

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 ☐ an amended return/report	☐ the final 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 ☐ special extension (enter description)	☐ automatic extension	☐ the DFVC program

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>MAHLE INDUSTRIES, INCORPORATED RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ►	<u>001</u>
		1c Effective date of plan	<u>01/01/1981</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 INDUSTRIES, INCORPORATED</u>			
<u>CHRIS BUSSA</u>			
<u>ONE MAHLE DRIVE</u>			
<u>MORRISTOWN, TN 37814</u>			
	2b Employer Identification Number (EIN)	<u>58-2431334</u>	
	2c Plan Sponsor's telephone number	<u>248-735-3456</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	Filed with authorized/valid electronic signature.	<u>10/16/2017</u>	<u>CHRIS BUSSA</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 2307
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	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 664 6a(2) 634 6b 1215 6c 340 6d 2189 6e 114 6f 2303 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 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) ☒ <u>1</u> 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 A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 MAHLE INDUSTRIES, INCORPORATED RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MAHLE INDUSTRIES, INCORPORATED	D Employer Identification Number (EIN) 58-2431334

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	SA12775	0	01/01/2016	12/31/2016

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
 (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
 (3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year **7b** 0**c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

(4) Transferred from separate account

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions **7c(6)**

0

d Total of balance and additions (add lines **7b** and **7c(6)**). **7d**

0

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier.....

7e(2)

(3) Transferred to separate account

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions **7e(5)**

0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>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	
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 MAHLE INDUSTRIES, INCORPORATED RETIREMENT PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MAHLE INDUSTRIES, INCORPORATED	D Employer Identification Number (EIN) 58-2431334
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2016			
2	Assets:			
a	Market value	2a	100889140	
b	Actuarial value	2b	103692670	
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	1311	63849915	63849915
b	For terminated vested participants	332	7122657	7122657
c	For active participants	664	36120221	37221171
d	Total	2307	107092793	108193743
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	6.11 %	
6	Target normal cost	6	3486394	

Statement by Enrolled Actuary

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

<div>SIGN HERE</div>	<div>10/05/2017</div> <div>Signature of actuary</div> <div>JOSEPH A. GRONDIN</div> <div>Type or print name of actuary</div> <div>TOWERS WATSON DELAWARE INC.</div> <div>Firm name</div> <div>26555 EVERGREEN ROAD SUITE 1600 SOUTHFIELD, MI 48076</div> <div>Address of the firm</div>	<div>10/05/2017</div> <div>Date</div> <div>17-06662</div> <div>Most recent enrollment number</div> <div>248-936-7700</div> <div>Telephone number (including area code)</div>
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Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	7864270
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	3691568
9	Amount remaining (line 7 minus line 8)	0	4172702
10	Interest on line 9 using prior year's actual return of <u>-1.23</u> %	0	-51324
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		2041132
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.31</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		-25106
c	Total available at beginning of current plan year to add to prefunding balance		2016026
d	Portion of (c) to be added to prefunding balance		2016026
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	6137404

Part III		Funding Percentages	
14	Funding target attainment percentage	14	90.16%
15	Adjusted funding target attainment percentage	15	90.16%
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	93.60%
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	
04/15/2016	1127054	0	
01/13/2017	1127054	0	
07/14/2017	1370359	0	
09/15/2017	1172509	0	
Totals ►		18(b)	4796976
		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 4478715
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	63
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	3486394
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	10638477	1995043
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	5481437
		Carryover balance	Prefunding balance
35	Balances elected for use to offset funding requirement	0	2254108
36	Additional cash requirement (line 34 minus line 35)	36	3227329
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	4478715
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	1251386
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	1251386
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 MAHLE INDUSTRIES, INCORPORATED RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MAHLE INDUSTRIES, INCORPORATED	D Employer Identification Number (EIN) 58-2431334	

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

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)

MASSACHUSETTS MUTUAL LIFE INSURANCE

04-1590850

(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?
13 52 60 62 63 72	NONE	240700	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

RYAN LABS INC.

13-3451974

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	177664	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TOWERS WATSON DELAWARE INC.

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	109046	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)

STATE STREET BANK AND TRUST

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	41680	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PLANTE & MORAN

38-1357951

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	35750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NFP SECURITIES

74-2794194

(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?
17 50	NONE	22500	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)

KESTRA ADVISORY SERVICES LLC

74-2794194

(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?
17 50	NONE	22500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HELEN CLEVELAND PC

11-3672269

(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?
29 50	NONE	8268	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
MASSACHUSETTS MUTUAL LIFE INSURANCE	72	0
(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.	
PREMIER MONEY MARKET (BABSON) 04-3212059	10 BPS * PLAN ASSETS	
(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:	THOMAS CHES	b EIN:	53-0181291
c Position:	ACTUARY		
d Address:	26555 EVERGREEN ROAD SUITE 1600 SOUTHFIELD, MI 48076	e Telephone:	248-936-7700

Explanation: TERMINATION OF ACTUARY

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>MAHLE INDUSTRIES, INCORPORATED RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MAHLE INDUSTRIES, INCORPORATED</u>	D Employer Identification Number (EIN) <u>58-2431334</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: PREMIER MONEY MARKET

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN <u>04-1590850-043</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</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)
-----------------	----------------------	---

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>MAHLE INDUSTRIES, INCORPORATED RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MAHLE INDUSTRIES, INCORPORATED</u>	D Employer Identification Number (EIN) <u>58-2431334</u>	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	3160589	3669922
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	792983	559127
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	657420	0
(2) U.S. Government securities	1c(2)	7819793	19571862
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	51261621	39622752
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	15054637	15450721
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)	9390517	7942967
(8) Participant loans.....	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	2324189
(10) Value of interest in pooled separate accounts	1c(10)	3399050	0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	9475009	14554909
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	101011619	103696449

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	953125
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	953125

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	101011619	102743324
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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)	4796976	
(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)		4796976
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5936	
(B) U.S. Government securities	2b(1)(B)	166632	
(C) Corporate debt instruments	2b(1)(C)	1336882	
(D) Loans (other than to participants)	2b(1)(D)	264358	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	946939	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2720747
(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)	86377	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		86377
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	80406850	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	79341330	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1065520
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1212026	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1212026

		(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)		
(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)		401875
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		10283521

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6800358	
(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)		6800358
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)	194744	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	463364	
(4) Other	2i(4)	1093350	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1751458
j Total expenses. Add all expense amounts in column (b) and enter total	2j		8551816

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1731705
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: PLANTE & MORAN, PLLC

(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 3991296. (See instructions.)

Part V Trust Information

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under 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). ▶ File as an attachment to Form 5500.	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

A Name of plan <u>MAHLE INDUSTRIES, INCORPORATED RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MAHLE INDUSTRIES, INCORPORATED</u>	D Employer Identification Number (EIN) <u>58-2431334</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-1590850</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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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>8.0</u> % Investment-Grade Debt: <u>77.0</u> % High-Yield Debt: <u>0.0</u> % Real Estate: <u>0.0</u> % Other: <u>15.0</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 Industries, Inc. Retirement Plan

Financial Report
December 31, 2016

MAHLE Industries, Inc. Retirement Plan

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Independent Auditor's Report

To the Plan Administrator
MAHLE Industries, Inc. Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of MAHLE Industries, Inc. Retirement Plan (the "Plan"), 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 conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Massachusetts Mutual Life Insurance Company, State Street Bank and Trust Company, and Comerica Bank (collectively, the "Custodians"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Custodians hold the Plan's investment assets and execute related transactions. The plan administrator has obtained certifications from the Custodians as of and for the years ended December 31, 2016 and 2015 that the information provided to the plan administrator is complete and accurate.

To the Plan Administrator
MAHLE Industries, Inc. Retirement Plan

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of assets held at end of year as of December 31, 2016 and reportable transactions for the year ended December 31, 2016 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

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

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

Plante & Morse, PLLC

Southfield, Michigan
October 10, 2017

MAHLE Industries, Inc. Retirement Plan

Statement of Net Assets Available for Benefits

	December 31, 2016	December 31, 2015
Assets		
Investments at fair value:		
Interest-bearing cash	\$ -	\$ 657,420
Registered investment companies	14,554,909	9,475,009
Pooled separate account	-	3,399,050
Common collective trust fund	2,324,189	-
U.S. government securities	19,571,862	7,819,793
Corporate debt securities	39,622,752	51,261,621
Other debt securities	7,942,967	9,390,517
Limited partnership	11,521,111	11,158,775
Hedge fund	3,929,610	3,895,862
Total investments at fair value	99,467,400	97,058,047
Contributions receivable	3,669,922	3,160,589
Accrued interest and dividends	559,127	792,983
Total assets	103,696,449	101,011,619
Liabilities - Due to broker for securities purchased	953,125	-
Net Assets Available for Benefits	\$ 102,743,324	\$ 101,011,619

MAHLE Industries, Inc. Retirement Plan

Statement of Changes in Net Assets Available for Benefits

	Year Ended	
	December 31, 2016	December 31, 2015
Additions to Net Assets		
Contributions - Employer	\$ 4,796,976	\$ 3,160,589
Investment income (loss):		
Interest and dividends	2,807,124	3,416,791
Net realized and unrealized gains (losses) on investments	2,679,421	(4,420,260)
Total investment income (loss)	5,486,545	(1,003,469)
Total additions - Net	10,283,521	2,157,120
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	6,800,358	6,116,108
Administrative expenses	1,751,458	1,214,873
Total deductions	8,551,816	7,330,981
Net Increase (Decrease)	1,731,705	(5,173,861)
Net Assets Available for Benefits		
Beginning of year	101,011,619	106,185,480
End of year	<u>\$ 102,743,324</u>	<u>\$ 101,011,619</u>

MAHLE Industries, Inc. Retirement Plan

Notes to Financial Statements December 31, 2016 and 2015

Note 1 - Plan Description

The following description includes the provisions of MAHLE Industries, Inc. Retirement Plan (the "Plan") and provides only general information. The Plan includes participants that are covered under various plan provisions dependent upon their location. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined benefit plan covering eligible active and terminated employees of MAHLE Industries, Incorporated (the "Company"), as defined in the plan agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility and Vesting - The Plan is frozen to new participants. Employees actively participating in the Plan at December 31, 2011 are generally eligible to continue participating. Participants are fully vested in their accrued benefits after five years of service.

Pension Benefits - Employees with five or more years of service are entitled to annual pension benefits beginning at normal retirement age 65 equal to a percentage, as specified in the Plan, of their final average annual compensation for each year of service up to 30 years, reduced by an amount the participant is or would be entitled to receive under the Social Security Act then in effect. The Plan permits early retirement at ages 55-64 and 10 years of service at a reduced benefit and allows participants to continue beyond the normal retirement age of 65.

If employees terminate before rendering five years of service, they forfeit the right to receive a benefit. If a participant becomes disabled before retirement but after completing five years of service, the participant will receive benefit payments at the time he or she would have reached normal retirement (or early retirement, if elected) based on the participant's compensation for the calendar year preceding the disability.

Death Benefits - If an active or terminated employee dies prior to the commencement of benefits under the Plan, his or her beneficiary or estate will receive an automatic lump-sum payment if the deceased participant's accumulated benefit was not greater than \$5,000, or a monthly benefit equal to one-half of the amount that would have been payable to the participant as a 50 percent joint and survivor annuity based on the participant's years of service earned as of the date of death. Payments will commence on the deceased participant's normal retirement date or earliest retirement date at a reduced benefit, if elected.

Funding - The Company's policy is to make contributions necessary to satisfy ERISA funding standards. Annual contributions meet the minimum funding requirements of ERISA.

MAHLE Industries, Inc. Retirement Plan

Notes to Financial Statements December 31, 2016 and 2015

Note 1 - Plan Description (Continued)

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

Payment of Benefits - Distributions are payable upon the retirement, death, disability, or termination of employment in the form of a lump-sum amount equal to the vested value of the participant's accumulated plan benefits if less than \$5,000 or in various installment annuities.

Party-in-interest Transactions - Certain plan assets are in investment funds managed by Massachusetts Mutual Life Insurance Company (MassMutual), State Street Bank and Trust Company (State Street), and Comerica Bank (Comerica) or their affiliates. MassMutual, State Street, and Comerica are the custodians of the Plan; therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

Note 2 - Summary of Significant Accounting Policies

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

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

Benefit Payments - Benefits are recorded when paid.

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

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

Benefits are based on final average earnings, defined as the employees' highest average compensation during any five consecutive calendar years of credited service during their last 10 years of employment subject to an adjustment based upon the date of a participant's termination or elective freezing of active status in accordance with the Plan's provisions.

