

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 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>			
A This return/report is for:	☐ a multiemployer plan	☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☒ a single-employer plan	☐ a DFE (specify) _____	
B This return/report is:	☐ the first return/report	☐ the final return/report	
	☐ an amended return/report	☐ a short plan year return/report (less than 12 months)	
C If the plan is a collectively-bargained plan, check here.	▶ ☒		
D Check box if filing under:	☒ Form 5558	☐ automatic extension	☐ the DFVC program
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>BEHR DAYTON THERMAL PRODUCTS - IUE PENSION AGREEMENT</u>	1b Three-digit plan number (PN) ▶	<u>004</u>	
	1c Effective date of plan	<u>05/01/2002</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>MAHLE BEHR DAYTON, LLC.</u> <u>2700 DALEY DRIVE</u> <u>TROY, MI 48083</u>	2b Employer Identification Number (EIN) <u>02-0574546</u>	2c Plan Sponsor's telephone number <u>248-743-3700</u>	
	2d Business code (see instructions) <u>336300</u>		

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/16/2017</u>	<u>JENNIFER MENSING</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

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

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 1827
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 574 6a(2) 521 6b 399 6c 856 6d 1776 6e 62 6f 1838 6g 6h 0
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: 1B 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

▶ **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>BEHR DAYTON THERMAL PRODUCTS - IUE PENSION AGREEMENT</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MAHLE BEHR DAYTON, LLC.</u>	D Employer Identification Number (EIN) <u>02-0574546</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>2016</u>	
2 Assets:	
a Market value	2a <u>16016284</u>
b Actuarial value	2b <u>16658430</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>423</u> <u>10461343</u> <u>10461343</u>
b For terminated vested participants.....	<u>830</u> <u>2990181</u> <u>2990181</u>
c For active participants.....	<u>574</u> <u>4743578</u> <u>5004695</u>
d Total.....	<u>1827</u> <u>18195102</u> <u>18456219</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.15 %</u>
6 Target normal cost.....	6 <u>426972</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	
Signature of actuary	<u>09/26/2017</u>
<u>JASON M. BRAVO</u>	Date
Type or print name of actuary	<u>17-05569</u>
<u>AON CONSULTING, INC.</u>	Most recent enrollment number
Firm name	<u>216-573-9700</u>
<u>5005 ROCKSIDE ROAD, SUITE 1000</u> <u>INDEPENDENCE, OH 44131-6828</u>	Telephone number (including area code)
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) 2016
v. 160205

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	0
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	0
10	Interest on line 9 using prior year's actual return of 0.22%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.35%		0
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		0
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	0

Part III		Funding Percentages	
14	Funding target attainment percentage	14	90.25%
15	Adjusted funding target attainment percentage	15	90.25%
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	94.33%
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
04/14/2016	145039	0			
07/15/2016	58615	0			
09/16/2016	87332	0			
10/13/2016	145039	0			
01/13/2017	145039	0			
09/13/2017	255841	0			
Totals ►			18(b)	836905	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 788438
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☒ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	<div style="display: flex; justify-content: space-around;"> <div>1st segment: 4.43%</div> <div>2nd segment: 5.91%</div> <div>3rd segment: 6.65%</div> </div>	☐ N/A, full yield curve used
b	Applicable month (enter code)	21b	4
22	Weighted average retirement age	22	60
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	426972
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	1797789	361390
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
			788362
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35)		36
			788362
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37
			788438
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	76
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39
			0
40	Unpaid minimum required contributions for all years		40
			0
Part IX	Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)		
41	If an election was made to use PRA 2010 funding relief for this plan:		
a	Schedule elected ☐ 2 plus 7 years ☐ 15 years		
b	Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42	Amount of acceleration adjustment	42	
43	Excess installment acceleration amount to be carried over to future plan years	43	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016	
A Name of plan BEHR DAYTON THERMAL PRODUCTS - IUE PENSION AGREEMENT	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 MAHLE BEHR DAYTON, LLC.	D Employer Identification Number (EIN) 02-0574546

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

HEWITT ASSOCIATES LLC

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 50	NONE	31710	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMERICA BANK

42-1741646

(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?
19 21 49 50 59 62 72 99	TRUSTEE	13672	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2016</div> This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>BEHR DAYTON THERMAL PRODUCTS - IUE PENSION AGREEMENT</u>	B Three-digit plan number (PN) ►	<u>004</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MAHLE BEHR DAYTON, LLC.</u>	D Employer Identification Number (EIN) <u>02-0574546</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: MAHLE BEHR USA, INC MASTER TRUST

b Name of sponsor of entity listed in (a): MAHLE BEHR USA INC.

c EIN-PN <u>27-2279355-006</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15887666</u>
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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)
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For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

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

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

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

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

SCHEDULE H (Form 5500) <small>Internal Revenue Service</small> <small>Department of Labor</small> <small>Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>		
A Name of plan <u>BEHR DAYTON THERMAL PRODUCTS - IUE PENSION AGREEMENT</u>	B Three-digit plan number (PN) ►	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MAHLE BEHR DAYTON, LLC.</u>	D Employer Identification Number (EIN) <u>02-0574546</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	216959	400880
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common.....	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property).....	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans.....	1c(8)		
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)	15802443	15887666
	(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	16019402	16288546

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	8319	10393
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	8319	10393

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	16011083	16278153
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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)	836905	
(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)		836905
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)		0
(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		797006
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1633911

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1006093	
(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)		1006093
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)	13672	
(2) Contract administrator fees.....	2i(2)	31710	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)	315366	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		360748
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1366841

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		267070
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

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

(1) Name: PLANTE AND MORAN

(2) EIN: 38-1357951

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	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		500000
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			
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			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4006646. (See instructions.)

