

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>08/01/2016</u> and ending <u>07/31/2017</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☒ a single-employer plan ☐ a DFE (specify) ____		
B	This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ☒		
D	Check box if filing under:	☒ Form 5558 ☐ special extension (enter description)	☐ automatic extension ☐ the DFVC program

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>CONTITECH USA, INC. DEFINED BENEFIT PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>003</u>
		1c	Effective date of plan <u>08/01/2007</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>CONTITECH USA, INC.</u> <u>1830 MACMILLAN PARK DRIVE</u> <u>FORT MILL, SC 29707</u>	2b	Employer Identification Number (EIN) <u>20-8832176</u>
		2c	Plan Sponsor's telephone number <u>704-583-3900</u>
		2d	Business code (see instructions) <u>326200</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.	05/15/2018	TED GOSSERT
	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

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 VEYANCE TECHNOLOGIES, INC.	4b EIN 20-8832176 4c PN 003
5 Total number of participants at the beginning of the plan year	5 1530
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 1116 6a(2) 1108 6b 382 6c 101 6d 1591 6e 37 6f 1628 6g 6h 23
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 08/01/2016 and ending 07/31/2017

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

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

A Name of plan <u>CONTITECH USA, INC. DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CONTITECH USA, INC.</u>	D Employer Identification Number (EIN) <u>20-8832176</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>08</u> Day <u>01</u> Year <u>2016</u>	
2 Assets:	
a Market value	2a <u>80620141</u>
b Actuarial value	2b <u>82040845</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants <u>319</u> (2) Vested Funding Target <u>27368122</u> (3) Total Funding Target <u>27368122</u>
b For terminated vested participants	<u>103</u> <u>1486210</u> <u>1486210</u>
c For active participants	<u>1116</u> <u>50281898</u> <u>62287010</u>
d Total	<u>1538</u> <u>79136230</u> <u>91141342</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.16 %</u>
6 Target normal cost	6 <u>4230023</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>05/09/2018</u>
	Signature of actuary	Date
<u>NICHOLAS FRIES</u>	Type or print name of actuary	<u>17-07926</u>
		Most recent enrollment number
<u>MERCER</u>	Firm name	<u>216-830-8031</u>
<u>200 PUBLIC SQUARE, SUITE 3760</u> <u>CLEVELAND, OH 44114</u>	Address of the firm	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	1188864
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1188864
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>5.63</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		1407921
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>6.36</u> %		13932
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		66933
c	Total available at beginning of current plan year to add to prefunding balance		1488786
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III		Funding Percentages	
14	Funding target attainment percentage	14	90.01%
15	Adjusted funding target attainment percentage	15	90.01%
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	90.45%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV		Contributions and Liquidity Shortfalls	
18 Contributions made to the plan for the plan year by employer(s) and employees:			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
11/15/2016	1450000	0	
02/15/2017	1450000	0	
05/15/2017	1170000	0	
08/15/2017	1360000	0	
04/12/2018	5190000	0	
Totals ►		18(b)	10620000
		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 9912861
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:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1st segment: 4.43%</td> <td style="width: 33%;">2nd segment: 5.91%</td> <td style="width: 33%;">3rd segment: 6.65%</td> </tr> </table>	1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%	☐ N/A, full yield curve used
1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%				
b	Applicable month (enter code)	21b	4			
22	Weighted average retirement age	22	62			
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute					
Part VI	Miscellaneous Items					
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No					
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No					
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No					
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27				
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years					
28	Unpaid minimum required contributions for all prior years	28	0			
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0			
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0			
Part VIII	Minimum Required Contribution For Current Year					
31	Target normal cost and excess assets (see instructions):					
a	Target normal cost (line 6)	31a	4230023			
b	Excess assets, if applicable, but not greater than line 31a	31b	0			
32	Amortization installments:	Outstanding Balance	Installment			
a	Net shortfall amortization installment	9100497	1792458			
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			
			6022481			
	Carryover balance	Prefunding balance	Total balance			
35	Balances elected for use to offset funding requirement	0	0			
36	Additional cash requirement (line 34 minus line 35)		36			
			6022481			
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37			
			9912861			
38	Present value of excess contributions for current year (see instructions)					
a	Total (excess, if any, of line 37 over line 36)	38a	3890380			
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0			
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39			
			0			
40	Unpaid minimum required contributions for all years		40			
			0			
Part IX	Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)					
41	If an election was made to use PRA 2010 funding relief for this plan:					
a	Schedule elected ☐ 2 plus 7 years ☐ 15 years					
b	Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011					
42	Amount of acceleration adjustment	42				
43	Excess installment acceleration amount to be carried over to future plan years	43				

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection.
For calendar plan year 2016 or fiscal plan year beginning 08/01/2016 and ending 07/31/2017		
A Name of plan CONTITECH USA, INC. DEFINED BENEFIT PLAN		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 CONTITECH USA, INC.		D Employer Identification Number (EIN) 20-8832176

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

MERCER

13-2834414

(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 13 17	NONE	348189	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET BANK

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?
25	NONE	79171	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

CLEARVIEW INVESTMENT RESEARCH

200 GLENRIDGE POINT PARKWAY
SUITE 400
ATLANTA, GA 30342

(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?
27	NONE	31250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	JEFF BLASZKOWSKI	b EIN:	13-2834414
c Position:	ACTUARY		
d Address:	ONE TOWNE SQUARE, SUITE 1000 SOUTHFIELD, MI 48076	e Telephone:	248-945-5500

Explanation: INTERNAL REASSIGNMENT AT MERCER, AS APPROVED BY THE PLAN ADMINISTRATOR

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="border: 1px solid black; padding: 5px; display: inline-block;"> 2016 </div> This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 08/01/2016 and ending 07/31/2017

A Name of plan CONTITECH USA, INC. DEFINED BENEFIT PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ►</td> <td style="width:20%; text-align: center; color: blue;">003</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>	B Three-digit plan number (PN) ►	003		
B Three-digit plan number (PN) ►	003				
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 CONTITECH USA, INC.	D Employer Identification Number (EIN) 20-8832176				