MAHLE Industries, Inc. Retirement Plan

Notes to Financial Statements December 31, 2016 and 2015

Note 2 - Summary of Significant Accounting Policies (Continued)

Actuarial Assumptions - The actuarial present value of accumulated plan benefits is determined by an 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 Plan at December 31, 2015, the date of the most recent valuation, are summarized as follows:

Actuarial cost method	- Traditional unit credit
Discount rate	- 5.0 percent per annum
Mortality basis	- The RP-2014 blue collar/white collar mortality tables projected generationally using mortality improvement scale MP-2016
Assumed retirement age	- Various rates ranging from 3.0 percent at age 55 to 100 percent at age 70+

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

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.

Risks and Uncertainties - Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation, 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 financial statements.

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including October 10, 2017, which is the date the financial statements were available to be issued.

MAHLE Industries, Inc. Retirement Plan

Notes to Financial Statements December 31, 2016 and 2015

Note 3 - Unaudited Information

In 2016, the Plan changed custodians, from MassMutual and State Street to Comerica (collectively, the "Custodians"). The Custodians of the Plan held the Plan's investments and executed all investment transactions during the periods under audit. The investment balances and related investment results included in the accompanying financial statements and supplemental schedules of assets held at end of year and reportable transactions are based solely on information provided by the Custodians.

Note 4 - Fair Value Measurements

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

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

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

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

Level 3 - Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset.

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

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

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

Pooled Separate Account - The pooled separate account is valued at net asset value per share (or its equivalent) of the fund, which is based on the fair value of the fund's underlying assets.

MAHLE Industries, Inc. Retirement Plan

Notes to Financial Statements December 31, 2016 and 2015

Note 4 - Fair Value Measurements (Continued)

Registered Investment Companies - The registered investment companies are valued at closing quoted prices reported in active markets.

Interest-bearing Cash - These investments are valued at fair value based on their outstanding balances.

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

Limited Partnership and Hedge Fund - Investments in limited partnership and hedge fund investments are valued at net asset value per share (or its equivalent) of the funds based on audited financial statements of the funds, where available, with adjustments to account for partnership activity and other applicable valuation adjustments.

Assets Measured at Fair Value on a Recurring Basis at December 31, 2016

	Investments (at Fair Value)	Level 1	Level 2
Registered investment companies - Equity investments	\$ 14,554,909	\$ 14,554,909	\$ -
U.S. government securities	19,571,862	-	19,571,862
Corporate debt securities	39,622,752	-	39,622,752
Other debt securities:			
Residential mortgage-backed securities	4,740,965	-	4,740,965
Commercial mortgage-backed securities	2,023,945	-	2,023,945
State government securities	1,178,057	-	1,178,057
Total	81,692,490	\$ 14,554,909	\$ 67,137,581
Investments measured at NAV:			
Limited partnership (2)	11,521,111		
Hedge fund (3)	3,929,610		
Common collective trust fund	2,324,189		
Total investments at fair value	\$ 99,467,400		

MAHLE Industries, Inc. Retirement Plan

Notes to Financial Statements December 31, 2016 and 2015

Note 4 - Fair Value Measurements (Continued)

Assets Measured at Fair Value on a Recurring Basis at December 31, 2015

	Investments (at Fair Value)	Level 1	Level 2
Interest-bearing cash - Short-term investment	\$ 657,420	\$ -	\$ 657,420
Registered investment companies - Equity investments	9,475,009	9,475,009	-
U.S. government securities	7,819,793	-	7,819,793
Corporate debt securities	51,261,621	-	51,261,621
Other debt securities:			
Residential mortgage-backed securities	6,257,121	-	6,257,121
Commercial mortgage-backed securities	1,111,385	-	1,111,385
State government securities	2,022,011	-	2,022,011
Total	78,604,360	\$ 9,475,009	\$ 69,129,351
Investments measured at NAV:			
Pooled separate account - Money market fund (1)	3,399,050		
Limited partnership (2)	11,158,775		
Hedge fund (3)	3,895,862		
Total investments at fair value	\$ 97,058,047		

- (1) This class is composed of an investment fund that seeks to maximize current income to the extent consistent with liquidity and the preservation of capital by investing in a diversified portfolio of money market instruments. There were no unfunded commitments or redemption restrictions on the investment within this class.
- (2) This class is comprised of an investment in a limited partnership that invests in several different individual limited partnerships and investment funds employing a variety of investing strategies, primarily including multicategory, credit-driven, and equity strategies. Redemption restrictions on this investment include semiannual redemption periods with 95 days' prior notice required. There were no unfunded commitments related to the investment within this class.
- (3) This class is comprised of an investment in a hedge fund that seeks long-term growth of capital with reduced volatility by allocating its capital among various money managers that, as a group, employ a variety of investment techniques and strategies. The hedge fund invests primarily in various investment funds managed by other individual portfolio managers. Redemption restrictions on this investment include quarterly redemption periods with 90 days' prior notice required. Redemptions of this investment became restricted during 2017 and compulsory liquidation of the hedge fund has begun. There were no unfunded commitments related to the investment within this class.

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

MAHLE Industries, Inc. Retirement Plan

Notes to Financial Statements December 31, 2016 and 2015

Note 5 - 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 Plan, which were made as of and for the year ended December 31, 2015, the most recent actuarial valuation date, are as follows:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving benefit payments	\$ 70,962,162
Other vested participants	<u>58,311,051</u>
Total vested benefits	129,273,213

Nonvested benefits	<u>537,408</u>
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Total benefit obligations	<u>\$ 129,810,621</u>
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A summary of significant changes in the actuarial present value of accumulated plan benefits during the year ended December 31, 2015 is as follows:

Actuarial present value of accumulated plan benefits - Beginning of year \$ 129,288,701

Increase (decrease) during the year attributable to:

Benefits accumulated	2,705,943
Increase for interest due to the decrease in the discount period	6,446,830
Changes in actuarial assumptions	(1,771,176)
Actuarial gains	(743,569)
Benefits paid	<u>(6,116,108)</u>

Net increase	<u>521,920</u>
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Actuarial present value of accumulated plan benefits - End of year	<u>\$ 129,810,621</u>
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Note 6 - Tax Status

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

MAHLE Industries, Inc. Retirement Plan

Notes to Financial Statements December 31, 2016 and 2015

Note 7 - Plan Termination

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

MAHLE Industries, Inc. Retirement Plan

Schedule of Assets Held at End of Year Form 5500, Schedule H, Line 4i EIN 58-2431334, Plan No. 001 December 31, 2016

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Comerica Bank	Common collective trust fund - Comerica Short Term Fund	\$ 2,324,189	\$ 2,324,189
Comerica Bank	Registered investment companies:		
	BlackRock Global Allocation Fund I	3,018,930	6,808,780
	Vanguard Extended Market Index Fund	1,989,253	2,322,676
	Vanguard Large Cap Index Fund - Admiral Shares	3,504,992	3,829,476
	Vanguard Total International Stock Index Fund	1,541,004	1,593,977
Comerica Bank	U.S. government securities		
	United States Treasury 2.125% 09/21	248,147	242,129
	United States Treasury 1.75% 11/21	347,389	347,389
	United States Treasury 1.625% 11/22	436,971	418,476
	United States Treasury Dtd 686 1.5% 02/23	470,881	456,855
	United States Treasury Dtd 10/31/2016 1.625% 10/23	242,559	245,328
	United States Treasury 2.25% 11/25	753,570	730,521
	United States Treasury 1.625% 02/26	797,342	756,848
	United States Treasury 1.625% 05/26	858,084	792,625
	United States Treasury 1.5% 08/26	1	234,531
	United States Treasury 2% 11/26	953,125	962,150
	United States Treas Sec Stripped 0% 11/40	1,045,253	1,050,390
	United States Treas Sec Stripped 0% 05/42	1,015,213	1,014,990
	United States Treas Sec Stripped 0% 11/42	926,329	933,508
	United States Treas Sec Stripped 0% 11/43	784,955	779,164
	United States Treas Sec Stripped 0% 11/44	1,321,038	1,327,676
	United States Treas Bds 2.5% 02/45	116,474	115,796
	United States Treas Bds 2.875% 08/45	1,889,546	1,789,897
	United States Treas Bds 3% 11/45	2,986,821	2,737,066
	United States Treas Bds Dtd 02/15/2016 2.5% 02/46	2,710,244	2,390,307
	United States Treas Bds 2.5% 05/46	2,370,422	2,052,828
	United States Treas Bds 2.25% 08/46	196,183	193,389
Comerica Bank	Corporate debt securities:		
	Ford Motor Credit Co 2.551% 10/18	514,267	507,838
	American Express Cr Corp 2.375% 05/20	692,498	679,619
	Celgene Corp Sr Nt 3.95% 10/20	583,171	574,992
	JPMorgan Chase & Co 4.25% 10/20	324,325	328,054
	Bank Amer Fdg Corp 5.875% 01/21	487,590	517,722
	Bard C R Inc 4.4% 01/21	472,403	444,241
	Keycorp 5.1% 03/21	569,777	557,700
	Citigroup Inc 2.7% 03/21	579,576	568,695
	Fluor Corp Sr Nt 3.375% 09/21	367,020	369,238
	Toyota Mtr Cr Corp 3.3% 01/22	668,729	671,489
	Goldman Sachs Sr Nt 5.75% 01/22	609,131	607,079
	JPMorgan Chase & Co Nt 4.5% 01/22	614,353	614,705
	AT&T Inc Global 3% 02/22	375,171	371,340
	U S Bancorp Medium Term 3% 03/22	286,937	275,281
	Omnicom Group 3.625% 05/22	553,529	564,855
	Wellpoint Inc 3.125% 05/22	306,835	320,163
	Kinder Morgan 3.95% 09/22	215,331	220,743

MAHLE Industries, Inc. Retirement Plan

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i

EIN 58-2431334, Plan No. 001

December 31, 2016

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Comerica Bank	Corporate debt securities (Continued):		
	Franklin Nt 2.8% 09/22	\$ 599,765	\$ 596,160
	Wells Fargo Company 3.45% 02/23	553,321	562,016
	TJX 2.5% 05/23	345,467	352,631
	Chevron Corporation Nt 3.191% 06/23	586,655	624,811
	Valley Natl Bancorp 5.125% 09/23	186,092	191,812
	Public Svc Co N H 1 St Mtg Bd Ser S 3.5% 11/23	548,717	565,745
	Rockwell Collins 3.7% 12/23	475,376	475,997
	Wyeth 6.45% 02/24	655,790	596,644
	Home Depot Inc 3.75% 02/24	560,904	573,765
	Comcast Corp 3.6% 03/24	564,429	583,199
	Spectra Energy Partners Lp 4.75% 03/24	583,625	621,065
	Mastercard Inc 3.375% 04/24	712,321	730,299
	Macys Dept Stores 6.65% 07/24	517,705	492,703
	Midamerican Energy Co 3.5% 10/24	530,326	532,330
	Merck & Co Inc New 2.75% 02/25	279,851	270,011
	Stryker Corp 3.375% 11/25	360,458	357,714
	Microsoft Corp 3.125% 11/25	513,125	490,417
	Visa Inc 3.15% 12/25	275,094	276,207
	Anheuser-Busch Inbev Fin Inc 3.65% 02/26	505,064	492,367
	Loews 3.75% 04/26	373,075	355,782
	Deere John Cap Corp 2.65% 06/26	296,599	283,581
	Ameriprise Finl Inc 2.875% 09/26	286,901	272,004
	Cisco Sys Inc Sr Nt 2.5% 09/26	285,815	271,066
	Wells Fargo Company 4.3% 07/27	654,637	658,285
	Lowes Cos Cos Inc Debs 144A 6.5% 03/29	587,839	600,659
	Conoco Inc Sr Nts 6.95% 04/29	653,197	622,492
	General Elec Cap Corp 6.75% 03/32	185,347	202,332
	HSBC Bank Usa 5.875% 11/34	190,582	186,277
	Medtronic Inc 4.375% 03/35	516,833	497,227
	GE Cap Intl Fdg Co Medium Term N 4.418% 11/35	537,344	548,057
	Anheuser-Busch Inbev Fin Inc 4.7% 02/36	554,333	589,047
	Pacificorp 6.25% 10/37	602,857	585,498
	Unitedhealth Group Inc 6.625% 11/37	471,776	490,522
	Virginia Elec & Pwr Co 6.35% 11/37	568,533	534,512
	Oracle Corporation 6.5% 04/38	539,886	561,834
	Energy Transfer Partners L P 7.5% 07/38	139,342	139,136
	Kinder Morgan Sr Nt 6.5% 09/39	364,515	362,323
	Exelon Generation Co Sr Nt 6.25% 10/39	280,499	246,683
	Florida Pwr & Lt Co 5.25% 02/41	484,201	459,486
	Applied Matls Inc Sr Nt 5.85% 06/41	239,047	244,176
	Southwestern 1 St Mtg Bd Ser No 1 4.5% 08/41	483,777	470,507
	Energy Transfer Partners L P Sr Nt 6.5% 02/42	393,599	399,737
	Berkshire Hathaway 4.3% 05/43	582,991	609,547
	General Electric Co 4.5% 03/44	319,860	327,411
	Consolidated Edison Co 4.45% 03/44	568,675	577,810
	Apple Inc 4.375% 05/45	601,667	565,026
	AT&T Inc 4.35% 06/45	440,557	423,239
	Unitedhealth Group Inc 4.75% 07/45	138,765	148,719
	Intel Corp 4.9% 07/45	553,303	587,307
	Pepsico Inc 4.45% 04/46	572,392	516,564

