/19 B	1,073,716	12.387	\$13300000	13,300,000-*	13,300,000	

**REPORTABLE TRANSACTIONS - SERIES / BY BROKER
FOR THE PERIOD JANUARY 1, 2019 THROUGH DECEMBER 31, 2019**
**KONE INC. DB CASH AND HEK FUNDS
ACCOUNT NUMBER 8001081**

SERIES / BY BROKER						
DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
ISSUE: MS6557024 - AGT US PASSIVE EQTY						
06/03/19 B	12,053	29.869	360,000	360,000-	360,000	
ISSUE: MS6595537 - AGT ACWI-EX US PASSIVE EQUITY						
06/28/19 B	43,539	12.633	550,000	550,000-	550,000	
ISSUE: MS6595602 - AGT US LNG FI ACT CR						
06/28/19 S	604,941	19.837	0	12,000,000 *	10,986,527	1,013,473
ISSUE: MS2699325 - AON MID LOC						
06/28/19 B	846,909	12.398	\$10500000	10,500,000-*	10,500,000	
ISSUE: MS6595537 - AGT ACWI-EX US PASSIVE EQUITY						
07/18/19 S	18,869	13.249	0	250,000	213,146	36,854
ISSUE: 108993270 - AHGT US LG GOV BD						
07/18/19 B	180,186	11.100	2,000,000	2,000,000-	2,000,000	
ISSUE: MS6557024 - AGT US PASSIVE EQTY						
07/18/19 S	15,303	32.673	0	500,000	303,959	196,041
ISSUE: 008995268 - AHGT SSGA INT US GOV BD						
08/06/19 B	1,037,960	10.598	\$11000000	11,000,000-*	11,000,000	
ISSUE: 108993270 - AHGT US LG GOV BD						
08/06/19 S	1,023,943	11.719	0	12,000,000 *	10,046,890	1,953,110
ISSUE: 008995268 - AHGT SSGA INT US GOV BD						
08/12/19 B	479,953	10.626	5,100,000	5,100,000-	5,100,000	
ISSUE: MS6595537 - AGT ACWI-EX US PASSIVE EQUITY						
08/12/19 B	39,821	12.556	500,000	500,000-	500,000	
ISSUE: MS4158015 - AGT SMC PASSIVE EQTY						
08/12/19 B	5,883	25.497	150,000	150,000-	150,000	
ISSUE: 108993270 - AHGT US LG GOV BD						
08/12/19 S	565,386	12.027	0	6,800,000	5,547,548	1,252,452
ISSUE: MS6556976 - AGT GLOBAL REAL ESTATE FD						
08/12/19 B	18,836	21.235	400,000	400,000-	400,000	
ISSUE: MS6557024 - AGT US PASSIVE EQTY						
08/12/19 B	20,642	31.489	650,000	650,000-	650,000	
ISSUE: 108993270 - AHGT US LG GOV BD						
09/18/19 B	169,612	11.792	2,000,000	2,000,000-	2,000,000	
ISSUE: MS6557024 - AGT US PASSIVE EQTY						
09/18/19 S	10,632	32.920	0	350,000	216,616	133,384
ISSUE: 008995268 - AHGT SSGA INT US GOV BD						
11/20/19 B	75,206	10.637	800,000	800,000-	800,000	
ISSUE: MS4158015 - AGT SMC PASSIVE EQTY						
11/20/19 B	18,337	27.267	500,000	500,000-	500,000	
ISSUE: 108993270 - AHGT US LG GOV BD						
11/20/19 S	67,367	11.875	0	800,000	669,534	130,466
ISSUE: MS6557024 - AGT US PASSIVE EQTY						
11/20/19 S	13,179	34.144	0	450,000	268,518	181,482
ISSUE: MS6595537 - AGT ACWI-EX US PASSIVE EQUITY						
11/30/19 S	87,789	13.669	0	1,200,000	994,558	205,442

REPORTABLE TRANSACTIONS - SERIES / BY BROKER
FOR THE PERIOD JANUARY 1, 2019 THROUGH DECEMBER 31, 2019

KONE INC. DB CASH AND HEK FUNDS
ACCOUNT NUMBER 8001081

SERIES / BY BROKER						
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
	SUB-TOTAL		\$86260000	173,940,000	165,772,793	8,167,208
	GRAND TOTAL		\$86260000	173,940,000	165,772,793	8,167,208

F O O T N O T E S

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

**REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2019 THROUGH DECEMBER 31, 2019**
**KONE INC. DB CASH AND HEK FUNDS
ACCOUNT NUMBER 8001081**

SERIES / BY ISSUE						
DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
-----		-----	-----	-----	-----	-----
BEGINNING MARKET VALUE			145,477,681.50			
COMPARATIVE VALUE (5%)			7,273,884.07			
-----			-----			
ISSUE: MS2699325 - AON MID LOC						
01/07/19 B	468,884	11.730	5,500,000	5,500,000-	5,500,000	
04/01/19 B	1,293,028	12.297	\$15900000	15,900,000-*	15,900,000	
05/31/19 B	1,073,716	12.387	\$13300000	13,300,000-*	13,300,000	
06/28/19 B	846,909	12.398	\$10500000	10,500,000-*	10,500,000	
SUB-TOTAL OF BUYS # 4			\$45200000	45,200,000	45,200,000	
			-----	-----	-----	
03/12/19 S	371,240	12.122	0	4,500,000	4,340,957	159,043
04/16/19 S	683,458	12.437	0	8,500,000 *	8,155,173	344,827
SUB-TOTAL OF SALES # 2			0	13,000,000	12,496,130	503,870
			-----	-----	-----	-----
SUB-TOTAL			\$45200000	58,200,000	57,696,130	503,870
			-----	-----	-----	-----
ISSUE: MS6595602 - AGT US LNG FI ACT CR						
03/12/19 B	243,267	18.498	4,500,000	4,500,000-	4,500,000	
04/16/19 B	443,026	19.186	8,500,000	8,500,000-*	8,500,000	
SUB-TOTAL OF BUYS # 2			\$13000000	13,000,000	13,000,000	
			-----	-----	-----	
01/01/19 S	420,370	17.841	0	7,500,000 *	7,402,752	97,248
04/01/19 S	919,651	19.029	0	17,500,000 *	16,296,989	1,203,011
05/31/19 S	723,275	19.356	0	14,000,000 *	13,135,629	864,371
06/28/19 S	604,941	19.837	0	12,000,000 *	10,986,527	1,013,473
SUB-TOTAL OF SALES # 4			0	51,000,000	47,821,897	3,178,104
			-----	-----	-----	-----
SUB-TOTAL			\$13000000	64,000,000	60,821,897	3,178,104
			-----	-----	-----	-----
ISSUE: 008995268 - AHGT SSGA INT US GOV BD						
08/06/19 B	1,037,960	10.598	\$11000000	11,000,000-*	11,000,000	

**REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2019 THROUGH DECEMBER 31, 2019**
**KONE INC. DB CASH AND HEK FUNDS
ACCOUNT NUMBER 8001081**

SERIES / BY ISSUE						
DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/12/19 B	479,953	10.626	5,100,000	5,100,000-	5,100,000	
11/20/19 B	75,206	10.637	800,000	800,000-	800,000	
SUB-TOTAL OF BUYS # 3			\$16900000	16,900,000	16,900,000	
SUB-TOTAL			\$16900000	16,900,000	16,900,000	0
ISSUE: 108993270 - AHGT US LG GOV BD						
04/18/19 B	194,270	10.295	2,000,000	2,000,000-	2,000,000	
07/18/19 B	180,186	11.100	2,000,000	2,000,000-	2,000,000	
09/18/19 B	169,612	11.792	2,000,000	2,000,000-	2,000,000	
SUB-TOTAL OF BUYS # 3			6,000,000	6,000,000	6,000,000	
08/06/19 S	1,023,943	11.719	0	12,000,000 *	10,046,890	1,953,110
08/12/19 S	565,386	12.027	0	6,800,000	5,547,548	1,252,452
11/20/19 S	67,367	11.875	0	800,000	669,534	130,466
SUB-TOTAL OF SALES # 3			0	19,600,000	16,263,972	3,336,028
SUB-TOTAL			6,000,000	25,600,000	22,263,972	3,336,028
ISSUE: 992995936 - WFB COLLATERALIZED INST BANK DEP A/C						
01/08/19 B	500,000	1.000	0	500,000-	500,000	
01/18/19 B	81	1.000	0	81-	81	
01/25/19 B	288	1.000	0	288-	288	
02/15/19 B	1,228	1.000	0	1,228-	1,228	
02/28/19 B	412	1.000	0	412-	412	
03/08/19 B	214	1.000	0	214-	214	
03/11/19 B	34	1.000	0	34-	34	
03/12/19 B	1,234,547	1.000	0	1,234,547-	1,234,547	
03/19/19 B	58	1.000	0	58-	58	
03/29/19 B	4,741	1.000	0	4,741-	4,741	
04/02/19 B	1,045,259	1.000	0	1,045,259-	1,045,259	
04/12/19 B	2,320,188	1.000	0	2,320,188-	2,320,188	
04/29/19 B	2,476	1.000	0	2,476-	2,476	
05/03/19 B	230	1.000	0	230-	230	
05/21/19 B	619,288	1.000	0	619,288-	619,288	
05/29/19 B	230	1.000	0	230-	230	
06/04/19 B	562,188	1.000	0	562,188-	562,188	

**REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2019 THROUGH DECEMBER 31, 2019**
**KONE INC. DB CASH AND HEK FUNDS
ACCOUNT NUMBER 8001081**

SERIES / BY ISSUE						
DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
-----	-----	-----	-----	-----	-----	-----
06/19/19 B	9,829	1.000	0	9,829-	9,829	
06/28/19 B	196	1.000	0	196-	196	
07/12/19 B	2,326,625	1.000	0	2,326,625-	2,326,625	
07/31/19 B	351	1.000	0	351-	351	
08/07/19 B	995,087	1.000	0	995,087-	995,087	
08/30/19 B	351	1.000	0	351-	351	
09/12/19 B	3,682,000	1.000	0	3,682,000-	3,682,000	
09/13/19 B	23,394	1.000	0	23,394-	23,394	
09/17/19 B	2,448	1.000	0	2,448-	2,448	
09/26/19 B	42	1.000	0	42-	42	
10/02/19 B	232	1.000	0	232-	232	
10/16/19 B	36	1.000	0	36-	36	
11/07/19 B	218	1.000	0	218-	218	
11/14/19 B	37,050	1.000	0	37,050-	37,050	
11/21/19 B	1,133,500	1.000	0	1,133,500-	1,133,500	
11/26/19 B	37,050	1.000	0	37,050-	37,050	
12/09/19 B	636	1.000	0	636-	636	
12/19/19 B	229	1.000	0	229-	229	
12/31/19 B	124	1.000	0	124-	124	
SUB-TOTAL OF BUYS # 36			0	14,540,860	14,540,860	
01/02/19 S	455,676	1.000	0	455,676	455,676	0
01/09/19 S	77,803	1.000	0	77,803	77,803	0
01/10/19 S	626	1.000	0	626	626	0
01/14/19 S	11,251	1.000	0	11,251	11,251	0
01/15/19 S	1,579	1.000	0	1,579	1,579	0
01/23/19 S	81	1.000	0	81	81	0
02/01/19 S	520,424	1.000	0	520,424	520,424	0
02/04/19 S	4,540	1.000	0	4,540	4,540	0
02/12/19 S	46,069	1.000	0	46,069	46,069	0
02/19/19 S	217,389	1.000	0	217,389	217,389	0
02/21/19 S	1,403	1.000	0	1,403	1,403	0
02/22/19 S	118,730	1.000	0	118,730	118,730	0
02/25/19 S	66,559	1.000	0	66,559	66,559	0
03/01/19 S	577,736	1.000	0	577,736	577,736	0
03/04/19 S	110	1.000	0	110	110	0
03/15/19 S	18,020	1.000	0	18,020	18,020	0
03/22/19 S	7,813	1.000	0	7,813	7,813	0
03/26/19 S	73,461	1.000	0	73,461	73,461	0
04/01/19 S	429,430	1.000	0	429,430	429,430	0
04/10/19 S	52,961	1.000	0	52,961	52,961	0
04/11/19 S	106	1.000	0	106	106	0
04/17/19 S	3,420	1.000	0	3,420	3,420	0

**REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2019 THROUGH DECEMBER 31, 2019**
**KONE INC. DB CASH AND HEK FUNDS
ACCOUNT NUMBER 8001081**

SERIES / BY ISSUE						
DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/18/19 S	352,285	1.000	0	352,285	352,285	0
04/22/19 S	2,002,331	1.000	0	2,002,331	2,002,331	0
04/23/19 S	14,138	1.000	0	14,138	14,138	0
04/30/19 S	10,212	1.000	0	10,212	10,212	0
05/01/19 S	512,801	1.000	0	512,801	512,801	0
05/02/19 S	7,228	1.000	0	7,228	7,228	0
05/06/19 S	223,624	1.000	0	223,624	223,624	0
05/07/19 S	2,250	1.000	0	2,250	2,250	0
05/13/19 S	9,683	1.000	0	9,683	9,683	0
05/16/19 S	1,604	1.000	0	1,604	1,604	0
05/17/19 S	130	1.000	0	130	130	0
05/22/19 S	273,922	1.000	0	273,922	273,922	0
05/23/19 S	1,800	1.000	0	1,800	1,800	0
05/24/19 S	447	1.000	0	447	447	0
05/31/19 S	230	1.000	0	230	230	0
06/03/19 S	494,651	1.000	0	494,651	494,651	0
06/05/19 S	7,963	1.000	0	7,963	7,963	0
06/06/19 S	25,702	1.000	0	25,702	25,702	0
06/14/19 S	1,316	1.000	0	1,316	1,316	0
06/21/19 S	9,733	1.000	0	9,733	9,733	0
06/25/19 S	8,878	1.000	0	8,878	8,878	0
06/26/19 S	23,145	1.000	0	23,145	23,145	0
07/01/19 S	433,247	1.000	0	433,247	433,247	0
07/05/19 S	167,725	1.000	0	167,725	167,725	0
07/08/19 S	157	1.000	0	157	157	0
07/10/19 S	20,527	1.000	0	20,527	20,527	0
07/17/19 S	230	1.000	0	230	230	0
07/18/19 S	261,023	1.000	0	261,023	261,023	0
07/19/19 S	1,250,000	1.000	0	1,250,000	1,250,000	0
08/01/19 S	499,142	1.000	0	499,142	499,142	0
08/06/19 S	39,714	1.000	0	39,714	39,714	0
08/08/19 S	1,000	1.000	0	1,000	1,000	0
08/09/19 S	44	1.000	0	44	44	0
08/15/19 S	17,443	1.000	0	17,443	17,443	0
08/20/19 S	596,277	1.000	0	596,277	596,277	0
08/21/19 S	10,613	1.000	0	10,613	10,613	0
08/22/19 S	30,069	1.000	0	30,069	30,069	0
08/23/19 S	397,429	1.000	0	397,429	397,429	0
08/26/19 S	468	1.000	0	468	468	0
08/28/19 S	13,770	1.000	0	13,770	13,770	0
09/03/19 S	512,862	1.000	0	512,862	512,862	0
09/04/19 S	107,279	1.000	0	107,279	107,279	0
09/05/19 S	13,292	1.000	0	13,292	13,292	0
09/06/19 S	133,716	1.000	0	133,716	133,716	0

**REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2019 THROUGH DECEMBER 31, 2019**
**KONE INC. DB CASH AND HEK FUNDS
ACCOUNT NUMBER 8001081**

SERIES / BY ISSUE						
DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
-----	-----	-----	-----	-----	-----	-----
09/09/19 S	39,020	1.000	0	39,020	39,020	0
09/19/19 S	1,650,197	1.000	0	1,650,197	1,650,197	0
09/30/19 S	116	1.000	0	116	116	0
10/01/19 S	749,383	1.000	0	749,383	749,383	0
10/03/19 S	1,800	1.000	0	1,800	1,800	0
10/04/19 S	902	1.000	0	902	902	0
10/17/19 S	159,392	1.000	0	159,392	159,392	0
10/18/19 S	129	1.000	0	129	129	0
11/01/19 S	438,640	1.000	0	438,640	438,640	0
11/06/19 S	188,665	1.000	0	188,665	188,665	0
11/12/19 S	108,625	1.000	0	108,625	108,625	0
11/13/19 S	13,816	1.000	0	13,816	13,816	0
11/18/19 S	37,050	1.000	0	37,050	37,050	0
11/27/19 S	157,117	1.000	0	157,117	157,117	0
11/29/19 S	76,152	1.000	0	76,152	76,152	0
12/02/19 S	479,217	1.000	0	479,217	479,217	0
12/06/19 S	11,794	1.000	0	11,794	11,794	0
12/11/19 S	117,088	1.000	0	117,088	117,088	0
12/20/19 S	49,731	1.000	0	49,731	49,731	0
12/24/19 S	9,934	1.000	0	9,934	9,934	0
SUB-TOTAL OF SALES # 86			0	15,464,055	15,464,055	0
SUB-TOTAL			0	30,004,915	30,004,915	0
GRAND TOTAL		\$81100000		194,704,915	187,686,914	7,018,003