Part V Trust Information

6a Name of trust COMERICA BANK	6b Trust's EIN 421741646
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

<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>2016</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

<div>A Name of plan BEHR DAYTON THERMAL PRODUCTS - IUE PENSION AGREEMENT</div>	<div>B Three-digit plan number (PN) ► 004</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 MAHLE BEHR DAYTON, LLC.</div>	<div>D Employer Identification Number (EIN) 02-0574546</div>

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	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): 38-6457728 46-2345389		
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	0

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

Part III	Amendments
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9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2016
v. 160205

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
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment
19	If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock: <u>32.0</u> % Investment-Grade Debt: <u>67.0</u> % High-Yield Debt: <u>0.0</u> % Real Estate: <u>0.0</u> % Other: <u>1.0</u> % b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	

MAHLE Behr Defined Benefit Plans

Behr America Cash Balance Pension Plan

Behr Dayton Thermal Products IUE Pension Agreement

Financial Report

December 31, 2016

MAHLE Behr Defined Benefit Plans

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Independent Auditor's Report

To the Plan Administrator
MAHLE Behr Defined Benefit Plans

We have audited the accompanying financial statements of Behr America Cash Balance Pension Plan and Behr Dayton Thermal Products IUE Pension Agreement (collectively, the "Plans"), which comprise the statement of net assets available for benefits as of December 31, 2016 and 2015 and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in 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 our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

To the Plan Administrator
MAHLE Behr Defined Benefit Plans

Opinion

In our opinion, the financial statements referred to above, of Behr America Cash Balance Pension Plan and Behr Dayton Thermal Products IUE Pension Agreement, present fairly, in all material respects, the net assets of the Plans as of December 31, 2016 and 2015 and the changes in net assets for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Plante & Moran, PLLC

Southfield, Michigan
October 12, 2017

MAHLE Behr Defined Benefit Plans

Statement of Net Assets Available for Benefits

	December 31, 2016		December 31, 2015	
	Behr America	Behr Dayton Thermal Products	Behr America	Behr Dayton Thermal Products
	Cash Balance	IUE Pension	Cash Balance	IUE Pension
	Pension Plan	Agreement	Pension Plan	Agreement
Assets				
Investments - Plan's interest in MAHLE Behr USA, Inc. Master Trust (Note 3)	\$ 13,348,780	\$ 15,887,666	\$ 13,711,113	\$ 15,802,443
Employer contribution receivable	-	400,880	-	216,959
Total assets	13,348,780	16,288,546	13,711,113	16,019,402
Liabilities - Accrued liabilities	547	10,393	443	8,319
Net Assets Available for Benefits	\$ 13,348,233	\$ 16,278,153	\$ 13,710,670	\$ 16,011,083

MAHLE Behr Defined Benefit Plans

Statement of Changes in Net Assets Available for Benefits

	Year Ended December 31, 2016		Year Ended December 31, 2015	
	Behr America Cash Balance Pension Plan	Behr Dayton Thermal Products IUE Pension Agreement	Behr America Cash Balance Pension Plan	Behr Dayton Thermal Products IUE Pension Agreement
Additions to Net Assets				
Contributions - Employer	\$ -	\$ 836,905	\$ -	\$ 608,564
Investment income:				
Interest and dividends	-	159	-	1,834
Plan interest in MAHLE Behr USA, Inc. Master Trust (Note 3)	679,673	796,847	43,754	33,800
Total additions	679,673	1,633,911	43,754	644,198
Deductions from Net Assets				
Benefits paid directly to participants or beneficiaries	939,486	1,006,093	1,190,851	970,977
Administrative expenses	102,624	360,748	73,566	274,438
Total deductions	1,042,110	1,366,841	1,264,417	1,245,415
Net (Decrease) Increase	(362,437)	267,070	(1,220,663)	(601,217)
Net Assets Available for Benefits				
Beginning of year	13,710,670	16,011,083	14,931,333	16,612,300
End of year	<u>\$ 13,348,233</u>	<u>\$ 16,278,153</u>	<u>\$ 13,710,670</u>	<u>\$ 16,011,083</u>

MAHLE Behr Defined Benefit Plans

Notes to Financial Statements December 31, 2016 and 2015

Note 1 - Plan Description

The following description of the Behr America Cash Balance Pension Plan (the "Cash Balance Plan") and the Behr Dayton Thermal Products IUE Pension Agreement (the "IUE Plan") (collectively, the "Plans") provides only general information. Participants should refer to the plan agreements for a more complete description of each plan's provisions.

General - The Plans are defined benefit pension plans that were established on May 1, 2002. MAHLE Behr USA Inc. and MAHLE Behr Dayton, LLC (collectively, the "Companies") are the plan sponsors of the Cash Balance Plan and IUE Plan, respectively. The Cash Balance Plan covers substantially all employees of MAHLE Behr USA Inc. hired prior to January 1, 2014 and provides for retirement and death benefits. The IUE Plan covers certain union employees of MAHLE Behr Dayton, LLC and provides for retirement, death, and disability benefits. The Plans are subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective December 31, 2013, all benefit accruals under the Cash Balance Plan were frozen, with the exception of interest credits. No new participants are permitted to join the Cash Balance Plan after December 31, 2013.

In October 2007, MAHLE Behr Dayton, LLC and the Industrial Division of the Communications Workers of America (IUE) approved a collective bargaining agreement, which provided that benefit accrual service under the IUE Plan ceased to accrue or increase for all Local 84775 Tier 3 employees, as defined by the IUE Plan, as of December 31, 2007. Benefit accruals for the other plan participants remain unchanged, as defined by the IUE Plan. All new employees of MAHLE Behr Dayton, LLC hired on or after October 22, 2007 are not eligible to participate in the IUE Plan.

Eligibility and Vesting - Employees become participants in the Plans following completion of the eligibility requirements as described in the plan documents. Participants of the Cash Balance Plan are fully vested for normal retirement benefits after three years of service. Tier 1 employees, as defined by the IUE Plan, are fully vested for normal retirement benefits in the IUE Plan after one year of service. Tier 2 and 3 employees, as defined by the IUE Plan, are fully vested for normal retirement benefits in the IUE Plan after 10 years of service (five years of service for a deferred vested pension).

Pension Benefits - Cash Balance Plan - A participant's accrued benefit in the Cash Balance Plan is defined as a notional cash balance account. Participant cash balance accounts were frozen as of January 1, 2014. Additionally, interest is credited to participant cash balance accounts each quarter. The interest crediting rate is based on the 10-year U.S. Treasury Constant Maturity Yield in effect two months prior to the beginning of that quarter, divided by 4. The Cash Balance Plan has a minimum quarterly interest crediting rate of 0.925 percent (3.7 percent annual).

MAHLE Behr Defined Benefit Plans

Notes to Financial Statements December 31, 2016 and 2015

Note 1 - Plan Description (Continued)

Pension Benefits - IUE Plan - Participant benefits in the IUE Plan are accrued on an annual basis based on the benefit rate multiplied by years of service, as defined by the IUE Plan. The benefit rate is based on union classification and date of hire and ranges from \$17.00 to \$51.65.

Death Benefits - If an active or terminated employee who has a vested interest in the Plans dies prior to his or her normal retirement age, a death benefit, as defined by the Plans, will be paid to the surviving spouse.

Funding - Contributions to the Cash Balance Plan and the IUE Plan are made by the Companies at actuarially determined amounts. The Companies' policy is to make contributions necessary to satisfy ERISA funding standards. Annual contributions meet the minimum funding requirements of ERISA.