MAHLE Industries, Inc. Retirement Plan

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i

EIN 58-2431334, Plan No. 001

December 31, 2016

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Corporate debt securities (Continued):		
Comerica Bank	United Technologies Corp 3.75% 11/46	\$ 428,001	\$ 409,227
	Transcanada Pipelines Ltd Sr Nt 3.125% 01/19	292,974	291,032
	Lyondellbasell Inds N V Sr Nt 5% 04/19	592,130	581,157
	Alibaba Group Hldg Ltd 2.5% 11/19	172,616	170,765
	Shire Acquisitions Invts Ireland 2.4% 09/21	290,362	280,137
	America Movil S A De C V Sr Nt 3.125% 07/22	561,982	536,667
	Cnooc Fin 2013 Ltd 3% 05/23	723,178	733,552
	Bp Capital Markets Plc 2.75% 05/23	22,950	24,544
	Bp Capital Markets Plc 3.119% 05/26	440,880	419,968
	Shell Intl Fin B V 2.5% 09/26	290,192	274,925
	Norsk Hydro 6.8% 01/28	551,744	515,280
	Burlington Resources 7.2% 08/31	350,923	322,255
	Stat Oil Asa 3.95% 05/43	257,845	252,768
	Sprint Spectrum Co L C /Nt	586,181	581,085
	Metropolitan Life Global Fdg I M 3% 01/23	507,227	497,153
	New York Life Insurance 5.875% 05/33	564,622	547,055
	Gilead Sciences Inc Sr Nt 4% 09/36	399,977	378,754
	Johnson Sc & Son Inc Pp 4.8% 09/40	464,381	451,605
	Metlife Inc Sr Nt 4.875% 11/43	313,678	324,798
	S C Johnson & Son Inc Pp 144A 4.35% 09/44	679,776	682,958
	Electricite De France Pp 144A 4.95% 10/45	187,635	177,062
	Ace Ina Hldg Inc 4.35% 11/45	285,631	253,512
	Other debt securities:		
Comerica Bank	Sfave Coml Mtg Secs Tr 2015-5Ave Cmo 4.388% 01/35	466,950	458,960
	Credit Suisse Mortgage Tr Cmo 4.3733% 09/37	209,624	198,012
	Ubs-Citigroup Coml Mtg Tr 2011-C Cmo 6.06423% 01/45	751,345	735,987
	Wfrbs Coml Mtg Tr 2012-C10 Cmo 4.3954% 12/45	277,313	291,942
	Comm 2014-Ccre19 Mtg Tr Cmo 4.718792% 08/47	398,019	341,140
	JPMorgan Chase Coml Mtg Secs T Cmo 4.415298% 12/47	951,719	927,868
	Csail 2015-C3 Coml Mtg Tr Cmo 3.360266% 08/48	203,303	189,086
	Jpmdbb Coml Mtg Secs Tr 2015-C28 Cmo 4.238863% 10/48	630,025	560,720
	Csail 2015-C2 Coml Mtg Tr Cmo 4.211475% 06/57	270,223	213,792
	Wfrbs Coml Mtg Tr 2014-C22 Cmo 3.908% 09/57	653,656	597,264
	Wells Fargo Coml Mtg Tr 2016-Lc2 Cmo 4.4367% 12/59	229,304	226,194
	Americredit Automobile Receivabl Abs 3.34% 08/21	763,477	760,175
	Americredit Automobile Receivabl Abs 3.59% 02/22	643,880	641,300
	Santander Drive Auto Receivables Abs 4.02% 04/22	599,909	622,470
	New York City Transitional Future Tax Secd Build America Bonds 5.508% 08/37	167,173	150,754
	California St Utgo Taxable-Var Purp 7.55% 04/39	559,942	606,656
	Bay Area Toll Auth Ca Build America Bonds Taxable-San Fran 6.263% 04/49	235,590	238,208
	San Diego Cnty Calif Wtr Auth Fi Taxable-Ser B-Build Amer Bds 6.138% 05/49	180,754	182,438

MAHLE Industries, Inc. Retirement Plan

Schedule of Assets Held at End of Year (Continued) Form 5500, Schedule H, Line 4i EIN 58-2431334, Plan No. 001 December 31, 2016

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Comerica Bank	Hedge fund - Archstone Offshore Fund Ltd	\$ 4,031,928	\$ 3,929,610
Comerica Bank	Limited Partnership - Blackstone Capital Partners	8,837,241	11,521,111
	Total	<u>\$ 93,918,647</u>	<u>\$ 99,467,400</u>

MAHLE Industries, Inc. Retirement Plan

Schedule of Reportable Transactions Form 5500, Schedule H, Line 4j EIN 58-2431334, Plan No. 001 Year Ended December 31, 2016

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net (Loss) Gain
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
State Street Bank and Trust Company	Short-term Investment Fund	\$ -	\$ 10,390,030	\$ 10,390,030	\$ 10,390,030	\$ -
State Street Bank and Trust Company	Short-term Investment Fund	6,000,000	-	6,000,000	6,000,000	-
State Street Bank and Trust Company	Short-term Investment Fund	-	5,979,803	5,979,803	5,979,803	-
State Street Bank and Trust Company	BlackRock Global Allocation Fund	-	7,773,605	7,773,605	7,773,605	-
State Street Bank and Trust Company	Maintstay Marketfield Fund	-	4,390,024	5,807,668	4,390,024	(1,417,644)
State Street Bank and Trust Company	Blackstone Capital Partners	-	8,837,241	8,837,241	8,837,241	-
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
State Street Bank and Trust Company	Maintstay Marketfield Fund - Sales - 1	-	4,390,024	5,807,668	4,390,024	(1,417,644)
State Street Bank and Trust Company	Blackstone Capital Partners - Sales - 1	-	8,837,241	8,837,241	8,837,241	-
Comerica Bank	Comerica Short Term Fund: Purchases - 27	5,564,954	-	5,564,954	5,564,954	-
	Sales - 13	-	3,240,765	3,240,765	3,240,765	-

MAHLE Industries, Inc. Retirement Plan

Schedule of Reportable Transactions (Continued) Form 5500, Schedule H, Line 4j EIN 58-2431334, Plan No. 001 Year Ended December 31, 2016

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) (Continued):						
State Street Bank and Trust Company	Short-term Investment Fund:					
	Purchases - 132	\$ 29,518,476	\$ -	\$ 29,518,476	\$ 29,518,476	\$ -
	Sales - 53	-	30,175,896	30,175,896	30,175,896	-
State Street Bank and Trust Company	U.S. Treasury N/B 3.00% 11/45:					
	Purchases - 13	3,261,285	-	3,261,285	3,261,285	-
	Sales - 2	-	3,272,251	3,261,285	3,272,251	10,966
State Street Bank and Trust Company	U.S. Treasury N/B 2.50% 02/46:					
	Purchases - 11	2,800,921	-	2,800,921	2,800,921	-
	Sales - 2	-	2,805,194	2,800,921	2,805,194	4,273
State Street Bank and Trust Company	U.S. Treasury N/B 2.50% 05/46:					
	Purchases - 10	2,952,482	-	2,952,482	2,952,482	-
	Sales - 2	-	2,948,950	2,952,482	2,948,950	(3,532)
Mass Mutual	MassMutual Premier Money Market Fund:					
	Purchases - 42	4,304,669	-	4,304,669	4,304,669	-
	Sales - 125	-	7,703,691	7,703,738	7,703,691	(47)
State Street Bank and Trust Company	Blackrock Global Allocation Fund:					
	Purchases - 1	2,300,000	-	2,300,000	2,300,000	-
	Sales - 1	-	7,773,605	7,773,605	7,773,605	-
State Street Bank and Trust Company	Vanguard Large Cap Index Fund - Admiral Shares:					
	Purchases - 3	4,132,831	-	4,132,831	4,132,831	-
	Sales - 2	-	4,137,669	4,132,831	4,137,669	4,838

There were no Category (ii) or (iv) reportable transactions during the year.

SCHEDULE SB ATTACHMENTS

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

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		0		0		0		0		0		0		0		0		0	
30 - 34	0		0		1		1		1		0		0		0		0		0	
35 - 39	0		2		18		5		33		2		0		0		0		0	
40 - 44	0		2		11		21		50		31		0		0		0		0	
45 - 49	0		1		10		10		31		43		38		1		0		0	
50 - 54	0		0		6		9		24		31		47		26		1		0	
55 - 59	0		0		1		8		21		17		27		26		25		0	
60 - 64	0		3		0		3		11		13		14		8		21		0	
65 - 69	0		0		0		0		4		0		0		1		2		0	
70 & Over	0		0		0		0		1		0		1		1		0		0	

Plan Name: MAHLE Industries, Incorporated Retirement Plan
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SCHEDULE SB ATTACHMENTS

Schedule SB, Part V – Statement of actuarial assumptions and methods

Economic Assumptions

Interest rate basis:

■ Applicable month	September
■ Interest rate basis	3-Segment Rates

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
■ First segment rate	4.43%	1.34%
■ Second segment rate	5.91%	4.03%
■ Third segment rate	6.65%	5.06%
■ Effective interest rate	6.11%	4.37%

Annual rates of increase

■ Compensation ¹	2.00%
■ Cost of living adjustments ²	5.00%
■ Future Social Security wage bases	3.50%
■ Statutory limits on compensation	3.00%

Plan related expenses	\$1,635,000
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¹ Increase in the final average earnings.

² Cost of living adjustments are for the Caldwell Special Age 65 Benefits (premiums for Medicare Part B benefit).

Plan Name: MAHLE Industries, Incorporated Retirement Plan
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SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee is hired.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality

■ **Healthy** The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

■ **Disabled** The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

Retirement For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants eligible to retire by age are shown below.

Age	Rate (%)	Age	Rate (%)
55	3	63	20
56	2	64	20
57	2	65	50
58	2	66	50
59	2	67	50
60	5	68	50
61	2	69	50
62	30	70	100

The weighted average retirement is 63, calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Terminated vested participants are assumed to commence benefits at age 65. However, participants at Manchester who terminated employment due to plant closure who were eligible to commence early benefits are assumed to commence benefits at age 62.

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SCHEDULE SB ATTACHMENTS

Disability

The rates at which participants become disabled by age and gender are shown below:

Attained Age	Rate (%)	
	Males	Females
20	0.1200	0.1800
25	0.1200	0.1800
30	0.1200	0.1800
35	0.1275	0.1915
40	0.1470	0.2205
45	0.1975	0.2965
50	0.3565	0.5350
55	0.6810	1.0215
60	1.3800	2.0700
65	0.0000	0.0000

Representative termination rates not due to retirement, disability, or mortality

Attained Age	Rate (%)
25	5.91
30	5.61
35	5.31
40	5.01
45	4.71
50	4.19
55	0.00

Benefit commencement date:

- Preretirement death benefit Age 65.
- Deferred vested benefit Age 65.
- Disability benefit Age 65.
- Retirement benefit Upon termination of employment

Form of payment

All participants are assumed to elect a single life annuity.

Plan Name: MAHLE Industries, Incorporated Retirement Plan
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SCHEDULE SB ATTACHMENTS

Percent married	80% of participants are assumed married. Used to value pre-retirement surviving spouse benefits.
Spouse age	Wife three years younger than husband.
Final average earnings	<p>Assumed final average plan compensation for the year beginning on the valuation date was determined as the final average earnings as of December 31, 2006, increased each year prior to the current plan year, by the general wage increase percentage declared by the employer in the December of the preceding calendar year.</p> <p>The final average earnings freezes at the time an employee opts out of the plan.</p>
At-risk assumptions	For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the single life annuity form of payment.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

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Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Actuarial value of assets for determining minimum required contributions

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 5.00% (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.)

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

The plan pays small benefits (with a present value up to \$5,000 in a single lump sum payment). Such lump sums are not explicitly valued; rather such participants' benefits are valued using the benefit choice assumptions described above.