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: CONTINENTAL AUTOMOTIVE, INC. MT

b Name of sponsor of entity listed in (a): CONTINENTAL AUTOMOTIVE, INC.

c EIN-PN 51-0304065-014	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88100208
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 08/01/2016 and ending 07/31/2017		
A Name of plan CONTITECH USA, INC. DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 CONTITECH USA, INC.	D Employer Identification Number (EIN) 20-8832176	

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)	2450000	6550000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	229120	313929
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	78206510	88100208
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	80885630	94964137

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	19521	210433
k Total liabilities (add all amounts in lines 1g through 1j)	1k	19521	210433

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	80866109	94753704
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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)	10620000	
(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)		10620000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	163	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		163
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		7872284
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		18492447

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3452818	
(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)		3452818
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)	431144	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	31250	
(4) Other	2i(4)	689640	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1152034
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4604852

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		13887595
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: GREERWALKER LLP

(2) EIN: 56-1434747

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			
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 4048327. (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 08/01/2016 and ending 07/31/2017

A Name of plan <u>CONTITECH USA, INC. DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CONTITECH USA, INC.</u>	D Employer Identification Number (EIN) <u>20-8832176</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>34-3046063</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>63</u> % Investment-Grade Debt: <u>30</u> % High-Yield Debt: <u>7</u> % Real Estate: <u>0</u> % Other: <u>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
-----------------	---------------------------------

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 / / .	



GreerWalker

INDEPENDENT AUDITORS' REPORT

To the Benefits Committee and Participants of the ContiTech USA, Inc. Defined Benefit Plan:

We were engaged to audit the accompanying financial statements of the ContiTech USA, Inc. Defined Benefit Plan (the "Plan"), which comprise the statements of net assets available for benefits as of July 31, 2017 and 2016, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with generally accepted accounting principles 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with generally accepted auditing standards 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 and 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 ("DOL") 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 PNC Bank, N.A., State Street Bank and Trust Company and KeyBank National Association (collectively, the Trustees of the Plan), except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustees hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the Trustees as of and for the years ended July 31, 2017 and 2016, that the information provided to the plan administrator by the Trustees is complete and accurate.

Disclaimer of Opinion

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

Other Matter - Supplemental Schedules

The supplemental schedule of assets (held at end of year) as of July 31, 2017 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

GreerWalker LLP | greerwalker.com

Charlotte Office | The Carillon | 227 West Trade St., Suite 1100 | Charlotte, NC 28202 | USA | Tel 704.377.0239

Greenville Office | Wells Fargo Center | 15 South Main St., Suite 800 | Greenville, SC 29601 | USA | Tel 864.752.0080

Accounting & Tax | Wealth Management | Corporate Finance

Report on Form and Content in Compliance with the DOL's 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 Trustees, have been audited by us in accordance with generally accepted auditing standards in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Greer Walker LLP

Certified Public Accountants

May 11, 2018

Charlotte, NC

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The first set of rates apply to 924 employees with less than 30 years of service as of August 1, 2016 while the second set of rates apply to the 192 employees with 30 or more years of service as of August 1, 2016. The average retirement age is 62.

Participants With Less Than 30 Years of Service

(A)	(B)	(C)	(D)	(E)
Retirement age	Retirement Percent	Lx	Number of employees expected to retire (B) x (C)	(A) x (D)
55	5.0%	10,000	500	27,500
56	5.0%	9,500	475	26,600
57	5.0%	9,025	451	25,721
58	5.0%	8,574	429	24,864
59	5.0%	8,145	407	24,028
60	5.0%	7,738	387	23,213
61	5.0%	7,351	368	22,420
62	20.0%	6,983	1,397	86,594
63	20.0%	5,587	1,117	70,392
64	20.0%	4,469	894	57,208
65	20.0%	3,575	715	46,481
66	50.0%	2,860	1,430	94,393
67	50.0%	1,430	715	47,912
68	50.0%	715	358	24,313
69	50.0%	358	179	12,335
70	100.0%	179	179	12,514
Total			10,000	626,489
Average				62.65

Schedule SB, line 22 — Description of Weighted Average Retirement Age
Participants With More Than 30 Years of Service

(A)	(B)	(C)	(D)	(E)
Retirement age	Retirement Percent	Lx	Number of employees expected to retire (B) x (C)	(A) x (D)
48	5.0%	10,000	500	24,000
49	5.0%	9,500	475	23,275
50	5.0%	9,025	451	22,563
51	5.0%	8,574	429	21,863
52	5.0%	8,145	407	21,177
53	5.0%	7,738	387	20,505
54	5.0%	7,351	368	19,847
55	5.0%	6,983	349	19,204
56	5.0%	6,634	332	18,576
57	5.0%	6,302	315	17,962
58	10.0%	5,987	599	34,727
59	10.0%	5,389	539	31,793
60	10.0%	4,850	485	29,099
61	10.0%	4,365	436	26,625
62	20.0%	3,928	786	48,711
63	20.0%	3,143	629	39,597
64	20.0%	2,514	503	32,181
65	25.0%	2,011	503	32,684
66	25.0%	1,508	377	24,890
67	25.0%	1,131	283	18,950
68	50.0%	849	424	28,850
69	50.0%	424	212	14,637
70	100.0%	212	212	14,849
Total			10,000	586,564
Average				58.66

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

<u>Category</u>	<u>Number of Employees</u>	<u>Average Retirement Age</u>	<u>Number of Employees x Average Retirement Age</u>
A	924	62.65	57,889
B	192	58.66	11,263
Total	1,116		69,152
		Average Retirement Age:	61.96

Schedule SB, line 24 — Change in Actuarial Assumptions

ACTUARIAL ASSUMPTION CHANGES SINCE PRIOR VALUATION

The following assumption changes have occurred since the August 1, 2015 valuation.