FOOTNOTES

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

**REPORTABLE TRANSACTIONS - SINGLE / BY BROKER
FOR THE PERIOD JANUARY 1, 2019 THROUGH DECEMBER 31, 2019**
**KONE INC. DB CASH AND HEK FUNDS
ACCOUNT NUMBER 8001081**

SINGLE / BY BROKER						
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
	BEGINNING MARKET VALUE		145,477,681.50			
	COMPARATIVE VALUE (5%)		7,273,884.07			
	-----		-----			
BROKER: MISCELLANEOUS						
ISSUE: MS6595602 - AGT US LNG FI ACT CR						
01/01/19 S	420,370	17.841	0	7,500,000 *	7,402,752	97,248
ISSUE: MS6557024 - AGT US PASSIVE EQTY						
01/01/19 B	14,536	27.518	400,000	400,000-	400,000	
ISSUE: MS6595537 - AGT ACWI-EX US PASSIVE EQUITY						
01/07/19 B	83,904	11.918	1,000,000	1,000,000-	1,000,000	
ISSUE: MS4158015 - AGT SMC PASSIVE EQTY						
01/07/19 B	4,204	23.786	100,000	100,000-	100,000	
ISSUE: MS2699325 - AON MID LOC						
01/07/19 B	468,884	11.730	5,500,000	5,500,000-	5,500,000	
ISSUE: MS6595602 - AGT US LNG FI ACT CR						
03/12/19 B	243,267	18.498	4,500,000	4,500,000-	4,500,000	
ISSUE: MS4158015 - AGT SMC PASSIVE EQTY						
03/12/19 S	26,648	26.268	0	700,000	524,580	175,420
ISSUE: MS2699325 - AON MID LOC						
03/12/19 S	371,240	12.122	0	4,500,000	4,340,957	159,043
ISSUE: MS6557024 - AGT US PASSIVE EQTY						
03/12/19 S	20,893	30.154	0	630,000	409,417	220,583
ISSUE: MS6595537 - AGT ACWI-EX US PASSIVE EQUITY						
04/01/19 B	42,118	13.058	550,000	550,000-	550,000	
ISSUE: MS6595602 - AGT US LNG FI ACT CR						
04/01/19 S	919,651	19.029	0	17,500,000 *	16,296,989	1,203,011
ISSUE: MS2699325 - AON MID LOC						
04/01/19 B	1,293,028	12.297	\$15900000	15,900,000-*	15,900,000	
ISSUE: MS6595602 - AGT US LNG FI ACT CR						
04/16/19 B	443,026	19.186	8,500,000	8,500,000-*	8,500,000	
ISSUE: MS2699325 - AON MID LOC						
04/16/19 S	683,458	12.437	0	8,500,000 *	8,155,173	344,827
ISSUE: 108993270 - AHGT US LG GOV BD						
04/18/19 B	194,270	10.295	2,000,000	2,000,000-	2,000,000	
ISSUE: MS6595602 - AGT US LNG FI ACT CR						
05/31/19 S	723,275	19.356	0	14,000,000 *	13,135,629	864,371
ISSUE: MS2699325 - AON MID LOC						
05/31/19 B	1,073,716	12.387	\$13300000	13,300,000-*	13,300,000	

**REPORTABLE TRANSACTIONS - SINGLE / BY BROKER
FOR THE PERIOD JANUARY 1, 2019 THROUGH DECEMBER 31, 2019**
**KONE INC. DB CASH AND HEK FUNDS
ACCOUNT NUMBER 8001081**
SINGLE / BY BROKER

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
06/03/19 B	ISSUE: MS6557024 - AGT US PASSIVE EQTY 12,053	29.869	360,000	360,000-	360,000	
06/28/19 B	ISSUE: MS6595537 - AGT ACWI-EX US PASSIVE EQUITY 43,539	12.633	550,000	550,000-	550,000	
06/28/19 S	ISSUE: MS6595602 - AGT US LNG FI ACT CR 604,941	19.837	0	12,000,000 *	10,986,527	1,013,473
06/28/19 B	ISSUE: MS2699325 - AON MID LOC 846,909	12.398	\$10500000	10,500,000-*	10,500,000	
07/18/19 S	ISSUE: MS6595537 - AGT ACWI-EX US PASSIVE EQUITY 18,869	13.249	0	250,000	213,146	36,854
07/18/19 B	ISSUE: 108993270 - AHGT US LG GOV BD 180,186	11.100	2,000,000	2,000,000-	2,000,000	
07/18/19 S	ISSUE: MS6557024 - AGT US PASSIVE EQTY 15,303	32.673	0	500,000	303,959	196,041
08/06/19 B	ISSUE: 008995268 - AHGT SSGA INT US GOV BD 1,037,960	10.598	\$11000000	11,000,000-*	11,000,000	
08/06/19 S	ISSUE: 108993270 - AHGT US LG GOV BD 1,023,943	11.719	0	12,000,000 *	10,046,890	1,953,110
08/12/19 B	ISSUE: 008995268 - AHGT SSGA INT US GOV BD 479,953	10.626	5,100,000	5,100,000-	5,100,000	
08/12/19 B	ISSUE: MS6595537 - AGT ACWI-EX US PASSIVE EQUITY 39,821	12.556	500,000	500,000-	500,000	
08/12/19 B	ISSUE: MS4158015 - AGT SMC PASSIVE EQTY 5,883	25.497	150,000	150,000-	150,000	
08/12/19 S	ISSUE: 108993270 - AHGT US LG GOV BD 565,386	12.027	0	6,800,000	5,547,548	1,252,452
08/12/19 B	ISSUE: MS6556976 - AGT GLOBAL REAL ESTATE FD 18,836	21.235	400,000	400,000-	400,000	
08/12/19 B	ISSUE: MS6557024 - AGT US PASSIVE EQTY 20,642	31.489	650,000	650,000-	650,000	
09/18/19 B	ISSUE: 108993270 - AHGT US LG GOV BD 169,612	11.792	2,000,000	2,000,000-	2,000,000	
09/18/19 S	ISSUE: MS6557024 - AGT US PASSIVE EQTY 10,632	32.920	0	350,000	216,616	133,384
11/20/19 B	ISSUE: 008995268 - AHGT SSGA INT US GOV BD 75,206	10.637	800,000	800,000-	800,000	
11/20/19 B	ISSUE: MS4158015 - AGT SMC PASSIVE EQTY 18,337	27.267	500,000	500,000-	500,000	
11/20/19 S	ISSUE: 108993270 - AHGT US LG GOV BD 67,367	11.875	0	800,000	669,534	130,466
11/20/19 S	ISSUE: MS6557024 - AGT US PASSIVE EQTY 13,179	34.144	0	450,000	268,518	181,482
11/30/19 S	ISSUE: MS6595537 - AGT ACWI-EX US PASSIVE EQUITY 87,789	13.669	0	1,200,000	994,558	205,442