Data Sources

Participant data

The plan sponsor, through its third party administrator, MassMutual furnished participant data as of the census date. Data were reviewed for reasonableness and consistency, but no audit was performed. There were no adjustments to the data to reflect any significant changes in plan population or events that occurred between the date the data was collected and the measurement date.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Asset information

The fair value of plan assets as of December 31, 2015, along with contribution, benefit payments and administrative expenses payable for the January 1, 2015 to December 31, 2015 period was furnished by Gallagher Retirement Services Inc. This data was reviewed for reasonableness and consistency, but no audit was performed.

Plan Name: MAHLE Industries, Incorporated Retirement Plan
EIN / PN: 58-2431334 / 001
Plan Sponsor: MAHLE Industries, Incorporated
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Economic Assumptions

Discount rate The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Rates of increase in:

- **Final average earnings** Assumed compensation increases are based on a combination of assumed future (i) cost-of-living increases (CPI), (ii) productivity increases and (iii) promotional increases. CPI increases assumed are as described below. Productivity increases are consistent with the assumed real increases in NAW described below (i.e., increases in assumed NAW less increases in assumed CPI).

Since annual increases in the final average earnings are limited to 2% by the plan provisions, a 2% final average earnings increase was assumed.
- **National average wages (NAW) (e.g., Social Security wage bases)** The assumed NAW is based on assumed CPI as shown below, plus assumed increases in real wages (the portion of GDP increases that becomes part of wages). Such assumed future increases in real wages are based on historical averages.
- **Increases in statutory limits (CPI)** The assumed CPI increases are based on a combination of historical average CPI increases, current conditions and forecasts prepared by economists.
- **Plan related expenses** Plan related expenses assumed payable from the trust are based on the average of the plan related expenses (excluding PBGC premiums) paid from the trust during the last three plan years, plus the estimated PBGC premium expected to be paid from the trust for the current plan year, rounded to the nearest \$1,000.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality Assumptions used for funding purposes are as prescribed by IRC §430(h).

Termination Termination rates were based on an experience study conducted in December 2013, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Plan Name: MAHLE Industries, Incorporated Retirement Plan
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Retirement

Retirement rates were based on an experience study conducted in December 2013, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Source of Prescribed Methods

Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC 430.

The mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvement, as required by IRC 430.

The plan related expenses assumed payable from the pension trust increased from \$1,461,000 for the 2015 plan year to \$1,635,000 for the 2016 plan year.

Change in methods since prior valuation

None.

Plan Name: MAHLE Industries, Incorporated Retirement Plan
EIN / PN: 58-2431334 / 001
Plan Sponsor: MAHLE Industries, Incorporated
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MAHLE Industries, Inc. Retirement Plan

Schedule of Reportable Transactions Form 5500, Schedule H, Line 4j EIN 58-2431334, Plan No. 001 Year Ended December 31, 2016

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net (Loss) Gain
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
State Street Bank and Trust Company	Short-term Investment Fund	\$ -	\$ 10,390,030	\$ 10,390,030	\$ 10,390,030	\$ -
State Street Bank and Trust Company	Short-term Investment Fund	6,000,000	-	6,000,000	6,000,000	-
State Street Bank and Trust Company	Short-term Investment Fund	-	5,979,803	5,979,803	5,979,803	-
State Street Bank and Trust Company	BlackRock Global Allocation Fund	-	7,773,605	7,773,605	7,773,605	-
State Street Bank and Trust Company	Maintstay Marketfield Fund	-	4,390,024	5,807,668	4,390,024	(1,417,644)
State Street Bank and Trust Company	Blackstone Capital Partners	-	8,837,241	8,837,241	8,837,241	-
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
State Street Bank and Trust Company	Maintstay Marketfield Fund - Sales - 1	-	4,390,024	5,807,668	4,390,024	(1,417,644)
State Street Bank and Trust Company	Blackstone Capital Partners - Sales - 1	-	8,837,241	8,837,241	8,837,241	-
Comerica Bank	Comerica Short Term Fund: Purchases - 27	5,564,954	-	5,564,954	5,564,954	-
	Sales - 13	-	3,240,765	3,240,765	3,240,765	-

MAHLE Industries, Inc. Retirement Plan

Schedule of Reportable Transactions (Continued) Form 5500, Schedule H, Line 4j EIN 58-2431334, Plan No. 001 Year Ended December 31, 2016

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) (Continued):						
State Street Bank and Trust Company	Short-term Investment Fund:					
	Purchases - 132	\$ 29,518,476	\$ -	\$ 29,518,476	\$ 29,518,476	\$ -
	Sales - 53	-	30,175,896	30,175,896	30,175,896	-
State Street Bank and Trust Company	U.S. Treasury N/B 3.00% 11/45:					
	Purchases - 13	3,261,285	-	3,261,285	3,261,285	-
	Sales - 2	-	3,272,251	3,261,285	3,272,251	10,966
State Street Bank and Trust Company	U.S. Treasury N/B 2.50% 02/46:					
	Purchases - 11	2,800,921	-	2,800,921	2,800,921	-
	Sales - 2	-	2,805,194	2,800,921	2,805,194	4,273
State Street Bank and Trust Company	U.S. Treasury N/B 2.50% 05/46:					
	Purchases - 10	2,952,482	-	2,952,482	2,952,482	-
	Sales - 2	-	2,948,950	2,952,482	2,948,950	(3,532)
Mass Mutual	MassMutual Premier Money Market Fund:					
	Purchases - 42	4,304,669	-	4,304,669	4,304,669	-
	Sales - 125	-	7,703,691	7,703,738	7,703,691	(47)
State Street Bank and Trust Company	Blackrock Global Allocation Fund:					
	Purchases - 1	2,300,000	-	2,300,000	2,300,000	-
	Sales - 1	-	7,773,605	7,773,605	7,773,605	-
State Street Bank and Trust Company	Vanguard Large Cap Index Fund - Admiral Shares:					
	Purchases - 3	4,132,831	-	4,132,831	4,132,831	-
	Sales - 2	-	4,137,669	4,132,831	4,137,669	4,838

There were no Category (ii) or (iv) reportable transactions during the year.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration 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 MAHLE INDUSTRIES, INCORPORATED RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MAHLE INDUSTRIES, INCORPORATED	D Employer Identification Number (EIN) 58-2431334	
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	100,889,140	
b Actuarial value	2b	103,692,670	
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	1,311	63,849,915	63,849,915
b For terminated vested participants	332	7,122,657	7,122,657
c For active participants	664	36,120,221	37,221,171
d Total	2,307	107,092,793	108,193,743
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	6.11%	
6 Target normal cost	6	3,486,394	

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>10/5/17</u> Date 1706662
Joseph A. Grondin Type or print name of actuary TOWERS WATSON DELAWARE INC. Firm name 26555 Evergreen Road Suite 1600 SOUTHFIELD MI 48076 Address of the firm		Most recent enrollment number 248-936-7700 Telephone number (including area code)

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

For Paperwork Reduction Act Notice, 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	7,864,270
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....	0	3,691,568
9 Amount remaining (line 7 minus line 8).....	0	4,172,702
10 Interest on line 9 using prior year's actual return of <u>-1.23%</u>	0	-51,324
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		2,041,132
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.31%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		-25,106
c Total available at beginning of current plan year to add to prefunding balance.....		2,016,026
d Portion of (c) to be added to prefunding balance.....		2,016,026
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	6,137,404

Part III Funding Percentages

14 Funding target attainment percentage.....	14	90.16%
15 Adjusted funding target attainment percentage.....	15	90.16%
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	93.60%
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
04/15/2016	1,127,054	0			
01/13/2017	1,127,054	0			
07/14/2017	1,370,359	0			
09/15/2017	1,172,509	0			
Totals ▶			18(b)	4,796,976	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	4,478,715

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:	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 63
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	3,486,394	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	10,638,477	1,995,043	
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	5,481,437	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2,254,108	2,254,108
36 Additional cash requirement (line 34 minus line 35)	36	3,227,329	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	4,478,715	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1,251,386	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	1,251,386	
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 ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	MAHLE Industries, Incorporated
EIN/PN	58-2431334/001
Plan Name	MAHLE Industries, Incorporated Retirement Plan
Valuation Date	January 1, 2016
Enrolled Actuary	Joseph Grondin
Enrollment Number	17-06662

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

Plan Name:	MAHLE Industries, Incorporated Retirement Plan
EIN / PN:	58-2431334 / 001
Plan Sponsor:	MAHLE Industries, Incorporated
Valuation Date:	January 1, 2016

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2016

For participants eligible to retire, the rates at which participants retire at each age are shown below:

Age	Rate (%)	Age	Rate (%)
55	3	63	20
56	2	64	20
57	2	65	50
58	2	66	50
59	2	67	50
60	5	68	50
61	2	69	50
62	30	70	100

The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

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Plan Sponsor: MAHLE Industries, Incorporated
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SCHEDULE SB ATTACHMENTS

Schedule SB, Part V – Summary of principal plan provisions

Summary of principal plan provisions – MAHLE Non-Union

Plan Sponsor

MAHLE Industries, Incorporated

Plan

MAHLE Industries, Incorporated Retirement Plan

Effective Date

The plan was originally effective January 1, 1981, as amended effective September 1, 2013.

Plan Year

The twelve-month period ending December 31.

Eligibility and Participation

Any person who is employed regularly by MAHLE Industries, Incorporated, and has FICA taxes withheld by MAHLE Industries, Incorporated. An individual who performs services for MAHLE Industries, Incorporated, pursuant to an agreement between MAHLE Industries, Incorporated, and a collective bargaining agreement, an employee leasing organization or independent contractor shall not be considered.

Each active employee will become a Participant as of the January 1 on or next following his Employment Date. No new participants will enter after January 1, 2004. Effective May 1, 2007, active Participants, between March 19, 2007 and April 17, 2007, can choose to freeze their benefit in the Pension Plan. This is a one-time irrevocable election.

Vesting Service

Effective January 1, 1999 whole calendar months, of employment. A whole month is graded in the month of employment and month of termination if the Participant is employed for at least 15 days in that month. Before 1999, vesting service was granted on a 1,000 hour rule.

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SCHEDULE SB ATTACHMENTS

Benefit Service

The Participant's whole and partial years of Vesting Service, excluding (1) periods before the employer adopted the plan (unless specified), (2) leaves longer than 12 months, (3) periods between date of termination and rehire, (4) periods worked for an employer who did not adopt the plan, (5) periods for which an employee was paid a lump sum, (6) periods covered by another defined benefit plan, and (7) periods after the employee opts out of the plan.

Compensation

The participant's taxable earnings as reported on Form W-2 plus deferrals. Please refer to the Plan document for additional detail.

Final Average Base Earnings

The average of a Participant's greatest five consecutive or non-consecutive calendar years during his final 10 consecutive calendar years of Employment. Plan includes any partial calendar year in the 5 year average, if it yields a higher average. If a participant has fewer than 5 complete years all Earnings are averaged.

After December 31, 2006: Final Average Earnings shall be determined by calculating the Final Average Earnings as of December 31, 2006, increased each year by the general wage increase percentage declared by the employer in the December of the preceding calendar year (not less than 0% nor more than 2%), with increases applied from January 1st to the date of termination on a pro-rata basis.

The Final Average Earnings freezes when an employee opts out of the plan.

Accrued Benefit

For a participant terminating employment on or after his/her Normal Retirement Date, the accrued benefit is a monthly benefit equal to 1/12 of the sum of 1 and 2 multiplied by Years of Benefit Service not in excess of 30:

1. 0.9 percent of his Final Average Earnings not in excess of Covered Compensation
2. 1.525 percent of his Final Average Earnings in excess of Covered Compensation

Minimum Monthly Benefit is \$6.50 times Benefit Service not in excess of 30 years.

For a participant who terminated employment prior to his/her Normal Retirement Date, the above calculation is determined assuming he/she continues to earn benefit service to the Normal Retirement Date, but Final Average Earnings and Covered Compensation is determined as of the termination

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Plan Sponsor: MAHLE Industries, Incorporated
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SCHEDULE SB ATTACHMENTS

date. The projected benefit is then multiplied by the ratio of the number of years of benefit service at termination to the number of years of benefit service projected at the Normal Retirement Date.

Normal or Late Retirement Benefit

Eligibility: Later of Age 65 or the fifth anniversary of Employment

Benefit: Accrued Benefit at Normal or Late Retirement Date.

Early Retirement Benefit

Eligibility: Age 55 and 10 years of Vesting Service.

Benefit: Accrued Benefit reduced by 5/9% for first five years and 5/18% for next five years benefit begins prior to the normal retirement date.