- 40% of former Goodyear participants who were not eligible to retire from Goodyear as of August 1, 2007 are assumed to commence their Goodyear benefit prior to their Veyance benefit on account of the TV lump sum cashout program offered by Goodyear.
- The expected investment return increased from 6.20% to 6.40%.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 08/01/2016 and ending 07/31/2017

▶ **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 ContiTech USA, Inc. Defined Benefit Plan	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ContiTech USA, Inc.	D Employer Identification Number (EIN) 20-8832176

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>08</u> Day <u>01</u> Year <u>2016</u>			
2 Assets:			
a Market value.....		2a	80,620,141
b Actuarial value		2b	82,040,845
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	319	27,368,122	27,368,122
b For terminated vested participants	103	1,486,210	1,486,210
c For active participants	1,116	50,281,898	62,287,010
d Total	1,538	79,136,230	91,141,342
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	6.16%	
6 Target normal cost	6	4,230,023	

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

SIGN HERE <u>NICHOLAS FRIES NGCF</u> Signature of actuary NICHOLAS FRIES Type or print name of actuary MERCER Firm name 200 PUBLIC SQUARE, SUITE 3760 CLEVELAND OH 44114 Address of the firm	Date 1707926 Most recent enrollment number 216-830-8031 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	1,188,864
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1,188,864
9 Amount remaining (line 7 minus line 8).....	0	0
10 Interest on line 9 using prior year's actual return of <u>5.63%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		1,407,921
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>6.36%</u>		13,932
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		66,933
c Total available at beginning of current plan year to add to prefunding balance.....		1,488,786
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	90.01%
15 Adjusted funding target attainment percentage.....	15	90.01%
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	90.45%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
11/15/2016	1,450,000	0			
02/15/2017	1,450,000	0			
05/15/2017	1,170,000	0			
08/15/2017	1,360,000	0			
04/12/2018	5,190,000	0			
Totals ►			18(b)	10,620,000	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	9,912,861

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 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	4,230,023	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	9,100,497		1,792,458
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	6,022,481	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	6,022,481	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	9,912,861	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	3,890,380	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

Schedule SB, line 26 — Schedule of Active Participant Data

ATTAINED AGE	YEARS OF CREDITED SERVICE										
	UNDER 1	1 – 4	5 – 9	10 – 14	15 – 19	20 – 24	25 – 29	30 – 34	35 – 39	40 & UP	TOTAL
Under 25	15	10									25
25–29	8	16	3								27
30–34	7	24	3	7							41
35–39	3	27		12	4						46
40–44	6	23	6	21	24	8	1				89
45–49	5	32	3	23	30	52	23				168
50–54	5	23	6	23	38	54	93	32			274
55–59	1	10	1	14	34	33	75	34	29		231
60–64	3	7	4	16	18	16	34	15	17	43	173
65–69	1				4	2	10	4	2	17	40
70 & up					1					1	2
Total	54	171	26	116	153	165	236	86	48	61	1,116

In each cell, the top number is the count of active participants for each age/service combination.

Schedule SB, line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installments for each plan year since the IRC Section 430 changes made by the Pension Protection Act of 2006 (PPA) took effect for the plan. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than \$0.

SHORTFALL BASES					
YEAR ESTABLISHED		OUTSTANDING BALANCE	YEARS REMAINING		2016 INSTALLMENT
2013	\$	1,275,903	4	\$	340,005
2014		1,295,309	5		281,993
2015		4,184,357	6		783,023
2016		2,344,928	7		387,437
Total	\$	9,100,497		\$	1,792,458

CONTITECH USA, INC. DEFINED BENEFIT PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF JULY 31, 2017

EIN: 20-8832176 - PLAN NUMBER: 003

(a)	(b)	(c)	(d)	(e)
Party-in-interest	Identity of issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
*	KeyBank National Association	Federated Government Obligations Institutional Shares	\$ 313,929	\$ 313,929
			<u>\$ 313,929</u>	<u>\$ 313,929</u>

* Party-in-interest to the Plan

See independent auditors' report.

*Schedule SB, Part V — Statement of Actuarial Assumptions/Methods***ACTUARIAL ASSUMPTIONS FOR AUGUST 1, 2016 FUNDING VALUATION**

DISCOUNT RATE SPONSOR ELECTIONS			
• Segment rates or full yield curve	Segment		
• Look-back months	4		
•	Stabilized	Nonstabilized	
• First 5 years	4.43%	1.47%	
• Next 15 years	5.91%	3.92%	
• Over 20 years	6.65%	4.92%	
MORTALITY SPONSOR ELECTIONS			
• Healthy participants	Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA.		
• Post-1994 disabilities	Revenue Ruling 96-7 table for participants who became disabled after 1994 and are eligible for Social Security disability benefits		
OTHER ECONOMIC ASSUMPTIONS			
• Expected investment return	6.20% for 2014 and 6.20% for 2015 6.40% for 2016		
• Expenses	\$200,000 has been added to the normal cost		

*Schedule SB, Part V — Statement of Actuarial Assumptions/Methods***Rationale for Economic Assumptions**

- Expected investment return – The expected rate of return on plan assets is based on a blend of 25% of the hypothetical past performance of the plan's target asset mix (adjusted for anticipated market conditions over the life of the plan) and 75% of the median simulated 20-year investment return for the plan's target asset mix using capital market assumptions published in Mercer Investment Consulting's *Capital Markets Outlook* and rounded to the nearest 10 basis points. Historical and median results are adjusted to reflect a 20 basis point reduction for passive asset management costs. Realization of future alpha for active investment management, if applicable, is assumed to be offset by additional investment services fees associated with such active management.
- Discount rate – The discount rate is prescribed by the plan sponsor through an election from allowable alternatives under IRS regulations.

DEMOGRAPHIC ASSUMPTIONS	
• Withdrawal	Select and ultimate rates. See table of sample rates.
• Disability incidence	Based on rates from the 1985 pension disability table (class 2), sex distinct. See table of sample rates. 60% of participants becoming disabled are assumed to be eligible for Social Security disability benefits.