**REPORTABLE TRANSACTIONS - SINGLE / BY BROKER
FOR THE PERIOD JANUARY 1, 2019 THROUGH DECEMBER 31, 2019**

**KONE INC. DB CASH AND HEK FUNDS
ACCOUNT NUMBER 8001081**

SINGLE / BY BROKER						
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
	SUB-TOTAL		\$86260000	173,940,000	165,772,793	8,167,208
	GRAND TOTAL		\$86260000	173,940,000	165,772,793	8,167,208

F O O T N O T E S

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

Plan Name	KONE Inc. Employees' Retirement Plan
Plan Sponsor EIN	36-2357423
ERISA Plan #	001
Plan Year Ending	December 31, 2019

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

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

Plan Name	KONE Inc. Employees' Retirement Plan
Plan Sponsor EIN	36-2357423
ERISA Plan #	001
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5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant contributions	

Plan Name	KONE Inc. Employees' Retirement Plan
Plan Sponsor EIN	36-2357423
ERISA Plan #	001
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5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant contributions	

Schedule SB Attachment (Form 5500)—2019 Plan Year
KONE Inc. Employees' Retirement Plan
EIN: 36-2357423 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2019

Date	Amount	Days to Discount to 1/1/2019 at 5.63%	Interest Adjusted Contribution
April 14, 2020	\$ 2,759,810	469	\$ 2,572,366
July 14, 2020	2,759,810	560	2,537,572
September 14, 2020	1,420,000	622	1,293,594
Total Contribution	\$ 6,939,620		\$ 6,403,532

Schedule SB Attachment (Form 5500)—2019 Plan Year
KONE Inc. Employees' Retirement Plan
EIN: 36-2357423 PN: 001

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

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	5.00%	0.7738	2.34
61.5	5.00%	0.7351	2.26
62.5	10.00%	0.6983	4.36
63.5	20.00%	0.6285	7.98
64.5	5.00%	0.5028	1.62
65.5	25.00%	0.4777	7.82
66.5	25.00%	0.3582	5.96
67.5	25.00%	0.2687	4.53
68.5	25.00%	0.2015	3.45
69.5	25.00%	0.1511	2.63
70	100.00%	0.1134	7.93
Weighted Average			63.86

Schedule SB Attachment (Form 5500)—2019 Plan Year
KONE Inc. Employees' Retirement Plan
EIN: 36-2357423 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2018), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	3.74%
2nd Segment Rate	5.35%
3rd Segment Rate	6.11%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2018), without regard to interest rate stabilization
1st Segment Rate	2.28%
2nd Segment Rate	3.81%
3rd Segment Rate	4.46%
Salary Increases	
Minimum Funding Target Normal Cost	4.00%
Maximum Tax Expected Benefit Increase	4.00%
Cash Balance Interest Crediting Rate	3.50%
Cash Balance Annuity Conversion Rate	Same as funding interest rates above
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 3.5% per year.
Optional Payment Form Election Percentage	Office and McKinney 60% elect a lumpsum 24% elect single life annuity 10% elect a 50% joint and survivor annuity 4% elect a 100% joint and survivor annuity 1% elect a 66-2/3% joint and survivor annuity 1% elect a 75% joint and survivor annuity Factory 60% elect single life annuity 25% elect a 50% joint and survivor annuity 10% elect a 100% joint and survivor annuity 2% elect a 66-2/3% joint and survivor annuity 3% elect a 75% joint and survivor annuity

Schedule SB Attachment (Form 5500)—2019 Plan Year
KONE Inc. Employees' Retirement Plan
EIN: 36-2357423 PN: 001

Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums and actuarial equivalence for annuity payment forms.
Optional Payment Form Conversion Mortality	Current IRC section 417(e) table for lump sums and actuarial equivalence for annuity payment forms.
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 63
Mortality Rates	
Healthy and Disabled	2019 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$225,000 and the IRC section 401(a)(17) compensation limit of \$280,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>

Schedule SB Attachment (Form 5500)—2019 Plan Year
KONE Inc. Employees' Retirement Plan
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Expected Return on Assets

2017 Plan Year	6.48% (third segment rate for 2017)
2018 Plan Year	6.29% (third segment rate for 2018)
2019 Plan Year	6.11% (third segment rate for 2019)

Trust Expenses Included in Target Normal Cost	\$1,243,000. Based on expected plan administrative expenses plus PBGC premium, rounded to the nearest \$1,000
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Actuarial Method	Standard unit credit cost method
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Valuation Date	January 1, 2019
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Schedule SB Attachment (Form 5500)—2019 Plan Year
KONE Inc. Employees' Retirement Plan
EIN: 36-2357423 PN: 001

Table 1

Retirement Rates

<u>Age</u>	<u>Rate</u>
55	5.000%
56	5.000%
57	5.000%
58	5.000%
59	5.000%
60	5.000%
61	5.000%
62	10.000%
63	20.000%
64	5.000%
65	25.000%
66	25.000%
67	25.000%
68	25.000%
69	25.000%
70+	100.000%