Disability Benefit

If a Participant becomes disabled after 5 years of Vesting Service, he continues to accrue service and compensation continues at the same rate until his Early or Normal Retirement Date. Upon retirement, the Early or Normal Retirement Benefit is payable. The Final Average Earnings and Covered Compensation are frozen at the disability date.

For employees who opted out, the benefit is based on the May 1, 2007 frozen benefit, reduced for early retirement.

Vested Benefits upon Termination of Service

Eligibility: 5 years of Vesting Service.

Benefit: Accrued Benefit payable at age 65.

Early Commencement of Benefit: Participants who have completed 10 years of vesting service may elect to begin receiving a reduced benefit as early as age 55. Accrued benefit reduced 5/9% for the first five years and 5/18% for the next five years benefit begins prior to the normal retirement date.

Normal Form of Retirement Income

The normal form of benefit is a monthly annuity payable for the life of the participant. If married, then the 50% Joint and Survivor annuity will be payable to the employee during his lifetime with 50% of such reduced amount payable to his surviving spouse after his death, unless the retiree elects otherwise in writing and the spouse consents.

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SCHEDULE SB ATTACHMENTS

Optional Forms

Joint and Survivor Annuities:

1. Life only
2. 50% Joint and Survivor, 66-2/3% Joint and Survivor, 75% Joint and Survivor and 100% Joint and Survivor
3. 10 Years Continuous and Life
4. Lump sum is automatically payable if amount is less than or equal to \$5,000.

Actuarial Equivalence

Lump Sum: Participant shall receive a single sum payment calculated using the applicable segment rates for the fourth month preceding the first day of the calendar quarter commencing January, April, July and October in which payment is made and the applicable mortality table described in IRC Section 417(c)(3).

Other: 7% interest rate and the 1971 Forecast Mortality Table with a one-year age setback for participants and a five-year age setback for beneficiaries.

Pre-Retirement Death Benefits

If the Participant is not vested, no death benefits are payable. If the participant is vested, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option assuming the participant had terminated employment on the earlier of his termination date or date of death, survived to the early retirement date, had begun receiving benefits that day under the 50% Joint and Survivor form of payment and died the next day.

Post-Retirement Death Benefits

None except as provided by the annuity form elected.

Employee Contributions

They are not required or permitted.

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EIN / PN: 58-2431334 / 001
Plan Sponsor: MAHLE Industries, Incorporated
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

2007 Voluntary Retirement Opportunity (VRO)

A participant who retired under the 2007 VRO shall have his early retirement benefit determined by increasing his Benefit Service by an additional three years (up to a maximum of 30 years of Benefit Service) and be deemed three years older than the participant's actual age (up to a maximum of age 65). Employees eligible for the 2007 VRO are participants at the Morristown, Tennessee facility who are at least age 55 with 10 or more years of service as of March 30, 2007, who elect the special benefits between December 11, 2006 and March 30, 2007, retires between January 1, 2007 and March 30, 2007, and sign an appropriate waiver and release.

2009 Voluntary Retirement Opportunity (VRO)

A participant who retired under the 2009 Voluntary Retirement Opportunity (2009 VRO) shall have his early retirement benefit determined by increasing his Benefit Service by an additional three years (up to a maximum of 30 years of Benefit Service) and be deemed three years older than the participant's actual age (up to a maximum of age 65). Employees eligible for the 2009 VRO are participants who are at least age 55 with 10 or more years of service as of January 5, 2009, who elect the special benefit between November 4, 2008 and January 8, 2009, retire between January 1, 2009 and February 1, 2009, and sign an appropriate waiver and release.

2013 Lump Sum Window

A participant who terminated employment on or prior to April 30, 2013 may elect between September 2, 2013 and October 16, 2013 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2013. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to November 1, 2013, the actuarial equivalent of the early retirement benefit, if larger.

Maximum on Benefits and Compensation

All benefits and compensation for any calendar year may not exceed the maximum limits for that year as defined by the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining the value of accrued benefits under ASC 960 and the maximum deductible amount, but not for determining contribution requirements.

Substantive Commitments

No substantial commitments other than the above plan provisions have been included in the valuation.

Changes in plan provisions since last actuarial valuation

None.

Plan Name: MAHLE Industries, Incorporated Retirement Plan
EIN / PN: 58-2431334 / 001
Plan Sponsor: MAHLE Industries, Incorporated
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Summary of principal plan provisions – Caldwell Union

Plan Sponsor

MAHLE Industries, Incorporated

Former Plan

MAHLE Caldwell Plant Hourly Employees Pension Plan

Effective Date and Most Recent Amendment

The plan was originally effective January 1, 1988 and later amended and restated effective December 31, 2001 and further amended effective January 1, 2011 and as of September 1, 2013.

Plan Year

The twelve-month period ending December 31.

Coverage and Participation

Hourly paid employees at employer's Caldwell, Ohio plant (United Steel Workers of America AFL-CIO Local 4836). Plan frozen December 31, 2001. There will be no new plan participants after this date.

Credited Service

For hours as an employee of the company while covered by the CBA,

- Maximum Credited Service is 38 years
- Credited service is frozen at 12/31/2001

Plan Name: MAHLE Industries, Incorporated Retirement Plan
EIN / PN: 58-2431334 / 001
Plan Sponsor: MAHLE Industries, Incorporated
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Hours of Service During Plan Year	Portion of Year of Credited Service
Less than 85	0.0
85-254	.1
255-424	.2
425-594	.3
595-764	.4
765-934	.5
935-1,104	.6
1,105-1,274	.7
1,275-1,444	.8
1,445-1,614	.9
1,615 and over	1.0

Vesting Service

Elapsed time from date of hire to the date employment with the employer terminates. Vesting Service is determined in fractional years to the nearest one-twelfth.

Normal Retirement Benefit

Eligibility: Age 65.

Monthly Benefit: Accrued benefit determined at the normal retirement date

Late Retirement

Eligibility: Retirement after the normal retirement date.

Monthly Benefit: Accrued benefit determined at date of postponed retirement (actuarially increased after April 1st of calendar year following attainment of age 70.5, while benefits suspended).

Accrued Benefits

Monthly accrued benefit is the product of \$24.00 and years of credited service (not more than 38).

Early Retirement Benefit

Eligibility: Age 60 and 10 years of vesting service.

Monthly Benefit: Accrued benefit determined at early retirement, reduced 0.4% per month for commencement prior to normal retirement age.

Plan Name: MAHLE Industries, Incorporated Retirement Plan
EIN / PN: 58-2431334 / 001
Plan Sponsor: MAHLE Industries, Incorporated
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Disability Benefit

Eligibility: Disablement after completing 10 years of vesting service

Monthly Benefit: Accrued benefit determined at date of disability.

Vested Benefits Upon Termination of Service

Eligibility: 5 years of vesting service.

Benefit Payable at Normal Retirement Date: Accrued benefit at date of termination.

Early Commencement of Benefit: Eligible upon attainment of age 60. Accrued benefit is reduced by 0.5% per month for commencement prior to normal retirement date.

Medicare Part B Benefit

Eligibility: Retirement under normal, early, late or disability provisions and enrolled in Medicare.

Monthly Benefit: The current premium payable to the retiree (not spouse) for Medicare Part B coverage, \$104.90 in 2014. The premium is assumed to increase in future years.

Pre-Retirement Death Benefits

Paid to a participant's surviving spouse, if any, equal to 52% of the benefit that the participant would have received if he had retired on his date of death and elected an immediate benefit in a joint and 52% survivor form, or, in the case of a participant who dies before becoming eligible for payment of benefits, the benefit that would have been payable had he terminated employment on the earlier of his termination date or date of death, survived to the early retirement date, elected the 52% joint and survivor annuity and died the following day.

The benefit payable to the member's spouse is reduced 1% for each year, if any, by which the spouse is more than 5 years younger than the employee at his death (but not in excess of 10%).

Normal Form of Retirement Income

Single employees and employees married less than one year: Life annuity.

All others: 52% qualified joint and survivor annuity.

Plan Name: MAHLE Industries, Incorporated Retirement Plan
EIN / PN: 58-2431334 / 001
Plan Sponsor: MAHLE Industries, Incorporated
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Optional Forms of Retirement Income in Lieu of Normal Form

1. Life only
2. 52% joint and survivor and 75% joint and survivor
3. Lump sum of the present value of the accrued normal retirement benefit (excluding any Medicare Part B benefit) is automatically payable if amount is less than \$5,000

Actuarial Equivalence

Lump Sum Participants shall receive the larger of the benefit calculated using the following actuarial factors:

1. The annual interest rate on 30-year Treasury securities for the November before the beginning of the plan year and the Mortality Table described in R.R. 2001-62.
2. The applicable segment rates for the fourth month preceding the first day of the calendar quarter commencing January, April, July and October in which payment is made, and applicable mortality table described in IRC sections 417(e)(3).

52% Joint and Survivor Annuity: 93% plus or minus 0.5% for each full year the spouse is older or younger than the retiree.

Others: 7.00% interest rate and 1971 GAM mortality.

Employee Contributions

They are not required or permitted.

2013 Lump Sum Window

A participant who terminated employment on or prior to April 30, 2013 may elect between September 2, 2013 and October 16, 2013 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2013. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to November 1, 2013, the actuarial equivalent of the early retirement benefit, if larger.

Substantive Commitments

No substantive commitments other than the above plan provisions have been included in this valuation.

Changes in Plan Provisions Since Last Actuarial Valuation

None.

Plan Name: MAHLE Industries, Incorporated Retirement Plan
EIN / PN: 58-2431334 / 001
Plan Sponsor: MAHLE Industries, Incorporated
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Summary of principal plan provisions – Churubusco Union

Plan Sponsor

MAHLE Industries, Incorporated

Former Plan

MAHLE Pension Plan for Hourly Paid Employees at the Churubusco, IN Plant

Effective Date and Most Recent Amendment

The plan was originally effective March 8, 1967 and later amended and restated effective November 8, 2005 and further amended effective January 1, 2011 and as of September 1, 2013.

Plan Year

The twelve-month period ending December 31.

Coverage and Participation

All employees who are members of District Lodge No. 090, Local Lodge No. 2034, of the International Association of Machinists and Aerospace Workers, AFL-CIO.

Credited Service

1. All full and fractional years of service since March 8, 1967 while on the seniority list; plus
2. All full and fractional years of past service from the seniority date to March 8, 1967.
3. Reinstatement of Credited Service available for loss of seniority after October 18, 1975 or for re-employment after retirement; Credited Service is aggregated, but future benefit is offset by actuarial equivalent of benefits previously paid.
4. Employee retiring under the plan also receives Credited Service for eligibility for all service with the Corporation.
5. Accumulation of up to 5 years of Credited Service while on approved leave of absence or layoff.

Vesting Service

All service with corporation.

Plan Name: MAHLE Industries, Incorporated Retirement Plan
EIN / PN: 58-2431334 / 001
Plan Sponsor: MAHLE Industries, Incorporated
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Normal Retirement Benefit

Eligibility: Age 65.

Benefit: Accrued benefit determined at normal retirement date.

Late Retirement Benefit

Eligibility: Retirement after normal retirement date.

Monthly Benefit: Accrued benefit determined at the date of postponed retirement (actuarially increased after April 1st of calendar year following attainment of age 70.5, while benefits suspended)

Accrued Benefit

Monthly accrued benefit is the product of \$23.00 and years of credited service (not more than 44 years if seniority date is before January 2, 1968, 40 years if seniority date is between January 2, 1968 and January 1, 1980, 35 years if seniority date is between January 2, 1980 and November 4, 2007).

Early Retirement Benefit

Eligibility: Age 60 and 10 years of credited service.

Monthly Benefit: Accrued benefit determined at early retirement, reduced by 0.5% per month for commencement prior to age 62.

Disability Benefit

Eligibility: Totally and permanently disabled, as determined by the plan sponsor after attaining age 50 with 10 years of credited service.

Benefit: Accrued benefit determined at date of disability.

Waiting Period: 6 months.

Vested Benefits Upon Termination of Service

Eligibility: 5 years of vesting service.

Benefit Payable at Normal Retirement Date: Accrued benefit at date of termination.

Plan Name: MAHLE Industries, Incorporated Retirement Plan
EIN / PN: 58-2431334 / 001
Plan Sponsor: MAHLE Industries, Incorporated
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Early Commencement of Benefit: Eligible after completion of 10 years of credited service and attainment of age 60. Accrued benefit is reduced by 0.5% per month for commencement prior to the normal retirement date.

Supplemental Benefit

Eligibility: Retirement under Early or Disability provisions and attainment of age 60 and 30 years of credited service.