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

• Retirement age	PERCENTAGE	
	ATTAINED AGE	<div> <div>< 30 YEARS OF SERVICE</div> <div>>= 30 YEARS OF SERVICE</div> </div>
	48	0.0%
	49	0.0
	50	0.0
	51	0.0
	52	0.0
	53	0.0
	54	0.0
	55	5.0
	56	5.0
	57	5.0
	58	5.0
	59	5.0
	60	5.0
	61	5.0
	62	20.0
	63	20.0
	64	20.0
	65	20.0
	66	50.0
	67	50.0
	68	50.0
	69	50.0
	70	100.0

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

• Percentage of those not retirement-eligible as of August 1, 2007 to commence receipt of benefits under the Goodyear plan prior to commencing benefits under the ContiTech plan	40% of males and females		
• Benefit commencement age for			
– Future vested deferred	62		
– Current vested deferred	62, or attained age if later		
• Spouse assumptions	<u>MALE PARTICIPANTS</u>	<u>FEMALE PARTICIPANTS</u>	
– Percentage married	80%	80%	
– Spouse age difference	3 years younger	3 years older	
FORM OF PAYMENT	<u>NORMAL FORM</u>	<u>50% J&S</u>	<u>100% J&S</u>
• Active retirements	70%	0%	30%
• Future vested deferred	70%	0%	30%
• Future disabilities	100%	0%	0%
• Future deaths	0%	100%	0%
• Current vested deferred	70%	0%	30%
UNPREDICTABLE CONTINGENT EVENT ASSUMPTIONS	Likelihood of event is de minimis.		

*Schedule SB, Part V — Statement of Actuarial Assumptions/Methods***Table of Sample Rates**

ATTAINED AGE	DISABILITY INCIDENCE		WITHDRAWAL	
	MALE	FEMALE	<= 1 YEARS OF SERVICE	> 1 YEARS OF SERVICE
20	0.06%	0.06%	75.00%	13.00%
25	0.09	0.10	75.00	9.00
30	0.13	0.17	75.00	6.10
35	0.20	0.25	75.00	4.35
40	0.31	0.36	75.00	3.45
45	0.51	0.52	75.00	3.05
50	0.83	0.85	75.00	2.80
55	1.50	1.49	75.00	2.20
56	1.67	1.63	75.00	2.10
57	1.84	1.73	75.00	2.00
58	1.98	1.75	75.00	1.90
59	2.13	1.77	75.00	1.80
60	2.27	1.79	75.00	1.70
61	2.41	1.81	75.00	0.00
62	2.56	1.83	75.00	0.00
63	2.71	1.90	75.00	0.00
64	2.87	2.00	75.00	0.00

Rationale for Demographic Assumptions

- Mortality – Prescribed assumption and based on plan sponsor's PPA election.
- Withdrawal – The withdrawal rates are based on an experience study undertaken in 2015 using data from 2012 through 2014.
- Retirement – The retirement rates are based on an experience study undertaken in 2015 using data from 2012 through 2014.

*Schedule SB, Part V — Statement of Actuarial Assumptions/Methods***ACTUARIAL METHODS FOR FUNDING****Asset Methods**

The asset valuation method is an average of the adjusted market value for each year during the last two years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant Methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all union employees participating in the plan as of the valuation date.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum Funding Methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.

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

- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.
- The **Temporary Early Retirement Supplement (TERS)** has benefits not based on accrued benefit or service. Benefits not based on accrued benefit or service are attributed by the ratio of years of service at the valuation date divided by the years of service at the time of the event that causes the benefit to be payable in accordance with final PPA regulations.

Schedule SB, Part V — Summary of Plan Provisions

Summary of Major Plan Provisions

Effective date and plan year	Original plan: August 1, 2007 Plan year: August 1 through July 31
Status of the plan	The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.
Significant events that occurred during the year	None
DEFINITIONS	
• Sponsoring employer	ContiTech USA, Inc.
• Participation	Collectively bargained or hourly-rated employees, excluding Leased or New Hire employees and independent contractors. Participation begins immediately upon hire.
• Continuous Service (for purposes of eligibility and vesting)	Elapsed time from date of hire, in years and nearest months. Includes Continuous Service as of the Effective Date under the 1950 Pension Plan for Employees of Goodyear Tire & Rubber.
• Credited service	Elapsed time from date of hire, in years and nearest months. Includes Continuous Service as of the Effective Date under the 1950 Pension Plan for Employees of Goodyear Tire & Rubber. Excludes service accrued while in a non-bargaining job.
• Accrual Rate	\$55.00 per month per year of service. \$58.00 per month per year of service effective for terminations after August 1, 2009. \$60.00 per month per year of service effective for terminations after September 1, 2012.
• Accrued benefit	Credited service times accrual rate. The amount is reduced by the 1950 Pension Plan benefit. The 1950 Pension Plan benefit is calculated as if receipt commenced on the same date, regardless of whether the participant is actually eligible to be paid.

Schedule SB, Part V — Summary of Plan Provisions

NORMAL RETIREMENT	
• Eligibility	Age 65 or five years of service, if later.
• Benefit	Accrued benefit.
EARLY RETIREMENT	
• Eligibility	<p>Reduced Benefit:</p> <ol style="list-style-type: none"> 1. Age 55 with 10 years of service. <p>Unreduced Benefit:</p> <ol style="list-style-type: none"> 2. 10 years of service and age 62 at termination of employment or 3. 30 years of service.
• Benefit	<p>Reduced Benefit:</p> <ol style="list-style-type: none"> 1. Accrued benefit reduced 4.8% for each year that early retirement precedes age 62. <p>Unreduced Benefit:</p> <ol style="list-style-type: none"> 2. Accrued benefit 3. Accrued benefit plus supplemental benefit
TEMPORARY EARLY RETIREMENT SUPPLEMENT (TERS)	
• Eligibility	Age 55 and 30 years of service