Payment of Benefits - Distributions are payable upon retirement, death, disability, or termination of employment. Participants of the Cash Balance Plan may elect to receive the value of their accumulated plan benefits as an annuity payable monthly or a lump-sum payment. Participants of the IUE Plan receive the value of their accumulated plan benefits as an annuity payable monthly.

Party-in-interest Transactions - Certain plan assets are in investment funds managed by Comerica Bank. Comerica Bank is the trustee of the Plans; 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 - The Plans invest in the MAHLE Behr USA, Inc. Master Trust (Master Trust), which was established to hold the investment of assets of these Plans and other defined benefit retirement plans sponsored by the Companies. The Master Trust's investments 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 3 for further discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Investment income consists of interest and dividend income as well as the realized gains or losses on investments sold during the year and the unrealized appreciation (depreciation) on investments held at the end of the year. Dividend income is recorded on the ex-dividend date.

Benefit Payments - Benefits are recorded when paid.

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

MAHLE Behr Defined Benefit Plans

Notes to Financial Statements December 31, 2016 and 2015

Note 2 - Summary of Significant Accounting Policies (Continued)

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments that are attributable, under the Plans' 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 the Plans' 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 significant actuarial assumptions used in the valuation of the Plans at December 31, 2015 are summarized as follows:

Actuarial cost method	- Standard unit credit
Interest rate	- 6.0 percent per annum
Mortality basis	- RP-2014 Generational mortality table projected using Scale MP-2014
Assumed retirement age for Cash Balance Plan	- Various rates ranging from 10.0 percent at age 55 to 100 percent at age 70+
Assumed retirement age for IUE Plan	- Various rates ranging from 0.0 percent at age 48 with 0-29 years of service to 100 percent at age 70+

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

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

MAHLE Behr Defined Benefit Plans

Notes to Financial Statements December 31, 2016 and 2015

Note 2 - Summary of Significant Accounting Policies (Continued)

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

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including October 12, 2017, which is the date the financial statements were available to be issued.

Note 3 - Interest in Master Trust

Each participating retirement plan has an undivided interest in the Master Trust. The fair value of the Plans' interest in the Master Trust represents each plan's allocated portion. The Plans' allocated portion is equal to the beginning of the year value of the Plans' interest in the Master Trust plus actual plan contributions and allocated investment income, less actual plan distributions and allocated administrative expenses. Investment income and administrative expenses are allocated proportionately on a monthly basis based on each plan's interest in the Master Trust.

At December 31, 2016 and 2015, the Plans' respective interests in the Master Trust were as follows:

	2016	2015
Cash Balance Plan	45.4 %	46.2 %
IUE Plan	54.0 %	53.2 %

Fair Value

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

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

MAHLE Behr Defined Benefit Plans

Notes to Financial Statements December 31, 2016 and 2015

Note 3 - Interest in Master Trust (Continued)

Level 2 - Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals.

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. The Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

In instances whereby inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plans' 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 Master Trust's investments:

Common Collective Trust - The common collective trust is valued at net asset value per share (or its equivalent), based on the fair value of the fund's underlying net assets. There are no unfunded commitments or redemption restrictions on these investments.

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

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

MAHLE Behr Defined Benefit Plans

Notes to Financial Statements December 31, 2016 and 2015

Note 3 - Interest in Master Trust (Continued)

The following tables present information about the Master Trust's net assets measured at fair value on a recurring basis at December 31, 2016 and 2015.

Master Trust's Net Assets at Fair Value on a Recurring Basis at December 31, 2016

	Master Trust Balance at December 31, 2016	Level 1	Level 2
Mutual funds	\$ 18,749,594	\$ 18,749,594	\$ -
Cash	2,375,016	2,375,016	-
Fixed-income securities	8,896,696	-	8,896,696
Investments measured at NAV - Common collective trust fund	972,110	-	-
Total investments at fair value	\$ 30,993,416	\$ 21,124,610	\$ 8,896,696
Other assets - Accrued income	553,236		
Liabilities - Due to brokers	(2,119,080)		
Net assets of Master Trust	\$ 29,427,572		

Master Trust's Net Assets at Fair Value on a Recurring Basis at December 31, 2015

	Master Trust Balance at December 31, 2015	Level 1
Mutual funds	\$ 29,404,006	\$ 29,404,006
Investments measured at NAV - Common collective trust fund	234,620	-
Total investments at fair value	\$ 29,638,626	\$ 29,404,006
Other assets - Accrued income	55,418	
Net assets of Master Trust	\$ 29,694,044	

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

The investment income for the Master Trust for the years ended December 31, 2016 and 2015 are as follows:

	2016	2015
Net realized and unrealized gains (losses)	\$ 691,397	\$ (1,085,881)
Interest and dividends	810,440	1,180,923
Net investment income	\$ 1,501,837	\$ 95,042

MAHLE Behr Defined Benefit Plans

Notes to Financial Statements December 31, 2016 and 2015

Note 4 - Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by consulting actuaries. The calculations of the estimated present value of accumulated plan benefits attributable to participants in the Plans as of December 31, 2015 and changes in accumulated plan benefits for the year ended December 31, 2015 are as follows:

	Behr America Cash Balance Pension Plan	Behr Dayton Thermal Products IUE Pension Agreement
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefit payments	\$ 379,284	\$ 10,985,183
Other vested participants	13,381,378	8,627,039
Total vested benefits	13,760,662	19,612,222
Nonvested benefits	2,182	282,719
Total actuarial present value of accumulated plan benefits	<u>\$ 13,762,844</u>	<u>\$ 19,894,941</u>
	Behr America Cash Balance Pension Plan	Behr Dayton Thermal Products IUE Pension Agreement
Actuarial present value of accumulated plan benefits -		
Beginning of year	\$ 14,278,386	\$ 19,429,902
(Decrease) increase during the year attributable to:		
Benefits accumulated, including actuarial gains and losses	(146,189)	298,927
Interest due to the decrease in the discount period	821,498	1,137,089
Benefits paid	(1,190,851)	(970,977)
Net change	(515,542)	465,039
Actuarial present value of accumulated plan benefits -		
End of year	<u>\$ 13,762,844</u>	<u>\$ 19,894,941</u>

MAHLE Behr Defined Benefit Plans

Notes to Financial Statements December 31, 2016 and 2015

Note 5 - Tax Status

The Plans have received a determination letter from the Internal Revenue Service indicating that the Plans, as designed, are qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Although the Plans have been amended since receiving the determination letter, management believes that the Plans are designed and are currently being operated in compliance with the applicable requirements of the IRC.

Note 6 - Plan Termination

Should the Plans terminate at some future time, their 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 guaranty while other benefits may not be provided for at all.