Benefit: Effective May 1, 1999, a monthly benefit of \$10.00 times years of credited service (not more than 44 years if seniority date is before January 2, 1968, 40 years if seniority date is between January 2, 1968, 35 years if seniority date is on or after January 2, 1980) is payable until age 62 to the employee (not a surviving spouse).

Pre-Retirement Death Benefits

Eligibility: Former and active vested employees and retirees who have elected the normal form of the survivor benefit and who have been married at least one year.

Benefit:

1. Active Vested and Terminated Vested Employees Eligible for Early or Normal Retirement:

Monthly survivor benefit shall be equal to 50% of the early benefit the employee would have received had he retired the day before his death and elected the 50% joint and survivor form of payment. Benefit payment begins on the first day of the month following the date of death.

2. Active Vested and Terminated Vested Employees Not Eligible for Normal or Early Retirement:

Monthly survivor benefit shall be equal to 50% of the monthly benefit to which the employee would have been entitled had he terminated on the earlier of his termination date or date of death, survived to the earliest commencement date, commenced receiving payments that day after electing the 50% joint and survivor form of payment, and died the next day. Benefit payment begins on early retirement date.

Normal Form of Retirement Income

Normal form of payment is a monthly annuity for the life of the participant. If married, the 50% joint and survivor option will be deemed to have been elected, unless the retiree elects otherwise in writing and the spouse consents.

Single employees and employees married less than one year: Life annuity

All others: 50% joint and survivor annuity

Plan Name: MAHLE Industries, Incorporated Retirement Plan
EIN / PN: 58-2431334 / 001
Plan Sponsor: MAHLE Industries, Incorporated
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Optional Forms of Retirement Income in Lieu of Normal Form

1. Life only
2. 50% joint and survivor and 75% joint and survivor
3. Lump sum is automatically payable if amount is less than \$1,000
4. Lump sum of the present value of the accrued normal retirement benefit (excluding any 30-year supplement) is payable if amount is less than \$5,000 (\$30,000 for employees eligible for Plant Closing Benefit).

Actuarial Equivalence

Lump Sum: The applicable segment rates for the fourth month preceding the first day of the calendar quarter commencing January, April, July and October in which payment is made and the applicable mortality table described in section 417(e)(3).

Other: 7.00% interest rate and UP-1984 mortality, set forward one year.

Employee Contributions

They are not required or permitted.

2013 Lump Sum Window

A participant who terminated employment on or prior to April 30, 2013 may elect between September 2, 2013 and October 16, 2013 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2013. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to November 1, 2013, the actuarial equivalent of the early retirement benefit, if larger.

Substantive Commitments

No substantive commitments other than the above plan provisions have been included in this valuation.

Changes in Plan Provisions Since Last Actuarial Valuation

None.

Plan Name: MAHLE Industries, Incorporated Retirement Plan
EIN / PN: 58-2431334 / 001
Plan Sponsor: MAHLE Industries, Incorporated
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Summary of principal plan provisions – Franklin Union

Plan Sponsor

MAHLE Industries, Incorporated

Former Plan

MAHLE – UAW Pension Plan for Hourly Employees at the Perfect Circle Division Cast Iron Plant in Franklin, Kentucky

Effective Date and Most Recent Amendment

The plan was originally effective January 1, 1999 and later amended and restated effective January 25, 2004 and further amended effective January 1, 2012 and as of September 1, 2013.

Plan Year

The twelve-month period ending December 31.

Coverage and Participation

All employees working for the Company at the Cast Iron Plant in Franklin, Kentucky, who are covered by the collective bargaining agreement between the Company and the Union (UAW Local 2370).

Credited Service

Prior to February 7, 1997: As earned under the SPX Franklin Plan.

On or after February 7, 1997 and on or before December 31, 1998: Each year during which any employee completed 1,000 hours of service under the Savings Plan.

On or after January 1, 1989: Employee will receive 1/12 of a year for each month the employee is on the active payroll and has at least one hour of service.

Vesting Service

All service with the Corporation.

Plan Name: MAHLE Industries, Incorporated Retirement Plan
EIN / PN: 58-2431334 / 001
Plan Sponsor: MAHLE Industries, Incorporated
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Accrued Benefit

Monthly accrued benefit is the product of \$19.00 and years of credited service less the product of \$10.00 and years of credited service earned prior to January 1, 1999.

Normal Retirement Benefit

Eligibility: Age 65.

Benefit: Accrued benefit determined at normal retirement date.

Late Retirement Benefit

Eligibility: Retirement after normal retirement date.

Monthly Benefit: Accrued benefit determined at the date of postponed retirement (actuarially increased after April 1st of calendar year following attainment of age 70.5, while benefits suspended).

Early Retirement Benefit

Eligibility: Age 60 and 10 years of credited service.

Monthly Benefit: Accrued benefit determined at early retirement, reduced by 0.5% per month for commencement prior to age 62. After age 62, an unreduced benefit is payable (i.e., benefit “pops up” to an unreduced benefit at age 62).

Special Early Retirement: Effective May 1, 2001, if an employee is eligible for early retirement, he will receive a temporary benefit of \$400 per month, until he attains age 62.

Disability Benefit

There are no explicit disability benefits provided under this plan. Employees who terminate employment may receive early retirement or vested termination benefits, if eligible.

Vested Benefits Upon Termination of Service

Eligibility: 5 years of vesting service.

Benefit Payable at Normal Retirement Date: Accrued benefit at date of termination.

Plan Name: MAHLE Industries, Incorporated Retirement Plan
EIN / PN: 58-2431334 / 001
Plan Sponsor: MAHLE Industries, Incorporated
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Early Commencement of Benefit: Eligible after attaining age 60 and completing 10 years of credited service. Accrued benefit is reduced by 0.5% per month for commencement prior to the normal retirement date.

Medicare Part B Benefit

Eligibility: Retiree or surviving spouse receiving benefits following normal, early or late (but not deferred vested) retirement, who is age 65 or over or otherwise eligible for Medicare Part B.

Monthly Benefit: Effective on or after January 1, 2003, \$60.00 per month after age 65, or earlier eligibility for Medicare Part B.

Pre-Retirement Death Benefits

Eligibility: Former and active vested employees and retirees who have elected the normal form of the survivor benefit and who have been married at least one year.

Amount of Benefit:

1. Active Vested and Terminated Vested Employees Eligible for Early or Normal Retirement:

Monthly survivor benefit shall be equal to 60% of the accrued benefit the employee would have received had he retired the day before his death. Benefit payment begins on the first day of the month following the date of death.

2. Active Vested and Terminated Vested Employees Not Eligible for Early or Normal Retirement:

Monthly survivor benefit shall be equal to 50% for which the employee would have been entitled had he terminated on the earlier of his termination date or date of death, survived to early retirement date and had begun receiving benefits that day, and died the next day. Benefit payment begins on early retirement date.

3. Retired Employees:

Monthly survivor benefit shall be equal to 60% for which retiree was eligible. Benefit payment begins on the first day of the month following the date of death.

Reduction: An employee who elects the survivor's benefit receives 90% of accrued benefit during his lifetime in order to provide for the surviving spouse. This percentage (90%) shall be reduced 0.5% for each year that the spouse's age is younger than the employee's age by more than 10 years.

Duplication Clause: Survivor benefit not payable concurrently with group insurance transition or bridge benefits.

Plan Name: MAHLE Industries, Incorporated Retirement Plan
EIN / PN: 58-2431334 / 001
Plan Sponsor: MAHLE Industries, Incorporated
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Normal Form of Retirement Income

Single Employees and Employees Married Less than One Year: Life annuity.

All Others: 90% of the retirement income payable to the employee during his lifetime (adjusted if the spouse's age differs more than 10 years from the employee's) with 60% of such reduced amount payable to his surviving spouse after his death. If the QJSA is in effect and the spouse predeceases the retiree the basic pension benefit shall be restored to the amount payable without the QJSA election on the first day of the 3rd month after the Company receives evidence of the spouse's death.

Optional Forms of Retirement Income in Lieu of Normal Form

1. Life only
2. 60% joint and survivor and 75% joint and survivor.
3. Lump sum is automatically payable if amount is less than \$1,000. Lump sums between \$1,000 and \$5,000 are payable upon the participants' election, with spousal consent.
4. Lump sums in excess of \$5,000 are available to active employees who are terminated due to the plant closing, as described below.

Actuarial Equivalence

Lump Sum:

Participant shall receive the larger of the benefits calculated using the following actuarial factors:

1. The applicable segment rates for the November before the beginning of the plan year and the mortality table described in RR 2001-62.
2. The applicable segment rates for the fourth month preceding the first day of the calendar quarter commencing January, April, July and October in which payment is made and applicable mortality table described in IRC section 417(e)(3).

Others: 7.00% interest rate and Applicable Mortality Table (RR 2001-62).

Plan Name: MAHLE Industries, Incorporated Retirement Plan
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Plan Sponsor: MAHLE Industries, Incorporated
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Plant Closing Optional Lump Sums

Employees who terminate employment due to the plant closure occurring in late 2010 through late 2011 are eligible to elect a special lump sum payment upon termination equal to the value of their accrued benefit, including all early retirement subsidies and the value of their Medicare Part B Benefit, if eligible. The lump sums are calculated using the applicable segment rates for the November before the beginning of the plan year and the applicable mortality tables described in IRC Section 417(e)(3). Lump sums may not decrease below the de minimus lump sum amounts otherwise payable under the plan.

Employee Contributions

Employee contributions are not required or permitted.

2013 Lump Sum Window

A participant who terminated employment on or prior to April 30, 2013 may elect between September 2, 2013 and October 16, 2013 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2013. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to November 1, 2013, the actuarial equivalent of the early retirement benefit, if larger.

Substantive Commitments

No substantive commitments other than the above plan provisions have been included in this valuation.

Changes in Plan Provisions Since Last Actuarial Valuation

None.

Plan Name: MAHLE Industries, Incorporated Retirement Plan
EIN / PN: 58-2431334 / 001
Plan Sponsor: MAHLE Industries, Incorporated
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Summary of principal plan provisions – Manchester Union

Plan Sponsor

MAHLE Industries, Incorporated

Former Plan

MAHLE Manchester Plant Hourly Employees Pension Plan

Effective Date and Most Recent Amendment

The plan was originally effective February 7, 1997 and later amended and restated effective June 1, 2003 and further amended effective January 1, 2011 and as of September 1, 2013.

Plan Year

The twelve-month period ending December 31.

Coverage and Participation

All employees within the bargaining unit (International Association of Machinists and Aerospace Workers of America, District No. 9). Any person who first becomes an employee or a member of the bargaining unit on or after October 1, 2007 will not be eligible to participate in the plan.

Credited Service

Prior to February 7, 1997: As earned under the SPX Manchester Plant Pension Plan.

Plan Name: MAHLE Industries, Incorporated Retirement Plan
EIN / PN: 58-2431334 / 001
Plan Sponsor: MAHLE Industries, Incorporated
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

After February 7, 1997: Any calendar year in which the employee has 1,800 or more “credited hours” shall be counted as one year of Credited Service. If employee has less than 1,800 “credited hours”, a proportionate credit will be given according to the following schedule:

Credited Hours	Credited Service
0	None
1-180	1/10 of a year
180.1-360	2/10 of a year
360.1-540	3/10 of a year
540.1-720	4/10 of a year
720.1-900	5/10 of a year
900.1-1,080	6/10 of a year
1,080.1-1,260	7/10 of a year
1,260.1-1,440	8/10 of a year
1,440.1-1,620	9/10 of a year
1,620.1 or more	one year

Service prior to February 7, 1997 is recognized for eligibility to participate, eligibility to receive early retirement subsidies, subsidized actuarial factors, retirement supplements and disability benefits, and vesting.

No pre-February 7, 1997 Credited Service recognized for benefit accruals, except specifically recognized to reflect benefit increases.

Credited service for purposes of determining benefit amounts was frozen at October 1, 2007.

Vesting Service

Prior to February 7, 1997: As earned under the SPX Manchester Plant Pension Plan.

After February 7, 1997: Any calendar year in which the employee has 1,000 or more hours shall be counted as one year of Vesting Service. If employee has less than 1,000 hours, a proportionate credit will be given according to the following schedule:

Credited Hours	Credited Service
0	None
1-180	1/10 of a year
180.1-360	2/10 of a year
360.1-540	3/10 of a year
540.1-720	4/10 of a year
720.1-900	5/10 of a year
900.1-999	6/10 of a year

Plan Name: MAHLE Industries, Incorporated Retirement Plan
EIN / PN: 58-2431334 / 001
Plan Sponsor: MAHLE Industries, Incorporated
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Accrued Benefit

Monthly accrued benefit is the product of \$30.00 and years of credited service (including pre 2/7/1997 service) less the product of \$23.00 and years of credited service earned prior to 2/7/1997.