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	<p>If participant has not commenced Goodyear benefit</p> <ul style="list-style-type: none"> Table benefit amount per Article III, Section 3(d) based on age and years of service minus early retirement benefit minus the 1950 Pension Plan benefit. <p>If participant has commenced Goodyear benefit</p> <ul style="list-style-type: none"> Monthly benefit equal to greater of \$0 and <ul style="list-style-type: none"> Accrual rate x credited service (ignoring prior Goodyear service) plus <ul style="list-style-type: none"> \$3 x all credited service plus \$6 x all credited service in excess of 30 years plus \$10 x each year age in excess of age 55 plus \$250 minus Monthly benefit under early retirement provision
• Payment	<ul style="list-style-type: none"> Payable until earlier of age 62 or eligibility for Social Security age or disability benefit. At age 62, the benefit amount is recalculated based on Social Security Normal Retirement Age. Supplement is payable until participant reaches age that is 3 years earlier than Social Security Normal Retirement Age or otherwise becomes eligible for Social Security age or disability benefit, per schedule in Article III, Section 3(e)(ii).
LATE RETIREMENT	
• Eligibility	Retirement after normal retirement age.
• Benefit	Accrued benefit determined as of late retirement date.
DEFERRED VESTED	
• Eligibility	5 years of service.
• Benefit	Accrued benefit payable at normal retirement age. Actuarially reduced benefit for commencement prior to age 65 if greater than 10 years of service.
DISABILITY	
• Eligibility	Permanently incapacitated for 5 consecutive months prior to normal retirement age, with 10 years of continuous service.

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	Accrued benefit payable immediately, offset by the 1950 Pension Plan benefit deferred to the later of age 55 or actual commencement under this plan.
TEMPORARY DISABILITY SUPPLEMENT	
• Eligibility	Payable if eligible for Disability pension prior to age 55.
• Benefit	Benefit is the 1950 Pension Plan deferred vested pension amount payable at age 55, and is payable until age 55.
PRE-RETIREMENT DEATH	
• Eligibility	Participant must have five years of vesting service.
• Benefit	<u>Active participant</u> : Death benefit is actuarially equivalent Qualified Preretirement Joint & Survivor Annuity (QJSA) <u>Deferred vested participant</u> : Death benefit is actuarially equivalent Qualified Preretirement Joint & Survivor Annuity (QJSA).
POST-RETIREMENT DEATH	
• Eligibility	Participant must be receiving a pension and not available to those who received a lump sum under 1950 Pension Plan for Employees of Goodyear Tire & Rubber.
• Benefit	\$4,500 payable in event of death of pensioner, to participant's surviving spouse or estate (if not married).
UNPREDICTABLE CONTINGENT EVENT BENEFITS	
• Event	Plant Closure

Schedule SB, Part V — Summary of Plan Provisions

<ul style="list-style-type: none"> Unreduced Benefit 	<p>In the event of a plant closure an Employee who has completed either:</p> <ul style="list-style-type: none"> at least 25 years of continuous service but has not attained age 55, or at least 5 years of continuous service and has attained age 55 <p>and whose employment is terminated as a result of such plant closure, shall receive an immediate monthly pension based on continuous service as of the date of termination of employment.</p>
<ul style="list-style-type: none"> Lump-sum Eligibility 	<p>Employment is terminated as a result of a plant closure after August 1, 2007, participant has at least five years of continuous service, is not eligible for a pension under any other pension plan of any Employer, other than a normal, early or deferred vested pension from this plan, and not eligible for a Service Award or Separation Payment.</p> <p>The one-time lump-sum payment is equal to the present value of the normal, early, or deferred vested pension.</p>
FORM OF BENEFITS	
<ul style="list-style-type: none"> Automatic form for unmarried participants 	Five years certain and life
<ul style="list-style-type: none"> Automatic form for married participants 	50% Joint & Survivor

Schedule SB, Part V — Summary of Plan Provisions

<ul style="list-style-type: none"> Optional forms 	<ul style="list-style-type: none"> 100% or 50% Contingent Annuitant (first 60 months of payments are guaranteed at the Life and 5-Year Certain rate) 10, 15, or 20 years Life and Period Certain (first 60 months of payments are guaranteed at the Life and 5-Year Certain rate) 100% or 50% Contingent Coverage (first 60 months of payments are guaranteed at the Life and 5-Year Certain rate; if the spouse pre-deceases the participant, the benefit pops up to the Life and 5-Year Certain rate) Special 75% Joint and Survivor Lump Sum <ul style="list-style-type: none"> Automatic cashout if present value of Retirement Benefit is less than or equal to \$1,000. Optional cashout if present value of Retirement Benefit is between \$1,000 and \$5,000.
<ul style="list-style-type: none"> Optional form conversion factors 	<ul style="list-style-type: none"> UP-1984 Mortality Table with a 3-year setback for spouse mortality; 6.0% interest Lump sums – more favorable of the following four lump sum calculations <ul style="list-style-type: none"> UP-1984 Mortality Table with 6.0% interest UP-1984 Mortality Table and the current interest rates utilized by the PBGC. (If this lump sum exceeds \$25,000, 120% of the PBGC rate shall be used to determine the PBGC lump sum.) GATT-2003 Mortality Table with the 30-year Treasury rate for the prior March PPA Mortality Table with segmented interest rates for the prior March
MISCELLANEOUS	
<ul style="list-style-type: none"> Special awards 	<p>Employee may elect immediate distribution in the event of involuntary termination or layoff.</p> <p>Benefit is actuarially reduced accrued benefit.</p>
<ul style="list-style-type: none"> Maximum benefits 	<p>Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2016, the limit is \$210,000.</p>

*Schedule SB, Part V — Summary of Plan Provisions***Benefits Included or Excluded**

Unless noted below, all benefits provided by the plan, restated as of June 4, 2015, are included in this valuation:

- **Most recent plan amendments included:** The restated plan as of June 4, 2015 is included because it was adopted by the prior valuation date and is effective by the end of the prior plan year.
- **Plan amendments excluded:** None
- **Late retirement increases:**
 - Active participants: Late retirement increases are not valued for active participants because the plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½.
 - Deferred vested participants: Current deferred vested participants over normal retirement age are not valued including the late retirement actuarial increase because it is deemed not significant.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

PLAN PROVISIONS SPECIFIC TO FUNDING**Additional Benefits Included or Excluded**

- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- Unpredictable contingent event benefits:** This valuation does not value the plan's unpredictable contingent event benefits, which are summarized above, because the likelihood of an event is de minimis.