Schedule SB Attachment (Form 5500)—2016 Plan Year
 Behr Dayton Thermal Products IUE Pension Plan
 EIN: 20574546 PN: 004

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2016

Attained Age	Number of Participants									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29			1	2						
30-34			9	5	3					
35-39			4	17	44					
40-44			9	16	35	39				
45-49			5	8	41	46	2			
50-54			6	15	34	37	15	3		
55-59			9	11	33	31	12	4		
60-64			6	10	14	16	7	4		
65-69			1	2	4	8		2		
70+			1		2			1		

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Schedule SB Attachment (Form 5500)—2016 Plan Year
 Behr Dayton Thermal Products IUE Pension Plan
 EIN: 20574546 PN: 004

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 2015), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.43%
2nd Segment Rate	5.91%
3rd Segment Rate	6.65%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2015), without regard to interest rate stabilization
1st Segment Rate	1.34%
2nd Segment Rate	4.03%
3rd Segment Rate	5.06%
Optional Payment Form Election Percentage	Life Annuity: 25% of males and 70% of females. 65% Joint & Survivor: 75% of males and 30% of females.
Optional Payment Form Conversion Interest Rate	As defined in plan provisions.
Optional Payment Form Conversion Mortality	As defined in plan provisions.
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 63
Mortality Rates	
Healthy and Disabled	2016 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3

Schedule SB Attachment (Form 5500)—2016 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
EIN: 20574546 PN: 004

For ERISA Requirements

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 67% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2014 Plan Year	6.00%
2015 Plan Year	6.00%
2016 Plan Year	6.00%
Trust Expenses Included in Target Normal Cost	\$275,000 based on the prior year's actual plan administrative expenses, rounded to the nearest \$1,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2016

Schedule SB Attachment (Form 5500)—2016 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
EIN: 20574546 PN: 004

Table 1

Retirement Rates

Age	Years of Service	
	0-29	30+
48	0.00%	15.00%
49	0.00%	15.00%
50	0.00%	15.00%
51	0.00%	15.00%
52	0.00%	15.00%
53	0.00%	15.00%
54	0.00%	15.00%
55	15.00%	15.00%
56	15.00%	15.00%
57	15.00%	15.00%
58	25.00%	25.00%
59	25.00%	25.00%
60	20.00%	30.00%
61	20.00%	35.00%
62	20.00%	45.00%
63	15.00%	45.00%
64	15.00%	50.00%
65	40.00%	75.00%
66	25.00%	50.00%
67	25.00%	50.00%
68	25.00%	50.00%
69	25.00%	50.00%
70+	100.00%	100.00%

Schedule SB Attachment (Form 5500)—2016 Plan Year
 Behr Dayton Thermal Products IUE Pension Plan
 EIN: 20574546 PN: 004

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	26.00%	45	11.35%
16	26.00%	46	11.14%
17	26.00%	47	10.95%
18	26.00%	48	10.75%
19	26.00%	49	10.56%
20	26.00%	50	10.37%
21	26.00%	51	10.19%
22	25.50%	52	10.00%
23	25.00%	53	9.83%
24	24.50%	54	9.65%
25	24.00%	55	9.48%
26	22.80%	56	9.31%
27	21.60%	57	9.14%
28	20.40%	58	8.98%
29	17.20%	59	8.82%
30	14.00%	60	8.66%
31	13.60%	61	8.51%
32	13.20%	62	8.36%
33	12.80%	63	8.21%
34	12.40%	64	8.06%
35	12.00%	65	0.00%
36	12.00%	66	0.00%
37	12.00%	67	0.00%
38	12.00%	68	0.00%
39	12.00%	69	0.00%
40	12.00%	70	0.00%
41	11.87%	71	0.00%
42	11.74%	72	0.00%
43	11.61%	73	0.00%
44	11.48%	74	0.00%

Schedule SB Attachment (Form 5500)—2016 Plan Year
 Behr Dayton Thermal Products IUE Pension Plan
 EIN: 20574546 PN: 004

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.0455%	0.0682%	45	0.2149%	0.3253%
16	0.0455%	0.0682%	46	0.2387%	0.3333%
17	0.0455%	0.0682%	47	0.2625%	0.3413%
18	0.0455%	0.0682%	48	0.3102%	0.3933%
19	0.0455%	0.0682%	49	0.3579%	0.4453%
20	0.0455%	0.0682%	50	0.4056%	0.4972%
21	0.0455%	0.0682%	51	0.4533%	0.5492%
22	0.0455%	0.0682%	52	0.5010%	0.6012%
23	0.0471%	0.0722%	53	0.5810%	0.6521%
24	0.0487%	0.0761%	54	0.6610%	0.7031%
25	0.0502%	0.0801%	55	0.7410%	0.7540%
26	0.0518%	0.0841%	56	0.8209%	0.8050%
27	0.0534%	0.0880%	57	0.9009%	0.8559%
28	0.0561%	0.0946%	58	0.9628%	0.8663%
29	0.0588%	0.1011%	59	1.0247%	0.8767%
30	0.0616%	0.1076%	60	1.0867%	0.8871%
31	0.0643%	0.1142%	61	1.1486%	0.8975%
32	0.0671%	0.1207%	62	1.2105%	0.9079%
33	0.0721%	0.1364%	63	1.2105%	0.9079%
34	0.0772%	0.1520%	64	1.2105%	0.9079%
35	0.0823%	0.1677%	65+	0.0000%	0.0000%
36	0.0874%	0.1833%			
37	0.0925%	0.1990%			
38	0.1027%	0.2194%			
39	0.1129%	0.2399%			
40	0.1231%	0.2603%			
41	0.1333%	0.2808%			
42	0.1435%	0.3012%			
43	0.1673%	0.3092%			
44	0.1911%	0.3173%			

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="font-size: 24pt; font-weight: bold; text-align: center;">2016</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ 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 BEHR DAYTON THERMAL PRODUCTS - IUE PENSION AGREEMENT	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">004</td> </tr> <tr> <td colspan="2">1c Effective date of plan 05/01/2002</td> </tr> </table>	1b Three-digit plan number (PN) ▶	004	1c Effective date of plan 05/01/2002	
1b Three-digit plan number (PN) ▶	004				
1c Effective date of plan 05/01/2002					
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) MAHLE BEHR DAYTON, LLC. 2700 DALEY DRIVE TROY MI 48083	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 02-0574546</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 248-743-3700</td> </tr> <tr> <td>2d Business code (see instructions) 336300</td> </tr> </table>	2b Employer Identification Number (EIN) 02-0574546	2c Plan Sponsor's telephone number 248-743-3700	2d Business code (see instructions) 336300	
2b Employer Identification Number (EIN) 02-0574546					
2c Plan Sponsor's telephone number 248-743-3700					
2d Business code (see instructions) 336300					