Normal Retirement Benefit

Eligibility: The later of the first day of the month following or coinciding with attainment of age 65 and the fifth anniversary of plan participation.

Benefit: Accrued benefit determined at normal retirement date.

Late Retirement Benefit

Eligibility: Retirement after normal retirement date.

Monthly Benefit: The greater of 1 and 2 (actuarially increased after April 1st of calendar year following attainment of age 70.5, while benefits suspended)

1. Accrued benefit determined at the date of postponed retirement.
2. Accrued benefit determined at normal retirement age, actuarially increased to reflect the later payment date.

Early Retirement Benefit

Eligibility: Age 55 and 10 years of credited service.

Monthly Benefit: Accrued benefit determined at early retirement, reduced by 0.5% per month for commencement prior to age 62.

Disability Benefit

Eligibility: An employee who becomes disabled after attaining 10 years of credited service. (Prior plan service is eligible for meeting 10 year service requirement.)

Benefit: Accrued benefit determined at date of disability.

Waiting Period: 6 months.

Plan Name: MAHLE Industries, Incorporated Retirement Plan
EIN / PN: 58-2431334 / 001
Plan Sponsor: MAHLE Industries, Incorporated
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Vested Benefits upon Termination of Service

Eligibility: 5 years of vesting service.

Benefit Payable at Normal Retirement Date: Accrued benefit at date of termination.

Early Commencement of Benefit: Eligible upon attainment of age 55. Accrued benefit is reduced by 0.5% per month for commencement prior to the normal retirement date.

Pre-Retirement Death Benefits

Eligibility: Former and active vested employees and retirees who have elected the normal form of the survivor benefit and who have been married at least one year.

Amount of Benefit:

1. Active Vested and Terminated Vested Employees Eligible for Early or Normal Retirement:

Monthly survivor benefit shall be equal to 50% of the accrued benefit the employee would have received had he retired the day before his death and elected the 50% joint and survivor form of payment. Benefit payment begins on the first day of the month following the date of death.

2. Active Vested and Terminated Vested Employees Not Eligible for Early or Normal Retirement:

Monthly survivor benefit shall be equal to 50% for which the employee would have been entitled had he terminated on the earlier of his termination date or date of death, survived to the early retirement date, elected the 50% joint and survivor annuity, and died the next day. Benefit payment begins on early retirement date.

Normal Form of Retirement Income

Single Employees and Employees Married Less than One Year: Life annuity.

All Others: 50% qualified joint and survivor annuity.

Optional Forms of Retirement Income in Lieu of Normal Form

1. Life only
2. 50% joint and survivor and 75% joint and survivor
3. 10 year period certain and life annuity.

Plan Name: MAHLE Industries, Incorporated Retirement Plan
EIN / PN: 58-2431334 / 001
Plan Sponsor: MAHLE Industries, Incorporated
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

4. Lump sum of the larger of the present value of the accrued normal retirement benefit and the early retirement benefit (if eligible to commence benefits) is payable if amount is less than or equal to \$25,000.
5. Lump sum is automatically payable if amount is less than \$1,000.

Actuarial Equivalence

Lump Sum: Participant shall receive the larger of the benefits calculated using the following actuarial factors:

1. Annual interest rate on 30 year Treasury securities for the November before the beginning of the plan year and the mortality table described in RR 2001-62.
2. The applicable segment rates for the fourth month preceding the first day of the calendar quarter commencing January, April, July and October in which payment is made and applicable mortality table described in IRC section 417(e)(3).

Other: 5.00% interest rate and UP-1984 mortality, but for optional payment forms, use Appendix A in plan document.

Employee Contributions

They are not required or permitted.

2013 Lump Sum Window

A participant who terminated employment on or prior to April 30, 2013 may elect between September 2, 2013 and October 16, 2013 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2013. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to November 1, 2013, the actuarial equivalent of the early retirement benefit, if larger.

Substantive Commitments

No substantive commitments other than the above plan provisions have been included in this valuation.

Changes in Plan Provisions Since Last Actuarial Valuation

None.

Plan Name: MAHLE Industries, Incorporated Retirement Plan
EIN / PN: 58-2431334 / 001
Plan Sponsor: MAHLE Industries, Incorporated
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Summary of principal plan provisions – Muskegon Union

Plan Sponsor

MAHLE Industries, Incorporated

Former Plan

MAHLE Muskegon Plant Hourly Employees' Pension Plan

Effective Date and Most Recent Amendment

The plan was originally effective February 7, 1997 and later amended and restated effective July 14, 2004 and further amended effective January 1, 2011 and as of September 1, 2013.

Plan Year

The twelve-month period ending December 31.

Coverage and Participation

All employees employed by the Company on or after February 7, 1997 within the bargaining unit (International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (U.A.W.), Local 637).

Plan Name: MAHLE Industries, Incorporated Retirement Plan
EIN / PN: 58-2431334 / 001
Plan Sponsor: MAHLE Industries, Incorporated
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Credited Service

Prior to February 7, 1997: As earned under the SPX Muskegon Plant Pension Plan.

After February 7, 1997: Any calendar year in which the employee has 1,800 or more "credited hours" shall be counted as one year of Credited Service. If employee has less than 1,800 "credited hours", a proportionate credit will be given according to the following schedule:

Credited Hours	Credited Service
0	None
1-180	1/10 of a year
180.1-360	2/10 of a year
360.1-540	3/10 of a year
540.1-720	4/10 of a year
720.1-900	5/10 of a year
900.1-1,080	6/10 of a year
1,080.1-1,260	7/10 of a year
1,260.1-1,440	8/10 of a year
1,440.1-1,620	9/10 of a year
1,620.1 or more	one year

Service prior to February 7, 1997 will be included in determining (1) eligibility to participate, (2) eligibility to receive early retirement subsidies, subsidized actuarial factors, retirement supplements and disability benefits, (3) eligibility for normal, early and vested benefits, but not for benefit accruals except to the extent specifically recognized to reflect benefit increases or supplemental amounts after the closing date.

If employee at February 7, 1997 elected to receive amounts or lump sums when transferring from SPX, the service earned prior to February 7, 1997 shall not be included for determining eligibility for retirement supplements or for benefit increases attributable to employment prior to February 7, 1997.

Plan Name: MAHLE Industries, Incorporated Retirement Plan
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Plan Sponsor: MAHLE Industries, Incorporated
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Vesting Service

Prior to February 7, 1997: As earned under the SPX Muskegon Plant Pension Plan.

After February 7, 1997: Any calendar year in which the employee has 1,000 or more hours shall be counted as one year of Vesting Service. If employee has less than 1,000 hours, a proportionate credit will be given according to the following schedule:

Credited Hours	Credited Service
0	None
1-180	1/10 of a year
180.1-360	2/10 of a year
360.1-540	3/10 of a year
540.1-720	4/10 of a year
720.1-900	5/10 of a year
900.1-999	6/10 of a year

Accrued Benefit

Monthly accrued benefit is the product of \$33.00 and years of credited service (including pre 2/7/1997 service) less the product of \$26.00 and years of credited service earned prior to 2/7/1997.

Normal Retirement Benefit

Eligibility: The later of the first day of the month following or coinciding with attainment of age 65 and the fifth anniversary of plan participation.

Benefit: Accrued benefit determined at normal retirement date.

Late Retirement Benefit

Eligibility: Retirement after normal retirement date.

Monthly Benefit: The greater of 1 and 2 (actuarially increased after April 1st of calendar year following attainment of age 70.5, while benefits suspended)

1. Accrued benefit determined at the date of postponed retirement.
2. Accrued benefit determined at normal retirement age, actuarially increased to reflect the later payment date.

Plan Name: MAHLE Industries, Incorporated Retirement Plan
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Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Early Retirement Benefit

Eligibility: Earlier of 1, 2, or 3:

1. Age 60 and 10 years of credited service.
2. Age 55 and age plus credited service equals 85 or more.
3. 30 years of credited service.

Monthly Benefit: Accrued benefit determined at early retirement, multiplied by the following:

Number of Years Before SSURA ¹	Early Retirement Percentage	Number of Years Before SSURA	Early Retirement Percentage
18	30.4	10	57.9
17	32.8	9	63.5
16	35.4	8	69.4
15	38.3	7	75.2
14	41.5	6	80.8
13	45.0	5	86.7
12	48.9	4	93.3
11	53.2	3 and less	100.0

¹ Social Security Unreduced Retirement Age

Provided that:

Pension benefit including benefit to surviving spouse, will be unreduced for age after age 62 for employee retiring with the sum of age and credited service totaling 85 or more. Pension benefit will be unreduced for age at retirement for employees retiring with 30 or more years of credited service.

Disability Benefit

Eligibility: An employee who becomes disabled after attaining 10 or more years of credited service, and is under age 62.

Monthly Benefit: Accrued benefit determined at date of disability plus a temporary benefit (not more than \$400 per month) equal to the product of \$33.00 and credited service earned after February 7, 1997, payable until employee becomes eligible for a Social Security benefit.

Waiting Period: 6 months

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SCHEDULE SB ATTACHMENTS

Vested Benefits Upon Termination of Service

Eligibility: 5 years of vesting service.

Benefit Payable at Normal Retirement Date: Accrued benefit at date of termination.

Early Commencement of Benefit: Eligible (1) after completion of 10 years of credited service and attainment of age 60, or (2) at age 55 with 85 points, or (3) after completion of 30 years of credited service. Accrued benefit is reduced by 0.5% per month for commencement prior to the normal retirement date.

Supplemental Benefit

Eligibility: An employee who retires under the normal, early or disability provisions and who:

1. Retires before age 62 with 30 or more years of credited service, or,
2. Retires before age 62 with the sum of age and credited service totaling 85 or more

Early Retirement Supplement:

1. Payable until age 62 to those retirees with 30 or more years of credited service;
2. The benefit is \$550 less \$350 times the ratio of Past Service Credits to 30 years per month for terminations after December 31, 2000.

Interim Supplement:

1. Payable until age 62 to those retirees with age and service totaling 85 points or more, but not with 30 or more years of service.
2. The benefit is \$7.50 times years of credited service (earned after February 7, 1997) reduced for early retirement.

Medicare Part B Benefit

Eligibility: Retirement under normal, early, late or disability provisions and enrolled in Medicare.

Monthly Benefit: Effective January 1, 2002, \$28.00 per month after age 65, or earlier if receiving Social Security disability benefits for at least 24 months. Medicare Part B benefit is not payable to a surviving spouse.

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SCHEDULE SB ATTACHMENTS

Pre-Retirement Death Benefits

Eligibility: Former and active vested employees and retirees who have elected the normal form of the survivor benefit.

Benefit:

1. Active Vested and Terminated Vested Employees Eligible for Early or Normal Retirement:

Monthly survivor benefit shall be equal to 55% of the accrued benefit the employee would have received had he retired the day before his death and elected the 55% joint and survivor annuity. Benefit payment begins on the first day of the month following the date of death.

2. Active Vested and Terminated Vested Employees Not Eligible for Normal or Early Retirement:

Monthly survivor benefit shall be equal to 55% of the monthly benefit to which the employee would have been entitled had he terminated on the earlier of his termination date or date of death, survived to the early retirement date, elected the 55% joint and survivor annuity, and died the next day. Benefit payment begins on early retirement date.

Normal Form of Retirement Income

Single employees and employees married less than one year: Life annuity

All others: 55% qualified joint and survivor annuity

Optional Forms of Retirement Income in Lieu of Normal Form

1. Life only
2. 55% joint and survivor and 75% joint and survivor
3. Lump sum distribution of the larger of the benefit the participant could receive at the normal retirement date or early retirement date (if eligible to commence benefits for early retirement), if less than or equal to \$40,000. The lump sum will include any supplements and/or Medicare Part B benefit for which the participant is eligible to receive.
4. Lump sum is automatically payable if amount is less than or equal to \$1,000

If the 55% QJSA is in effect and the spouse predeceases the retiree, the basic pension benefit shall be restored to the amount payable without the QJSA elections.

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SCHEDULE SB ATTACHMENTS

Actuarial Equivalence

Lump Sum:

Participant shall receive the larger of the benefits calculated using the following actuarial factors:

1. Annual interest rate on 30 year Treasury securities for the November before the beginning of the plan year and the mortality table described in RR 2001-62.
2. The applicable segment rates for the fourth month preceding the first day of the calendar quarter commencing January, April, July and October in which payment is made and applicable mortality table described in IRC section 417(e)(3).

55% qualified joint and survivor annuity;

95% adjusted 0.5% for each full year the spouse's age differs from the employee's age by more than 5 years.

Other:

5.00% interest rate and UP-1984 mortality.

Employee Contributions

They are not required or permitted.