*Schedule SB, Part V — Statement of Actuarial Assumptions/Methods***ACTUARIAL ASSUMPTIONS FOR AUGUST 1, 2016 FUNDING VALUATION**

DISCOUNT RATE SPONSOR ELECTIONS			
• Segment rates or full yield curve	Segment		
• Look-back months	4		
•	Stabilized	Nonstabilized	
• First 5 years	4.43%	1.47%	
• Next 15 years	5.91%	3.92%	
• Over 20 years	6.65%	4.92%	
MORTALITY SPONSOR ELECTIONS			
• Healthy participants	Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA.		
• Post-1994 disabilities	Revenue Ruling 96-7 table for participants who became disabled after 1994 and are eligible for Social Security disability benefits		
OTHER ECONOMIC ASSUMPTIONS			
• Expected investment return	6.20% for 2014 and 6.20% for 2015 6.40% for 2016		
• Expenses	\$200,000 has been added to the normal cost		

*Schedule SB, Part V — Statement of Actuarial Assumptions/Methods***Rationale for Economic Assumptions**

- Expected investment return – The expected rate of return on plan assets is based on a blend of 25% of the hypothetical past performance of the plan's target asset mix (adjusted for anticipated market conditions over the life of the plan) and 75% of the median simulated 20-year investment return for the plan's target asset mix using capital market assumptions published in Mercer Investment Consulting's *Capital Markets Outlook* and rounded to the nearest 10 basis points. Historical and median results are adjusted to reflect a 20 basis point reduction for passive asset management costs. Realization of future alpha for active investment management, if applicable, is assumed to be offset by additional investment services fees associated with such active management.
- Discount rate – The discount rate is prescribed by the plan sponsor through an election from allowable alternatives under IRS regulations.

DEMOGRAPHIC ASSUMPTIONS	
• Withdrawal	Select and ultimate rates. See table of sample rates.
• Disability incidence	Based on rates from the 1985 pension disability table (class 2), sex distinct. See table of sample rates. 60% of participants becoming disabled are assumed to be eligible for Social Security disability benefits.

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

• Retirement age	PERCENTAGE	
	ATTAINED AGE	<div> <div>< 30 YEARS OF SERVICE</div> <div>>= 30 YEARS OF SERVICE</div> </div>
	48	0.0%
	49	0.0
	50	0.0
	51	0.0
	52	0.0
	53	0.0
	54	0.0
	55	5.0
	56	5.0
	57	5.0
	58	5.0
	59	5.0
	60	5.0
	61	5.0
	62	20.0
	63	20.0
	64	20.0
	65	20.0
	66	50.0
	67	50.0
	68	50.0
	69	50.0
	70	100.0

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

• Percentage of those not retirement-eligible as of August 1, 2007 to commence receipt of benefits under the Goodyear plan prior to commencing benefits under the ContiTech plan	40% of males and females		
• Benefit commencement age for			
– Future vested deferred	62		
– Current vested deferred	62, or attained age if later		
• Spouse assumptions	<u>MALE PARTICIPANTS</u>	<u>FEMALE PARTICIPANTS</u>	
– Percentage married	80%	80%	
– Spouse age difference	3 years younger	3 years older	
FORM OF PAYMENT	<u>NORMAL FORM</u>	<u>50% J&S</u>	<u>100% J&S</u>
• Active retirements	70%	0%	30%
• Future vested deferred	70%	0%	30%
• Future disabilities	100%	0%	0%
• Future deaths	0%	100%	0%
• Current vested deferred	70%	0%	30%
UNPREDICTABLE CONTINGENT EVENT ASSUMPTIONS	Likelihood of event is de minimis.		

*Schedule SB, Part V — Statement of Actuarial Assumptions/Methods***Table of Sample Rates**

ATTAINED AGE	DISABILITY INCIDENCE		WITHDRAWAL	
	MALE	FEMALE	<= 1 YEARS OF SERVICE	> 1 YEARS OF SERVICE
20	0.06%	0.06%	75.00%	13.00%
25	0.09	0.10	75.00	9.00
30	0.13	0.17	75.00	6.10
35	0.20	0.25	75.00	4.35
40	0.31	0.36	75.00	3.45
45	0.51	0.52	75.00	3.05
50	0.83	0.85	75.00	2.80
55	1.50	1.49	75.00	2.20
56	1.67	1.63	75.00	2.10
57	1.84	1.73	75.00	2.00
58	1.98	1.75	75.00	1.90
59	2.13	1.77	75.00	1.80
60	2.27	1.79	75.00	1.70
61	2.41	1.81	75.00	0.00
62	2.56	1.83	75.00	0.00
63	2.71	1.90	75.00	0.00
64	2.87	2.00	75.00	0.00

Rationale for Demographic Assumptions

- Mortality – Prescribed assumption and based on plan sponsor's PPA election.
- Withdrawal – The withdrawal rates are based on an experience study undertaken in 2015 using data from 2012 through 2014.
- Retirement – The retirement rates are based on an experience study undertaken in 2015 using data from 2012 through 2014.

*Schedule SB, Part V — Statement of Actuarial Assumptions/Methods***ACTUARIAL METHODS FOR FUNDING****Asset Methods**

The asset valuation method is an average of the adjusted market value for each year during the last two years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant Methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all union employees participating in the plan as of the valuation date.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum Funding Methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.

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

- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.
- The **Temporary Early Retirement Supplement (TERS)** has benefits not based on accrued benefit or service. Benefits not based on accrued benefit or service are attributed by the ratio of years of service at the valuation date divided by the years of service at the time of the event that causes the benefit to be payable in accordance with final PPA regulations.