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		10/16/17	JENNIFER MENSING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/16/17	CHRIS A. BUSSA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 1,827
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) 574
a(2) Total number of active participants at the end of the plan year	6a(2) 521
b Retired or separated participants receiving benefits.....	6b 399
c Other retired or separated participants entitled to future benefits	6c 856
d Subtotal. Add lines 6a(2), 6b, and 6c.....	6d 1,776
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 62
f Total. Add lines 6d and 6e.....	6f 1,838
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
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: 1B 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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)

SCHEDULE SB (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>	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 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

▶ **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 BEHR DAYTON THERMAL PRODUCTS IUE PENSION PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MAHLE BEHR DAYTON, LLC	D Employer Identification Number (EIN) 02-0574546	
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>2016</u>				
2 Assets:				
a Market value.....	2a	16,016,284		
b Actuarial value.....	2b	16,658,430		
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.....	423	10,461,343	10,461,343	
b For terminated vested participants.....	830	2,990,181	2,990,181	
c For active participants.....	574	4,743,578	5,004,695	
d Total.....	1,827	18,195,102	18,456,219	
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐				
a Funding target disregarding prescribed at-risk assumptions.....	4a			
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b			
5 Effective interest rate.....	5	6.15%		
6 Target normal cost.....	6	426,972		

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>Jason M. Bravo</u>	<u>09/26/2017</u>
Signature of actuary		Date
JASON M. BRAVO		1705569
Type or print name of actuary		Most recent enrollment number
AON CONSULTING, INC.		216-573-9700
Firm name		Telephone number (including area code)
5005 ROCKSIDE ROAD, SUITE 1000		
INDEPENDENCE OH 44131-6828		
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) 2016
v. 160205

Part III | Funding Percentages

Part IV	Contributions and Liquidity Shortfalls
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Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 60
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	426,972	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	1,797,789		361,390
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	788,362	
	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	788,362	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	788,438	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	76	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

Schedule SB Attachment (Form 5500)—2016 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
EIN: 20574546 PN: 004

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2016

Date	Amount	Days to Discount to 1/1/2016 at 6.15%	Days to Discount to 1/1/2016 at 11.15%	Interest Adjusted Contribution
April 14, 2016	\$ 145,039	104	0	\$ 142,600
July 15, 2016	58,615	196	0	56,771
September 16, 2016	86,400	196	63	82,173
September 16, 2016	932	259	0	893
October 13, 2016	145,039	286	0	138,430
January 13, 2017	145,039	378	0	136,369
September 13, 2017	255,841	621	0	231,202
Total Contribution	\$ 836,905			\$ 788,438

Schedule SB Attachment (Form 5500)—2016 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
EIN: 20574546 PN: 004

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.

	Average Age	% of Active Participants
Less Than 30 Years of Service	59.65	97.6%
30 or More Years of Service	53.49	2.4%
Weighted Average Retirement Age	59.50	

Schedule SB Attachment (Form 5500)—2016 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
EIN: 20574546 PN: 004

Less than 30 years of service at retirement			(d) Product
(a) Age	(b) Rate	(c) Weight	(a) × (b) × (c)
55.5	15.00%	1.0000	8.33
56.5	15.00%	0.8500	7.20
57.5	15.00%	0.7225	6.23
58.5	25.00%	0.6141	8.98
59.5	25.00%	0.4606	6.85
60.5	20.00%	0.3454	4.18
61.5	20.00%	0.2764	3.40
62.5	20.00%	0.2211	2.76
63.5	15.00%	0.1769	1.68
64.5	15.00%	0.1503	1.45
65.5	40.00%	0.1278	3.35
66.5	25.00%	0.0767	1.27
67.5	25.00%	0.0575	0.97
68.5	25.00%	0.0431	0.74
69.5	25.00%	0.0323	0.56
70	100.00%	0.0243	1.70
Weighted Average			59.65

At least 30 years of service at retirement			(d) Product
(a) Age	(b) Rate	(c) Weight	(a) × (b) × (c)
48.5	15.00%	1.0000	7.28
49.5	15.00%	0.8500	6.31
50.5	15.00%	0.7225	5.47
51.5	15.00%	0.6141	4.74
52.5	15.00%	0.5220	4.11
53.5	15.00%	0.4437	3.56
54.5	15.00%	0.3771	3.08
55.5	15.00%	0.3206	2.67
56.5	15.00%	0.2725	2.31
57.5	15.00%	0.2316	2.00
58.5	25.00%	0.1969	2.88
59.5	25.00%	0.1477	2.20
60.5	30.00%	0.1107	2.01
61.5	35.00%	0.0775	1.67
62.5	45.00%	0.0504	1.42
63.5	45.00%	0.0277	0.79
64.5	50.00%	0.0152	0.49
65.5	75.00%	0.0076	0.37
66.5	50.00%	0.0019	0.06
67.5	50.00%	0.0010	0.03
68.5	50.00%	0.0005	0.02
69.5	50.00%	0.0002	0.01
70	100.00%	0.0001	0.01
Weighted Average			53.49

Schedule SB Attachment (Form 5500)—2016 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
EIN: 20574546 PN: 004

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 2015), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.43%
2nd Segment Rate	5.91%
3rd Segment Rate	6.65%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2015), without regard to interest rate stabilization
1st Segment Rate	1.34%
2nd Segment Rate	4.03%
3rd Segment Rate	5.06%
Optional Payment Form Election Percentage	Life Annuity: 25% of males and 70% of females. 65% Joint & Survivor: 75% of males and 30% of females.
Optional Payment Form Conversion Interest Rate	As defined in plan provisions.
Optional Payment Form Conversion Mortality	As defined in plan provisions.
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 63
Mortality Rates	
Healthy and Disabled	2016 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3

Schedule SB Attachment (Form 5500)—2016 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
EIN: 20574546 PN: 004

For ERISA Requirements

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 67% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses.

Benefit Limits

Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.

Valuation of Plan Assets

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.

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).

Expected Return on Assets

2014 Plan Year	6.00%
2015 Plan Year	6.00%
2016 Plan Year	6.00%

Trust Expenses Included in Target Normal Cost

\$275,000 based on the prior year's actual plan administrative expenses, rounded to the nearest \$1,000.