Schedule SB Attachment (Form 5500)—2019 Plan Year
KONE Inc. Employees' Retirement Plan
EIN: 36-2357423 PN: 001

Table 2—Page 1 of 2

Withdrawal Rates

Age	Years of Service				
	0–1	2	3	4	5+
15	23.400%	19.500%	15.600%	11.700%	27.690%
16	23.400%	19.500%	15.600%	11.700%	27.690%
17	23.400%	19.500%	15.600%	11.700%	27.690%
18	23.400%	19.500%	15.600%	11.700%	27.690%
19	23.400%	19.500%	15.600%	11.700%	27.690%
20	23.400%	19.500%	15.600%	11.700%	27.690%
21	23.400%	19.500%	15.600%	11.700%	27.690%
22	23.400%	19.500%	15.600%	11.700%	26.130%
23	23.400%	19.500%	15.600%	11.700%	24.726%
24	23.400%	19.500%	15.600%	11.700%	23.322%
25	23.400%	19.500%	15.600%	11.700%	21.918%
26	23.400%	19.500%	15.600%	11.700%	20.592%
27	23.400%	19.500%	15.600%	11.700%	19.344%
28	23.400%	19.500%	15.600%	11.700%	18.096%
29	23.400%	19.500%	15.600%	11.700%	16.926%
30	23.400%	19.500%	15.600%	11.700%	15.834%
31	23.400%	19.500%	15.600%	11.700%	14.742%
32	23.400%	19.500%	15.600%	11.700%	13.650%
33	23.400%	19.500%	15.600%	11.700%	12.714%
34	23.400%	19.500%	15.600%	11.700%	11.778%
35	23.400%	19.500%	15.600%	11.700%	10.842%
36	23.400%	19.500%	15.600%	11.700%	9.984%
37	23.400%	19.500%	15.600%	11.700%	9.204%
38	23.400%	19.500%	15.600%	11.700%	8.424%
39	23.400%	19.500%	15.600%	11.700%	7.722%
40	23.400%	19.500%	15.600%	11.700%	7.020%
41	23.400%	19.500%	15.600%	11.700%	6.396%
42	23.400%	19.500%	15.600%	11.700%	5.850%
43	23.400%	19.500%	15.600%	11.700%	5.304%
44	23.400%	19.500%	15.600%	11.700%	4.836%

Schedule SB Attachment (Form 5500)—2019 Plan Year
KONE Inc. Employees' Retirement Plan
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Table 2—Page 2 of 2

Withdrawal Rates

Age	Years of Service				
	0–1	2	3	4	5+
45	23.400%	19.500%	15.600%	11.700%	4.368%
46	23.400%	19.500%	15.600%	11.700%	3.978%
47	23.400%	19.500%	15.600%	11.700%	3.666%
48	23.400%	19.500%	15.600%	11.700%	3.354%
49	23.400%	19.500%	15.600%	11.700%	3.120%
50	23.400%	19.500%	15.600%	11.700%	2.886%
51	23.400%	19.500%	15.600%	11.700%	2.730%
52	23.400%	19.500%	15.600%	11.700%	2.652%
53	23.400%	19.500%	15.600%	11.700%	2.574%
54	23.400%	19.500%	15.600%	11.700%	2.574%
55	23.400%	19.500%	15.600%	11.700%	2.574%
56+	23.400%	19.500%	15.600%	11.700%	0.000%

Schedule SB Attachment (Form 5500)—2019 Plan Year
KONE Inc. Employees' Retirement Plan
EIN: 36-2357423 PN: 001

Table 3

Disability Rates

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

Schedule SB Attachment (Form 5500)—2019 Plan Year
KONE Inc. Employees' Retirement Plan
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Schedule SB, Part V—Summary of Plan Provisions

Office and McKinney

Final Average Pay Formula Effective Before December 31, 2014

Eligibility for Participation	All covered employees are eligible to participate on the first day of the month coincident with or next following completion of one year of eligibility service.														
Normal Retirement Eligibility	The first day of the month coincident with or next following the attainment of age 65.														
Monthly Benefit	<p>The greater of (1) and (2) below:</p> <p>(1) The sum of (a) and (b) below, multiplied by years of projected benefit service at normal retirement age (maximum 40 years), reduced by (c) below, and then multiplied by a fraction, not exceeding one, equal to years of benefit service over projected benefit service at normal retirement age:</p> <p>(a) 1.00% of average monthly compensation</p> <p>(b) 0.25% of average monthly compensation up to \$1,666.67</p> <p>(c) 50% of primary Social Security benefit at age 65</p> <p>(2) The applicable dollar rate, as in effect at the date of termination, multiplied by the number of years of benefit service at normal retirement:</p> <table><tr><th>Date of Termination</th><th>Applicable Dollar Rate</th></tr><tr><td>Office</td><td></td></tr><tr><td>Prior to 5/1/1981</td><td>\$11</td></tr><tr><td>On or After 5/1/1981 but Before 5/1/1982</td><td>\$12</td></tr><tr><td>On or After 5/1/1982 but Before 1/1/1990</td><td>\$13</td></tr><tr><td>On or After 1/1/1990</td><td>\$18</td></tr><tr><td>McKinney</td><td>\$18</td></tr></table>	Date of Termination	Applicable Dollar Rate	Office		Prior to 5/1/1981	\$11	On or After 5/1/1981 but Before 5/1/1982	\$12	On or After 5/1/1982 but Before 1/1/1990	\$13	On or After 1/1/1990	\$18	McKinney	\$18
Date of Termination	Applicable Dollar Rate														
Office															
Prior to 5/1/1981	\$11														
On or After 5/1/1981 but Before 5/1/1982	\$12														
On or After 5/1/1982 but Before 1/1/1990	\$13														
On or After 1/1/1990	\$18														
McKinney	\$18														

Schedule SB Attachment (Form 5500)—2019 Plan Year
KONE Inc. Employees' Retirement Plan
EIN: 36-2357423 PN: 001

Early Retirement

Eligibility

Age 55 and five years of vesting service.