CONTITECH USA, INC.
DEFINED BENEFIT PLAN

Financial Statements and Supplemental Schedule
for the Years Ended July 31, 2017 and 2016
and Independent Auditors' Report



GreerWalker

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INDEPENDENT AUDITORS' REPORT

To the Benefits Committee and Participants of the ContiTech USA, Inc. Defined Benefit Plan:

We were engaged to audit the accompanying financial statements of the ContiTech USA, Inc. Defined Benefit Plan (the "Plan"), which comprise the statements of net assets available for benefits as of July 31, 2017 and 2016, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with generally accepted accounting principles 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with generally accepted auditing standards 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 and 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 ("DOL") 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 PNC Bank, N.A., State Street Bank and Trust Company and KeyBank National Association (collectively, the Trustees of the Plan), except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustees hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the Trustees as of and for the years ended July 31, 2017 and 2016, that the information provided to the plan administrator by the Trustees is complete and accurate.

Disclaimer of Opinion

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

Other Matter - Supplemental Schedules

The supplemental schedule of assets (held at end of year) as of July 31, 2017 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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Accounting & Tax | Wealth Management | Corporate Finance

Report on Form and Content in Compliance with the DOL's 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 Trustees, have been audited by us in accordance with generally accepted auditing standards in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Greer Walker LLP

Certified Public Accountants

May 11, 2018

Charlotte, NC

CONTITECH USA, INC. DEFINED BENEFIT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS JULY 31, 2017 AND 2016

	<u>2017</u>	<u>2016</u>
ASSETS:		
Investments:		
Interest-bearing cash	\$ 313,929	\$ 229,120
Plan interest in the Continental Automotive, Inc. Master Trust (Note 5)	<u>88,100,208</u>	<u>78,206,510</u>
Total investments	<u>88,414,137</u>	<u>78,435,630</u>
 Employer contributions receivable	 <u>6,550,000</u>	 <u>2,450,000</u>
 Total assets	 94,964,137	 80,885,630
 LIABILITIES:		
Accrued administrative expense	<u>210,433</u>	<u>19,521</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u><u>\$ 94,753,704</u></u>	 <u><u>\$ 80,866,109</u></u>

See notes to financial statements.

CONTITECH USA, INC. DEFINED BENEFIT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED JULY 31, 2017 AND 2016

	<u>2017</u>	<u>2016</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income (loss):		
Plan interest in the Continental Automotive, Inc.		
Master Trust's income (Note 5)	\$ 7,872,284	\$ 7,717,324
Net depreciation in fair value of mutual funds	-	(4,147,509)
Interest and dividend income	163	790,567
Total investment income, net	<u>7,872,447</u>	<u>4,360,382</u>
Employer contributions	<u>10,620,000</u>	<u>6,350,000</u>
Total additions, net	<u>18,492,447</u>	<u>10,710,382</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	3,452,818	2,204,942
Administrative expenses	<u>1,152,034</u>	<u>202,421</u>
Total deductions	<u>4,604,852</u>	<u>2,407,363</u>
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	13,887,595	8,303,019
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<u>80,866,109</u>	<u>72,563,090</u>
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u>\$ 94,753,704</u>	<u>\$ 80,866,109</u>

See notes to financial statements.

CONTITECH USA, INC. DEFINED BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS FOR THE YEARS ENDED JULY 31, 2017 AND 2016

1. PLAN DESCRIPTION

Effective March 1, 2017, the name of the plan was changed to the ContiTech USA, Inc. Defined Benefit Plan (the "Plan"). Prior to March 1, 2017, the name of the Plan was the Veyance Technologies, Inc. Defined Benefit Plan. The following description of the Plan provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General - On August 1, 2007, ContiTech USA, Inc. (the "Employer"), previously known as Veyance Technologies, Inc., was acquired from the Goodyear Tire & Rubber Company. The Board of Directors of the newly formed company entered into a pension, insurance and service award agreement with the United Steel Workers and the Local Unions thereof effective August 1, 2007. In January 2015, the Employer was acquired by Continental ContiTech. The Plan is administered by the Employer's Benefits Committee. The Benefits Committee has overall responsibility for the operation and administration of the Plan. The Benefits Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

The Plan is a defined benefit plan, which became effective August 1, 2007. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan covers all bargaining employees of the Employer who have at least one hour of service, excluding leased or new hire employees. New hire employees are employees hired by the Goodyear Tire and Rubber Company after December 22, 2006 or by the Employer after July 31, 2007, who shall be in a job classification other than technical maintenance. Individuals employed by the Goodyear Tire & Rubber Company prior to the acquisition of the Employer were eligible to carry forward their continuous years of service incurred at the Goodyear Tire & Rubber Company. The Plan provides for pension, death, disability, service and separation benefits calculated under formulas principally based on length of service. Participants may elect to receive their pension benefits in a normal retirement annuity or a joint and survivor annuity.

Normal retirement age is 65; however, early retirement provisions are available to participants who have attained age 55 and have completed at least 10 years of continuous service, or to participants who have completed at least 30 years of service.

Master Trust - Effective January 1, 2016, the Continental Automotive, Inc. Master Trust's (the "Master Trust") agreement was amended to permit the assets of the Plan to be maintained, for investment purposes only, on a commingled basis with the assets of the Pension Plan for Hourly-Paid Employees of Continental Automotive, Inc. and Certain Affiliated Companies, the Pension Plan for Salaried Employees of Continental Automotive, Inc. and Certain Affiliated Companies, the Continental NA Pension Plan, the Continental NA Automotive Union Pension Plan (Huntsville) and the Pension Plan for Hourly Employees of Continental NA Automotive (collectively, the "Participating Plans") in the Master Trust. These plans do not own specific assets of the Master Trust, but rather a proportionate beneficial interest or investment percentage. Accordingly, each plan's investment percentage changes regularly, based on daily transactions specific to each plan. Investment income for each fund is allocated to each plan based on the relationship of each plan's beneficial interest in the fund to the total beneficial interest of all plans in the fund.

Vesting - A participant is 100% vested after five years of credited service.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Use of Estimates - The preparation of financial statements in accordance with generally accepted accounting principles in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates. Any adjustments applied to estimated amounts are recognized in the year in which such adjustments are determined.