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2016

Schedule SB Attachment (Form 5500)—2016 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
EIN: 20574546 PN: 004

Table 1

Retirement Rates

Age	Years of Service	
	0-29	30+
48	0.00%	15.00%
49	0.00%	15.00%
50	0.00%	15.00%
51	0.00%	15.00%
52	0.00%	15.00%
53	0.00%	15.00%
54	0.00%	15.00%
55	15.00%	15.00%
56	15.00%	15.00%
57	15.00%	15.00%
58	25.00%	25.00%
59	25.00%	25.00%
60	20.00%	30.00%
61	20.00%	35.00%
62	20.00%	45.00%
63	15.00%	45.00%
64	15.00%	50.00%
65	40.00%	75.00%
66	25.00%	50.00%
67	25.00%	50.00%
68	25.00%	50.00%
69	25.00%	50.00%
70+	100.00%	100.00%

Schedule SB Attachment (Form 5500)—2016 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
EIN: 20574546 PN: 004

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	26.00%	45	11.35%
16	26.00%	46	11.14%
17	26.00%	47	10.95%
18	26.00%	48	10.75%
19	26.00%	49	10.56%
20	26.00%	50	10.37%
21	26.00%	51	10.19%
22	25.50%	52	10.00%
23	25.00%	53	9.83%
24	24.50%	54	9.65%
25	24.00%	55	9.48%
26	22.80%	56	9.31%
27	21.60%	57	9.14%
28	20.40%	58	8.98%
29	17.20%	59	8.82%
30	14.00%	60	8.66%
31	13.60%	61	8.51%
32	13.20%	62	8.36%
33	12.80%	63	8.21%
34	12.40%	64	8.06%
35	12.00%	65	0.00%
36	12.00%	66	0.00%
37	12.00%	67	0.00%
38	12.00%	68	0.00%
39	12.00%	69	0.00%
40	12.00%	70	0.00%
41	11.87%	71	0.00%
42	11.74%	72	0.00%
43	11.61%	73	0.00%
44	11.48%	74	0.00%

Schedule SB Attachment (Form 5500)—2016 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
EIN: 20574546 PN: 004

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.0455%	0.0682%	45	0.2149%	0.3253%
16	0.0455%	0.0682%	46	0.2387%	0.3333%
17	0.0455%	0.0682%	47	0.2625%	0.3413%
18	0.0455%	0.0682%	48	0.3102%	0.3933%
19	0.0455%	0.0682%	49	0.3579%	0.4453%
20	0.0455%	0.0682%	50	0.4056%	0.4972%
21	0.0455%	0.0682%	51	0.4533%	0.5492%
22	0.0455%	0.0682%	52	0.5010%	0.6012%
23	0.0471%	0.0722%	53	0.5810%	0.6521%
24	0.0487%	0.0761%	54	0.6610%	0.7031%
25	0.0502%	0.0801%	55	0.7410%	0.7540%
26	0.0518%	0.0841%	56	0.8209%	0.8050%
27	0.0534%	0.0880%	57	0.9009%	0.8559%
28	0.0561%	0.0946%	58	0.9628%	0.8663%
29	0.0588%	0.1011%	59	1.0247%	0.8767%
30	0.0616%	0.1076%	60	1.0867%	0.8871%
31	0.0643%	0.1142%	61	1.1486%	0.8975%
32	0.0671%	0.1207%	62	1.2105%	0.9079%
33	0.0721%	0.1364%	63	1.2105%	0.9079%
34	0.0772%	0.1520%	64	1.2105%	0.9079%
35	0.0823%	0.1677%	65+	0.0000%	0.0000%
36	0.0874%	0.1833%			
37	0.0925%	0.1990%			
38	0.1027%	0.2194%			
39	0.1129%	0.2399%			
40	0.1231%	0.2603%			
41	0.1333%	0.2808%			
42	0.1435%	0.3012%			
43	0.1673%	0.3092%			
44	0.1911%	0.3173%			

Schedule SB Attachment (Form 5500)—2016 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
EIN: 20574546 PN: 004

Schedule SB, Part V—Summary of Plan Provisions

Effective Date May 1, 2002; most recently amended and restated as of January 1, 2015.

Date of Participation Employment with Behr Dayton Thermal Products and participation in IUE Local 775 (hourly) hired before October 22, 2007; or Local 758 (salaried) hired before May 5, 2003.

Normal Retirement

Eligibility

Tier 1

Age 65 with one year of credited service.

Tier 2 and Tier 3

Age 65 with 10 years of credited service.

Monthly Benefit

Tier 1

Credited service times the following amount:

Job Classification	10/01/2003-09/01/2004	10/01/2004-09/01/2005	10/01/2005-09/01/2006	10/01/2006-and Later
A	\$47.75	\$48.80	\$49.85	\$50.90
B	\$48.00	\$49.05	\$50.10	\$51.15
C	\$48.25	\$49.30	\$50.35	\$51.40
D	\$48.50	\$49.55	\$50.60	\$51.65

Tier 2 and Tier 3

Credited service times the following amount:

Date	Amount
Prior to 09/28/2003	\$15.00
09/28/2003 to 09/28/2007	\$16.00
09/27/2007 and later	\$17.00

For Tier 1, Tier 2 and Tier 3, the normal retirement benefit is reduced by the benefit based on credited service as of May 1, 2002. For Tier 3 participants, service is frozen as of January 1, 2008.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
EIN: 20574546 PN: 004

Early Retirement
Eligibility

Age 60 with 10 years of credited service.

Tier 1 only: Age 55 with 85 points; or 30 years of credited service.

Monthly Benefit

Normal retirement benefit multiplied by a percentage based on the following schedule:

Commencement Age	Percentage
42	21.0%
43	22.6%
44	24.3%
45	26.1%
46	28.2%
47	30.4%
48	32.8%
49	35.4%
50	38.3%
51	41.5%
52	45.0%
53	48.9%
54	53.2%
55	57.9%
56	63.5%
57	69.4%
58	75.2%
59	80.8%
60	86.7%
61	93.3%
62+	100.0%

For Tier 1 employees who retired with at least 85 points or 30 years of credited service, the reduction for early retirement is eliminated at age 62 and one month.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
EIN: 20574546 PN: 004

Early Retirement Supplement
Eligibility

Tier 1 employee who retires with at least 30 years of credited service.

Monthly Benefit

Amount necessary so that total benefit payable equals the amount in the following table:

Retirement	Amount
10/01/2003–09/01/2004	\$2,805
10/01/2004–09/01/2005	\$2,875
10/01/2005–09/01/2006	\$2,950
10/01/2006 and later	\$3,020

The early retirement supplement is determined based on the early retirement benefit before any offset for the benefit based on pre-May 1, 2002 credited service. Behr America's share of the early retirement supplement is determined by the following fraction:

$$\frac{30 - \text{minimum (30, pre-May 1, 2002 credited service)}}{30}$$

The early retirement supplement is payable until age 62 and one month.