Benefit Reduction for Early Payment

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

Disability Retirement

Eligibility

Five years of vesting service.

Benefit

Unreduced accrued benefit, payable immediately.

Preretirement Surviving Spouse Benefit

Eligibility

All vested participants.

Benefit

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

Vested Termination Benefits

Eligibility

Five years of vesting service. Vested terminations on or after January 1, 2015 may receive entire benefit upon termination.

Benefit

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

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

Schedule SB Attachment (Form 5500)—2019 Plan Year
KONE Inc. Employees' Retirement Plan
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Cash Balance Formula Effective After January 1, 2015

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

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

Monthly Benefit Cash Balance

Service	Contribution
0–4	4.0%
5–9	4.5%
10–14	5.0%
15–19	5.5%
20–24	6.0%
25+	6.5%

Pay credits provided annually at end of year, or at date of termination (if earlier).

Thirty-year Treasury rates interest, credited annually.

Cash balance account payable as a lump sum, or equivalent annuity based on 417(e).

Early Retirement Eligibility Age 55 with three or more years of vesting service.

Benefit Reduction for Early Payment Same as normal retirement benefit.

Disability Retirement Eligibility Permanent and total disability with three years of service.

Benefit Accruals end at date of disability.

Interest credits continue until the balance is distributed.

Schedule SB Attachment (Form 5500)—2019 Plan Year
KONE Inc. Employees' Retirement Plan
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Preretirement Surviving Spouse Benefit

Eligibility

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

Benefit

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

Interest credits continue until the balance is distributed.

Vested Termination Benefits

Eligibility

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

Benefit

Account balance at termination plus interest until date of distribution.

Schedule SB Attachment (Form 5500)—2019 Plan Year
KONE Inc. Employees' Retirement Plan
EIN: 36-2357423 PN: 001

Factory

Eligibility for Participation

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

Normal Retirement
Eligibility

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

Monthly Benefit

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

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

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

Schedule SB Attachment (Form 5500)—2019 Plan Year
KONE Inc. Employees' Retirement Plan
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- (2) The sum of the applicable dollar rate multiplied by years of benefit service earned in each service period for service after December 31, 2003:

Service Period	Applicable Dollar Rate
On or After 1/1/2004 but Prior to 1/1/2008	\$26
On or After 1/1/2008 but Prior to 1/1/2009	\$27
On or After 1/1/2009 but Prior to 1/1/2010	\$28
On or After 1/1/2010 but Prior to 1/1/2016	\$29
On or After 1/1/2016 but Prior to 1/1/2017	\$30
On or After 1/1/2017 but Prior to 1/1/2018	\$31
On or After 1/1/2018 but Prior to 1/1/2019	\$32
On or After 1/1/2019 but Prior to 1/1/2020	\$33
On or After 1/1/2020 but Prior to 1/1/2021	\$34
On or After 1/1/2021	\$35

Early Retirement
Eligibility

Age 55.

Benefit Reduction for Early Payment

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

Disability Retirement
Eligibility

Five years of vesting service.

Benefit

Unreduced accrued benefit, payable immediately.

Preretirement Surviving Spouse Benefit
Eligibility

All vested participants.

Benefit

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

Vested Termination Benefits
Eligibility

Five years of vesting service.

Benefit

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

Schedule SB Attachment (Form 5500)—2019 Plan Year
KONE Inc. Employees' Retirement Plan
EIN: 36-2357423 PN: 001

Definitions

Effective Date	Amended and restated December 31, 2014. Most recent amendment adopted and effective January 1, 2019.
Eligibility Service	One year of eligibility service is earned for each period during which six months are worked by a full-time employee (1,000 or more hours if part-time employee).
Benefit Service	One year of benefit service is earned for each year in which 1,000 or more hours are worked.
Vesting Service	One year of vesting service is earned for each year in which 1,000 or more hours are worked. In the year of termination, one year is credited if the participant works at least six months during that plan year.
Compensation	Base salary plus overtime and bonuses but excluding income from the Incentive Stock Participation Plan and other amounts includible in a participant's gross income.
Average Monthly Compensation	The average monthly compensation for the highest five consecutive calendar years during the last ten years of service preceding termination of employment.
Normal Form of Benefit	Life annuity or an actuarially equivalent 50% joint and survivor annuity if the participant is married at the date of his retirement.
Optional Payment Forms	Life annuity, 50% joint and survivor annuity, 66⅔% joint and survivor annuity, 75% joint and survivor annuity, and 100% joint and survivor annuity. Large amount lump sum option on entire benefit amount for Office and McKinney employees.
Payment of Small Amounts	Non-elective lump sum payment if the actuarial equivalent single sum of the benefit does not exceed \$5,000.
Actuarial Equivalent	For lump sum calculations, the mortality table prescribed by the IRS and the annual interest rate on 30-year Treasury securities for the month of October preceding the first day of the plan year in which the distribution occurs. For early retirement reductions, factors in Table I of the plan document. For joint and survivor annuities, factors in Table II of the plan document. For all other cases, the 2018 417(e) mortality table with 70% male weighting and 4% interest rate.
Plan Year	Calendar year.

Schedule SB Attachment (Form 5500)—2019 Plan Year
KONE Inc. Employees' Retirement Plan
EIN: 36-2357423 PN: 001

Plan Changes Since the Prior Year

The funding valuation reflects the following plan changes:

- A change in the mortality basis for lump sum payments from the 2018 plan year IRC section 417(e)(3) mortality table to the 2019 plan year IRC section 417(e)(3) mortality table.
- The dollar times service multiplier increased for Factory employees to \$33 as of January 1, 2019, \$34 as of January 1, 2020, and \$35 as of January 1, 2021.