2013 Lump Sum Window

A participant who terminated employment on or prior to April 30, 2013 may elect between September 2, 2013 and October 16, 2013 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2013. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to November 1, 2013, the actuarial equivalent of the early retirement benefit, if larger.

Substantive Commitments

No substantive commitments other than the above plan provisions have been included in this valuation.

Changes in Plan Provisions Since Last Actuarial Valuation

None.

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MAHLE Industries, Inc. Retirement Plan

Schedule of Assets Held at End of Year Form 5500, Schedule H, Line 4i EIN 58-2431334, Plan No. 001 December 31, 2016

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Comerica Bank	Common collective trust fund - Comerica Short Term Fund	\$ 2,324,189	\$ 2,324,189
Comerica Bank	Registered investment companies:		
	BlackRock Global Allocation Fund I	3,018,930	6,808,780
	Vanguard Extended Market Index Fund	1,989,253	2,322,676
	Vanguard Large Cap Index Fund - Admiral Shares	3,504,992	3,829,476
	Vanguard Total International Stock Index Fund	1,541,004	1,593,977
Comerica Bank	U.S. government securities		
	United States Treasury 2.125% 09/21	248,147	242,129
	United States Treasury 1.75% 11/21	347,389	347,389
	United States Treasury 1.625% 11/22	436,971	418,476
	United States Treasury Dtd 686 1.5% 02/23	470,881	456,855
	United States Treasury Dtd 10/31/2016 1.625% 10/23	242,559	245,328
	United States Treasury 2.25% 11/25	753,570	730,521
	United States Treasury 1.625% 02/26	797,342	756,848
	United States Treasury 1.625% 05/26	858,084	792,625
	United States Treasury 1.5% 08/26	1	234,531
	United States Treasury 2% 11/26	953,125	962,150
	United States Treas Sec Stripped 0% 11/40	1,045,253	1,050,390
	United States Treas Sec Stripped 0% 05/42	1,015,213	1,014,990
	United States Treas Sec Stripped 0% 11/42	926,329	933,508
	United States Treas Sec Stripped 0% 11/43	784,955	779,164
	United States Treas Sec Stripped 0% 11/44	1,321,038	1,327,676
	United States Treas Bds 2.5% 02/45	116,474	115,796
	United States Treas Bds 2.875% 08/45	1,889,546	1,789,897
	United States Treas Bds 3% 11/45	2,986,821	2,737,066
	United States Treas Bds Dtd 02/15/2016 2.5% 02/46	2,710,244	2,390,307
	United States Treas Bds 2.5% 05/46	2,370,422	2,052,828
	United States Treas Bds 2.25% 08/46	196,183	193,389
Comerica Bank	Corporate debt securities:		
	Ford Motor Credit Co 2.551% 10/18	514,267	507,838
	American Express Cr Corp 2.375% 05/20	692,498	679,619
	Celgene Corp Sr Nt 3.95% 10/20	583,171	574,992
	JPMorgan Chase & Co 4.25% 10/20	324,325	328,054
	Bank Amer Fdg Corp 5.875% 01/21	487,590	517,722
	Bard C R Inc 4.4% 01/21	472,403	444,241
	Keycorp 5.1% 03/21	569,777	557,700
	Citigroup Inc 2.7% 03/21	579,576	568,695
	Fluor Corp Sr Nt 3.375% 09/21	367,020	369,238
	Toyota Mtr Cr Corp 3.3% 01/22	668,729	671,489
	Goldman Sachs Sr Nt 5.75% 01/22	609,131	607,079
	JPMorgan Chase & Co Nt 4.5% 01/22	614,353	614,705
	AT&T Inc Global 3% 02/22	375,171	371,340
	U S Bancorp Medium Term 3% 03/22	286,937	275,281
	Omnicom Group 3.625% 05/22	553,529	564,855
	Wellpoint Inc 3.125% 05/22	306,835	320,163
	Kinder Morgan 3.95% 09/22	215,331	220,743

MAHLE Industries, Inc. Retirement Plan

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i

EIN 58-2431334, Plan No. 001

December 31, 2016

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Comerica Bank	Corporate debt securities (Continued):		
	Franklin Nt 2.8% 09/22	\$ 599,765	\$ 596,160
	Wells Fargo Company 3.45% 02/23	553,321	562,016
	TJX 2.5% 05/23	345,467	352,631
	Chevron Corporation Nt 3.191% 06/23	586,655	624,811
	Valley Natl Bancorp 5.125% 09/23	186,092	191,812
	Public Svc Co N H 1 St Mtg Bd Ser S 3.5% 11/23	548,717	565,745
	Rockwell Collins 3.7% 12/23	475,376	475,997
	Wyeth 6.45% 02/24	655,790	596,644
	Home Depot Inc 3.75% 02/24	560,904	573,765
	Comcast Corp 3.6% 03/24	564,429	583,199
	Spectra Energy Partners Lp 4.75% 03/24	583,625	621,065
	Mastercard Inc 3.375% 04/24	712,321	730,299
	Macys Dept Stores 6.65% 07/24	517,705	492,703
	Midamerican Energy Co 3.5% 10/24	530,326	532,330
	Merck & Co Inc New 2.75% 02/25	279,851	270,011
	Stryker Corp 3.375% 11/25	360,458	357,714
	Microsoft Corp 3.125% 11/25	513,125	490,417
	Visa Inc 3.15% 12/25	275,094	276,207
	Anheuser-Busch Inbev Fin Inc 3.65% 02/26	505,064	492,367
	Loews 3.75% 04/26	373,075	355,782
	Deere John Cap Corp 2.65% 06/26	296,599	283,581
	Ameriprise Finl Inc 2.875% 09/26	286,901	272,004
	Cisco Sys Inc Sr Nt 2.5% 09/26	285,815	271,066
	Wells Fargo Company 4.3% 07/27	654,637	658,285
	Lowes Cos Cos Inc Debs 144A 6.5% 03/29	587,839	600,659
	Conoco Inc Sr Nts 6.95% 04/29	653,197	622,492
	General Elec Cap Corp 6.75% 03/32	185,347	202,332
	HSBC Bank Usa 5.875% 11/34	190,582	186,277
	Medtronic Inc 4.375% 03/35	516,833	497,227
	GE Cap Intl Fdg Co Medium Term N 4.418% 11/35	537,344	548,057
	Anheuser-Busch Inbev Fin Inc 4.7% 02/36	554,333	589,047
	Pacificorp 6.25% 10/37	602,857	585,498
	Unitedhealth Group Inc 6.625% 11/37	471,776	490,522
	Virginia Elec & Pwr Co 6.35% 11/37	568,533	534,512
	Oracle Corporation 6.5% 04/38	539,886	561,834
	Energy Transfer Partners L P 7.5% 07/38	139,342	139,136
	Kinder Morgan Sr Nt 6.5% 09/39	364,515	362,323
	Exelon Generation Co Sr Nt 6.25% 10/39	280,499	246,683
	Florida Pwr & Lt Co 5.25% 02/41	484,201	459,486
	Applied Matls Inc Sr Nt 5.85% 06/41	239,047	244,176
	Southwestern 1 St Mtg Bd Ser No 1 4.5% 08/41	483,777	470,507
	Energy Transfer Partners L P Sr Nt 6.5% 02/42	393,599	399,737
	Berkshire Hathaway 4.3% 05/43	582,991	609,547
	General Electric Co 4.5% 03/44	319,860	327,411
	Consolidated Edison Co 4.45% 03/44	568,675	577,810
	Apple Inc 4.375% 05/45	601,667	565,026
	AT&T Inc 4.35% 06/45	440,557	423,239
	Unitedhealth Group Inc 4.75% 07/45	138,765	148,719
	Intel Corp 4.9% 07/45	553,303	587,307
	Pepsico Inc 4.45% 04/46	572,392	516,564

MAHLE Industries, Inc. Retirement Plan

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i

EIN 58-2431334, Plan No. 001

December 31, 2016

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Corporate debt securities (Continued):		
Comerica Bank	United Technologies Corp 3.75% 11/46	\$ 428,001	\$ 409,227
	Transcanada Pipelines Ltd Sr Nt 3.125% 01/19	292,974	291,032
	Lyondellbasell Inds N V Sr Nt 5% 04/19	592,130	581,157
	Alibaba Group Hldg Ltd 2.5% 11/19	172,616	170,765
	Shire Acquisitions Invts Ireland 2.4% 09/21	290,362	280,137
	America Movil S A De C V Sr Nt 3.125% 07/22	561,982	536,667
	Cnooc Fin 2013 Ltd 3% 05/23	723,178	733,552
	Bp Capital Markets Plc 2.75% 05/23	22,950	24,544
	Bp Capital Markets Plc 3.119% 05/26	440,880	419,968
	Shell Intl Fin B V 2.5% 09/26	290,192	274,925
	Norsk Hydro 6.8% 01/28	551,744	515,280
	Burlington Resources 7.2% 08/31	350,923	322,255
	Stat Oil Asa 3.95% 05/43	257,845	252,768
	Sprint Spectrum Co L C /Nt	586,181	581,085
	Metropolitan Life Global Fdg I M 3% 01/23	507,227	497,153
	New York Life Insurance 5.875% 05/33	564,622	547,055
	Gilead Sciences Inc Sr Nt 4% 09/36	399,977	378,754
	Johnson Sc & Son Inc Pp 4.8% 09/40	464,381	451,605
	Metlife Inc Sr Nt 4.875% 11/43	313,678	324,798
	S C Johnson & Son Inc Pp 144A 4.35% 09/44	679,776	682,958
	Electricite De France Pp 144A 4.95% 10/45	187,635	177,062
	Ace Ina Hldg Inc 4.35% 11/45	285,631	253,512
Comerica Bank	Other debt securities:		
	Sfave Coml Mtg Secs Tr 2015-5Ave Cmo 4.388% 01/35	466,950	458,960
	Credit Suisse Mortgage Tr Cmo 4.3733% 09/37	209,624	198,012
	Ubs-Citigroup Coml Mtg Tr 2011-C Cmo 6.06423% 01/45	751,345	735,987
	Wfrbs Coml Mtg Tr 2012-C10 Cmo 4.3954% 12/45	277,313	291,942
	Comm 2014-Ccre19 Mtg Tr Cmo 4.718792% 08/47	398,019	341,140
	JPMorgan Chase Coml Mtg Secs T Cmo 4.415298% 12/47	951,719	927,868
	Csail 2015-C3 Coml Mtg Tr Cmo 3.360266% 08/48	203,303	189,086
	Jpmdbb Coml Mtg Secs Tr 2015-C28 Cmo 4.238863% 10/48	630,025	560,720
	Csail 2015-C2 Coml Mtg Tr Cmo 4.211475% 06/57	270,223	213,792
	Wfrbs Coml Mtg Tr 2014-C22 Cmo 3.908% 09/57	653,656	597,264
	Wells Fargo Coml Mtg Tr 2016-Lc2 Cmo 4.4367% 12/59	229,304	226,194
	Americredit Automobile Receivabl Abs 3.34% 08/21	763,477	760,175
	Americredit Automobile Receivabl Abs 3.59% 02/22	643,880	641,300
	Santander Drive Auto Receivables Abs 4.02% 04/22	599,909	622,470
	New York City Transitional Future Tax Secd Build America Bonds 5.508% 08/37	167,173	150,754
	California St Utgo Taxable-Var Purp 7.55% 04/39	559,942	606,656
	Bay Area Toll Auth Ca Build America Bonds Taxable-San Fran 6.263% 04/49	235,590	238,208
	San Diego Cnty Calif Wtr Auth Fi Taxable-Ser B- Build Amer Bds 6.138% 05/49	180,754	182,438

MAHLE Industries, Inc. Retirement Plan

Schedule of Assets Held at End of Year (Continued) Form 5500, Schedule H, Line 4i EIN 58-2431334, Plan No. 001 December 31, 2016

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Comerica Bank	Hedge fund - Archstone Offshore Fund Ltd	\$ 4,031,928	\$ 3,929,610
Comerica Bank	Limited Partnership - Blackstone Capital Partners	8,837,241	11,521,111
	Total	<u>\$ 93,918,647</u>	<u>\$ 99,467,400</u>

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2016

Type of Base		Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1	Shortfall	01/01/2016	4,829,653	7	4,829,653	797,972
2	Shortfall	01/01/2015	2,485,458	6	2,208,822	413,339
3	Shortfall	01/01/2014	4,682,940	5	3,600,002	783,732
Total					10,638,477	1,995,043

Plan Name: MAHLE Industries, Incorporated Retirement Plan
EIN / PN: 58-2431334 / 001
Plan Sponsor: MAHLE Industries, Incorporated
Valuation Date: January 1, 2016