Interim Supplement
Eligibility

Tier 1 employee who retires with less than 30 years of credited service.

Monthly Benefit

Credited service times the following amount:

Retirement Age	10/01/2003-09/01/2004	10/01/2004-09/01/2005	10/01/2005-09/01/2006	10/01/2006-and Later
55	\$20.10	\$20.70	\$21.35	\$21.90
56	\$23.75	\$24.45	\$25.20	\$25.85
57	\$28.70	\$29.50	\$30.45	\$31.25
58	\$33.65	\$34.60	\$35.70	\$36.60
59	\$37.55	\$38.60	\$39.85	\$40.85
60	\$43.45	\$44.70	\$46.10	\$47.30
61	\$43.45	\$44.70	\$46.10	\$47.30

The benefit is reduced by the benefit based on credited service as of May 1, 2002. The interim supplement is payable until age 62 and one month.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
EIN: 20574546 PN: 004

Deferred Vested Retirement

Eligibility

Five years of credited service.

Monthly Benefit

The accrued benefit as of the date of termination payable at the participant's normal retirement age or a reduced benefit commencing on or after attaining age 60. Reduction is 5/9th of 1% for each month prior to age 65.

Tier 1 employees may commence at age 55 if they have at least 85 points. Benefit is reduced based on the following table:

Commencement Age	Percentage
55	42.5%
56	46.4%
57	50.6%
58	55.4%
59	60.7%
60	66.7%

Disability Retirement

Eligibility

Participant becomes totally and permanently disabled and retires before age 65 with 10 years of credited service.

Monthly Benefit

Accrued benefit at disability retirement payable until age 65.

Tier 1 employees may also receive an additional monthly benefit payable until the employee is entitled to receive Social Security benefits.

Preretirement Surviving Spouse Benefit

Eligibility

Five years of service.

Monthly Benefit

Accrued benefit reduced for 50% joint and survivor form (65% joint and survivor form if retirement eligible) and early commencement.

Normal Forms of Payment

For Unmarried Employees

Life annuity.

For Married Employees

The actuarial equivalent 65% joint and survivor annuity.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
EIN: 20574546 PN: 004

Optional Forms of Payment	Life annuity, 50% joint and survivor annuity, 75% joint and survivor annuity, 100% joint and survivor annuity.
Actuarial Equivalence	Lump sums based on applicable interest rates and mortality pursuant to code section 417(e). Conversions to other forms of payment are based on factors in the plan document.
Definitions	
Accrued Benefit	The amount which a participant is entitled to commencing on his normal retirement date in the form of a straight life annuity based on his credited service.
Credited Service	
After April 30, 2002	One year of service for each calendar year an employee completes 1,700 hours of service. Fractional service is computed for less than 1,700 hours.
Prior to May 1, 2002	Service determined by DaimlerChrysler Corporation for the IUE Pension Agreement. Service was frozen for Tier 3 on January 1, 2008.
Plan Year	Calendar year.
Tier 1	Local 775 employees (hourly) hired by DaimlerChrysler Corporation prior to April 1, 1985 and Local 758 employees (Salaried) hired by DaimlerChrysler Corporation prior to June 16, 1987.
Tier 2	Other IUE hourly employees hired before January 1, 1992; Other salaried IUE employees hired before May 5, 2003.
Tier 3	Other IUE hourly employees hired on or after January 1, 1992 and before October 22, 2007.

Plan Changes Since the Prior Year

The funding, financial accounting, and plan reporting valuations do not reflect any plan changes.

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

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

Schedule SB Attachment (Form 5500)—2016 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
EIN: 20574546 PN: 004

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2016

Attained Age	Number of Participants									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29			1	2						
30-34			9	5	3					
35-39			4	17	44					
40-44			9	16	35	39				
45-49			5	8	41	46	2			
50-54			6	15	34	37	15	3		
55-59			9	11	33	31	12	4		
60-64			6	10	14	16	7	4		
65-69			1	2	4	8		2		
70+			1		2			1		

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Schedule SB Attachment (Form 5500)—2016 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
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Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 649,087	January 1, 2013	4	\$ 172,970
Shortfall	\$ (181,141)	January 1, 2014	5	\$ (39,435)
Shortfall	\$ 371,258	January 1, 2015	6	\$ 69,474
Shortfall	\$ 958,585	January 1, 2016	7	\$ 158,381

Schedule SB Attachment (Form 5500)—2016 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
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Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2016

Date	Amount	Days to Discount to 1/1/2016 at 6.15%	Days to Discount to 1/1/2016 at 11.15%	Interest Adjusted Contribution
April 14, 2016	\$ 145,039	104	0	\$ 142,600
July 15, 2016	58,615	196	0	56,771
September 16, 2016	86,400	196	63	82,173
September 16, 2016	932	259	0	893
October 13, 2016	145,039	286	0	138,430
January 13, 2017	145,039	378	0	136,369
September 13, 2017	255,841	621	0	231,202
Total Contribution	\$ 836,905			\$ 788,438

Schedule SB Attachment (Form 5500)—2016 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
EIN: 20574546 PN: 004

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.

	Average Age	% of Active Participants
Less Than 30 Years of Service	59.65	97.6%
30 or More Years of Service	53.49	2.4%
Weighted Average Retirement Age	59.50	

Schedule SB Attachment (Form 5500)—2016 Plan Year
 Behr Dayton Thermal Products IUE Pension Plan
 EIN: 20574546 PN: 004

Less than 30 years of service at retirement			(d) Product
(a) Age	(b) Rate	(c) Weight	(a) × (b) × (c)
55.5	15.00%	1.0000	8.33
56.5	15.00%	0.8500	7.20
57.5	15.00%	0.7225	6.23
58.5	25.00%	0.6141	8.98
59.5	25.00%	0.4606	6.85
60.5	20.00%	0.3454	4.18
61.5	20.00%	0.2764	3.40
62.5	20.00%	0.2211	2.76
63.5	15.00%	0.1769	1.68
64.5	15.00%	0.1503	1.45
65.5	40.00%	0.1278	3.35
66.5	25.00%	0.0767	1.27
67.5	25.00%	0.0575	0.97
68.5	25.00%	0.0431	0.74
69.5	25.00%	0.0323	0.56
70	100.00%	0.0243	1.70
Weighted Average			59.65