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

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

Schedule SB Attachment (Form 5500)—2019 Plan Year
KONE Inc. Employees' Retirement Plan
EIN: 36-2357423 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The January 1, 2019 funding valuation reflects the following non-prescribed assumption changes:

- A change in the assumed expenses payable from the trust from \$862,000 to \$1,243,000, based on expected plan administrative expenses plus PBGC premium, rounded to the nearest \$1,000.
- A change in the retirement rates for active participants.
- A change in the retirement age assumption for active participants.
- A change in the retirement age assumption for terminated vested participants from age 62 to age 63.
- A change in the withdrawal rates.
- A change in the optional payment form election percentage.

These changes were made to better reflect anticipated plan experience. These assumption changes did not reduce the funding shortfall by more than the thresholds stated in Internal Revenue Code section 430(h)(5); as such, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2019 Plan Year
KONE Inc. Employees' Retirement Plan
EIN: 36-2357423 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2019

Number of Participants, Average Compensation and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		17								
25-29		107 \$85,239 \$7,197	9							
30-34		102 \$90,653 \$8,066	44 \$90,329 \$12,496	28 \$139,060 \$21,722						
35-39	1	101 \$106,903 \$9,352	56 \$108,701 \$15,717	31 \$130,358 \$22,895	12	1				
40-44		83 \$103,242 \$9,022	52 \$132,157 \$19,252	34 \$125,914 \$21,933	31 \$142,564 \$26,727	16				
45-49		84 \$101,585 \$8,986	50 \$140,823 \$21,233	32 \$136,479 \$23,960	22 \$121,338 \$24,465	32 \$167,359 \$35,990	14	1		
50-54	1	67 \$107,208 \$10,096	44 \$142,445 \$21,981	27 \$146,901 \$26,120	24 \$118,977 \$23,994	15	17	15	1	
55-59		50 \$115,820 \$11,902	46 \$140,646 \$22,753	27 \$132,878 \$22,665	19	16	8	28 \$162,880 \$39,133	17	5
60-64		19	16	15	18	16	6	13	19	13
65-69		9	6	10	8	7	4	9	2	4
70+		1	1	1		2				

N-1586

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2019 This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2019 or fiscal plan year beginning		01/01/2019	and ending
		12/31/2019	
A This return/report is for:	☐ a multiemployer plan	☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☒ a single-employer plan	☐ a DFE (specify) _____	
B This return/report is:	☐ the first return/report	☐ the final return/report	
	☐ an amended return/report	☐ a short plan year return/report (less than 12 months)	
C If the plan is a collectively-bargained plan, check here:	☒		
D Check box if filing under:	☒ Form 5558	☐ automatic extension	☐ the DFVC program
	☐ special extension (enter description) _____		

Part II Basic Plan Information—enter all requested information			
1a Name of plan KONE INC. EMPLOYEES' RETIREMENT PLAN		1b Three-digit plan number (PN) ►	001
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) KONE INC. 4225 NAPERVILLE ROAD, SUITE 400 LISLE IL 60532		1c Effective date of plan 05/18/1962	
		2b Employer Identification Number (EIN) 36-2357423	
		2c Plan Sponsor's telephone number (630) 955-4225	
		2d Business code (see instructions) 333900	

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

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

SIGN HERE	 Signature of plan administrator	10/11/2020 Date	RANGARAJAN I. KRISHNAMURTHY Enter name of individual signing as plan administrator
SIGN HERE	 Signature of employer/plan sponsor	10/11/2020 Date	RANGARAJAN I. KRISHNAMURTHY Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 3, 277
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 1, 586
a(2) Total number of active participants at the end of the plan year	6a(2) 1, 593
b Retired or separated participants receiving benefits.....	6b 833
c Other retired or separated participants entitled to future benefits	6c 745
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 3, 171
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 158
f Total. Add lines 6d and 6e	6f 3, 329
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 43
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

1A 1B 3H 1C

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE SB
(Form 5500)**

Department of the Treasury

Internal Revenue Service

Department of Labor

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2019**This Form is Open to Public
Inspection**For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019**▶ Round off amounts to nearest dollar.****▶ Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

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

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2019</u>				
2 Assets:				
a Market value.....		2a	153,568,478	
b Actuarial value.....		2b	159,792,315	
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.....		955	51,302,249	51,302,249
b For terminated vested participants.....		736	20,988,255	20,988,255
c For active participants.....		1,586	63,314,111	65,679,924
d Total.....		3,277	135,604,615	137,970,428
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	5.63%	
6 Target normal cost.....		6	7,574,464	

Statement by Enrolled Actuary

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

SIGN HERE	Alan D. Dang <u>A.D.D.</u> Signature of actuary	09/21/2020 Date
ALAN D. DANG Type or print name of actuary		2007076 Most recent enrollment number
AON CONSULTING, INC. Firm name		847-295-5000 Telephone number (including area code)
4 OVERLOOK POINT LINCOLNSHIRE IL 60069 Address of the firm		

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**Schedule SB (Form 5500) 2019
v. 190130**

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	8,736,994
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8).....	0	8,736,994
10 Interest on line 9 using prior year's actual return of <u>-3.29%</u>	0	-287,447
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		7,649,425
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.77%</u>		441,371
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		8,090,796
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	8,449,547

Part III Funding Percentages

14 Funding target attainment percentage	14	109.69%
15 Adjusted funding target attainment percentage.....	15	115.81%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	112.45%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2020	2,759,810	0			
07/14/2020	2,759,810	0			
09/14/2020	1,420,000	0			
Totals ▶			18(b)	6,939,620	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	6,403,532

20 Quarterly contributions and liquidity shortfalls:

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.74 %2nd segment:
5.35 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code) **21b** 4**22** Weighted average retirement age **22** 64**23** Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) **31a** 7,574,464**b** Excess assets, if applicable, but not greater than line 31a **31b** 7,574,464

32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment.....		0	0
b Waiver amortization installment.....		0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0

36 Additional cash requirement (line 34 minus line 35)..... **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 6,403,532

38 Present value of excess contributions for current year (see instructions)	
a Total (excess, if any, of line 37 over line 36)	38a 6,403,532
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b 0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011