At least 30 years of service at retirement			(d) Product
(a) Age	(b) Rate	(c) Weight	(a) × (b) × (c)
48.5	15.00%	1.0000	7.28
49.5	15.00%	0.8500	6.31
50.5	15.00%	0.7225	5.47
51.5	15.00%	0.6141	4.74
52.5	15.00%	0.5220	4.11
53.5	15.00%	0.4437	3.56
54.5	15.00%	0.3771	3.08
55.5	15.00%	0.3206	2.67
56.5	15.00%	0.2725	2.31
57.5	15.00%	0.2316	2.00
58.5	25.00%	0.1969	2.88
59.5	25.00%	0.1477	2.20
60.5	30.00%	0.1107	2.01
61.5	35.00%	0.0775	1.67
62.5	45.00%	0.0504	1.42
63.5	45.00%	0.0277	0.79
64.5	50.00%	0.0152	0.49
65.5	75.00%	0.0076	0.37
66.5	50.00%	0.0019	0.06
67.5	50.00%	0.0010	0.03
68.5	50.00%	0.0005	0.02
69.5	50.00%	0.0002	0.01
70	100.00%	0.0001	0.01
Weighted Average			53.49

Schedule SB Attachment (Form 5500)—2016 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
EIN: 20574546 PN: 004

Schedule SB, Part V—Summary of Plan Provisions

Effective Date May 1, 2002; most recently amended and restated as of January 1, 2015.

Date of Participation Employment with Behr Dayton Thermal Products and participation in IUE Local 775 (hourly) hired before October 22, 2007; or Local 758 (salaried) hired before May 5, 2003.

Normal Retirement

Eligibility

Tier 1

Age 65 with one year of credited service.

Tier 2 and Tier 3

Age 65 with 10 years of credited service.

Monthly Benefit

Tier 1

Credited service times the following amount:

Job Classification	10/01/2003-09/01/2004	10/01/2004-09/01/2005	10/01/2005-09/01/2006	10/01/2006-and Later
A	\$47.75	\$48.80	\$49.85	\$50.90
B	\$48.00	\$49.05	\$50.10	\$51.15
C	\$48.25	\$49.30	\$50.35	\$51.40
D	\$48.50	\$49.55	\$50.60	\$51.65

Tier 2 and Tier 3

Credited service times the following amount:

Date	Amount
Prior to 09/28/2003	\$15.00
09/28/2003 to 09/28/2007	\$16.00
09/27/2007 and later	\$17.00

For Tier 1, Tier 2 and Tier 3, the normal retirement benefit is reduced by the benefit based on credited service as of May 1, 2002. For Tier 3 participants, service is frozen as of January 1, 2008.

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Behr Dayton Thermal Products IUE Pension Plan
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Early Retirement
Eligibility

Age 60 with 10 years of credited service.

Tier 1 only: Age 55 with 85 points; or 30 years of credited service.

Monthly Benefit

Normal retirement benefit multiplied by a percentage based on the following schedule:

Commencement Age	Percentage
42	21.0%
43	22.6%
44	24.3%
45	26.1%
46	28.2%
47	30.4%
48	32.8%
49	35.4%
50	38.3%
51	41.5%
52	45.0%
53	48.9%
54	53.2%
55	57.9%
56	63.5%
57	69.4%
58	75.2%
59	80.8%
60	86.7%
61	93.3%
62+	100.0%

For Tier 1 employees who retired with at least 85 points or 30 years of credited service, the reduction for early retirement is eliminated at age 62 and one month.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
EIN: 20574546 PN: 004

Early Retirement Supplement
Eligibility

Tier 1 employee who retires with at least 30 years of credited service.

Monthly Benefit

Amount necessary so that total benefit payable equals the amount in the following table:

Retirement	Amount
10/01/2003–09/01/2004	\$2,805
10/01/2004–09/01/2005	\$2,875
10/01/2005–09/01/2006	\$2,950
10/01/2006 and later	\$3,020

The early retirement supplement is determined based on the early retirement benefit before any offset for the benefit based on pre-May 1, 2002 credited service. Behr America's share of the early retirement supplement is determined by the following fraction:

$$\frac{30 - \text{minimum (30, pre-May 1, 2002 credited service)}}{30}$$

The early retirement supplement is payable until age 62 and one month.

Interim Supplement
Eligibility

Tier 1 employee who retires with less than 30 years of credited service.

Monthly Benefit

Credited service times the following amount:

Retirement Age	10/01/2003-09/01/2004	10/01/2004-09/01/2005	10/01/2005-09/01/2006	10/01/2006-and Later
55	\$20.10	\$20.70	\$21.35	\$21.90
56	\$23.75	\$24.45	\$25.20	\$25.85
57	\$28.70	\$29.50	\$30.45	\$31.25
58	\$33.65	\$34.60	\$35.70	\$36.60
59	\$37.55	\$38.60	\$39.85	\$40.85
60	\$43.45	\$44.70	\$46.10	\$47.30
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The benefit is reduced by the benefit based on credited service as of May 1, 2002. The interim supplement is payable until age 62 and one month.

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Behr Dayton Thermal Products IUE Pension Plan
EIN: 20574546 PN: 004

Deferred Vested Retirement

Eligibility

Five years of credited service.

Monthly Benefit

The accrued benefit as of the date of termination payable at the participant's normal retirement age or a reduced benefit commencing on or after attaining age 60. Reduction is 5/9th of 1% for each month prior to age 65.

Tier 1 employees may commence at age 55 if they have at least 85 points. Benefit is reduced based on the following table:

Commencement Age	Percentage
55	42.5%
56	46.4%
57	50.6%
58	55.4%
59	60.7%
60	66.7%

Disability Retirement

Eligibility

Participant becomes totally and permanently disabled and retires before age 65 with 10 years of credited service.

Monthly Benefit

Accrued benefit at disability retirement payable until age 65.

Tier 1 employees may also receive an additional monthly benefit payable until the employee is entitled to receive Social Security benefits.

Preretirement Surviving Spouse Benefit

Eligibility

Five years of service.

Monthly Benefit

Accrued benefit reduced for 50% joint and survivor form (65% joint and survivor form if retirement eligible) and early commencement.

Normal Forms of Payment

For Unmarried Employees

Life annuity.

For Married Employees

The actuarial equivalent 65% joint and survivor annuity.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
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Tier 2	Other IUE hourly employees hired before January 1, 1992; Other salaried IUE employees hired before May 5, 2003.
Tier 3	Other IUE hourly employees hired on or after January 1, 1992 and before October 22, 2007.

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EIN: 20574546 PN: 004

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
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Shortfall	\$ (181,141)	January 1, 2014	5	\$ (39,435)
Shortfall	\$ 371,258	January 1, 2015	6	\$ 69,474
Shortfall	\$ 958,585	January 1, 2016	7	\$ 158,381