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

Effective January 1, 2016, the Plan began participating in the Master Trust to hold the investment assets. Investments, and the income therein, are allocated to the Plan based on the Plan's participation in investment options within the Master Trust. Accordingly, the Plan's investment gain for the year ended December 31, 2016, includes its allocable share of the Master Trust's interest and dividend income and net appreciation in fair value of investments since January 1, 2016.

Prior to participating in the Master Trust, the Plan's purchases and sales of securities were recorded on a trade-date basis. Interest income was recorded on the accrual basis. Dividends were recorded on the ex-dividend date. Net appreciation in fair value of mutual funds included the Plan's gains and losses on investments bought and sold as well as held during the year.

Contributions and Funding - The Plan's funding policy is for the Employer to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. Annual employer contributions to the Plan are made based upon actuarially determined amounts, calculated by the Plan's actuary, subject to a floor of \$5,500,000 per the Employer's agreement with the United Steelworkers of America. For the years ended July 31, 2017 and 2016, the Employer made contributions of \$10,620,000 and \$6,350,000, respectively. The Employer's contributions for the years ended July 31, 2017 and 2016 exceeded the minimum funding requirements of ERISA.

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

Administrative Expenses - The Plan's expenses are paid either by the Plan or the Employer, as provided by the plan document. Expenses that are paid directly by the Employer are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in the Plan interest in the Master Trust's income and net depreciation in fair value of mutual funds presented in the accompanying statements of changes in net assets available for benefits.

Subsequent Events - In preparing the financial statements, the plan administrator has evaluated subsequent events through May 11, 2018, which is the date the financial statements were available to be issued.

3. INFORMATION CERTIFIED BY TRUSTEES

The following is a summary of the Plan's investment information as of July 31, 2017 and 2016, and for the years then ended, included in the financial statements and supplemental schedule, that was prepared by, or derived from, information prepared by PNC Bank, N.A. for the period from August 1, 2015 through December 31, 2015, State Street Bank and Trust Company ("State Street") for the period from January 1, 2016 through July 31, 2017 and KeyBank National Association ("KeyBank") for the period from January 1, 2016 through July 31, 2017 (collectively, the Trustees of the Plan), and furnished to the plan administrator. The plan administrator has obtained certifications from the Trustees that such information is complete and accurate as of and for the years ended July 31, 2017 and 2016.

	<u>2017</u>	<u>2016</u>
Investments:		
Interest-bearing cash	\$ 313,929	\$ 229,120
Plan interest in the Master Trust (Note 5)	\$ 88,100,208	\$ 78,206,510
Investment income (loss):		
Plan interest in the Master Trust's income (Note 5)	\$ 7,872,284	\$ 7,717,324
Net depreciation in fair value of mutual funds	\$ -	\$ (4,147,509)
Interest and dividend income	\$ 163	\$ 790,567

4. FAIR VALUE MEASUREMENTS

Generally accepted accounting principles in the United States of America provide the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under generally accepted accounting principles in the United States of America are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Master Trust and the Plan have the ability to access.
Level 2	Inputs to the valuation methodology include: <ul style="list-style-type: none"> Quoted prices for similar assets or liabilities in active markets; Quoted prices for identical or similar assets or liabilities in inactive markets; Inputs other than quoted prices that are observable for the asset or liability; Inputs that are derived principally from or corroborated by observable market data by correlation or other means. <p>If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.</p>
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the methodologies used as of July 31, 2017 and 2016.

Collective trust funds: Valued at the NAV of units of a bank collective trust. The NAV, as provided by the Trustees, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Master Trust to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner. There are no unfunded commitments as of July 31, 2017 and 2016.

Interest-bearing cash: Valued at the ending cash balance plus any accrued interest held by the Plan as of year-end.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan administrator believes the Master Trust and Plan's valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement as of the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of July 31, 2017, excluding the Plan's interest in the Master Trust:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Interest-bearing cash	\$ <u>313,929</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>313,929</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of July 31, 2016:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Interest-bearing cash	\$ <u>229,120</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>229,120</u>

5. INTEREST IN MASTER TRUST

Effective January 1, 2016, the assets of the Plan are maintained, for investment purposes only, on a commingled basis with the assets of the Participating Plans in the Master Trust. The value of the Plan's interest in the Master Trust is based on the beginning of year value of the Plan's interest in the trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses. As of July 31, 2017 and 2016, the Plan's interest in the net assets of the Master Trust was approximately 9% and 8%, respectively. Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based upon the amount of the time the Plan's assets were invested in the Master Trust.

The following is a summary of the net assets of the Master Trust as of July 31, 2017 and 2016 and for the period from January 1, 2016 through July 31, 2016 and for the year ended July 31, 2017, that was prepared by, or derived from, information prepared by State Street and furnished to the plan administrator. The plan administrator has obtained a certification from State Street that such information is complete and accurate for the period from January 1, 2016 through July 31, 2016 and for the year ended July 31, 2017.

Investments:		
Collective trust funds	\$ <u>990,325,863</u>	\$ <u>987,622,452</u>
Plan interest in the Master Trust	\$ <u>88,100,208</u>	\$ <u>78,206,510</u>

The following are the changes in net assets for the Master Trust for the period from January 1, 2016 through July 31, 2016 and for the year ended July 31, 2017.

Investment income:		
Net appreciation in fair value of collective trust funds	\$ 40,013,567	\$ 96,466,550
Net transfers	(37,310,156)	20,616,473
Change in net assets	\$ <u>2,703,411</u>	\$ <u>117,083,023</u>
Net assets:		
Beginning of year	\$ <u>987,622,452</u>	\$ <u>870,539,429</u>
End of year	\$ <u>990,325,863</u>	\$ <u>987,622,452</u>

As of July 31, 2017 and 2016, all investments held by the Master Trust are collective trust funds, which are valued at the NAV of units held by the Plan at year-end. In accordance with ASU 2015-07, the requirement to categorize investments within the fair value hierarchy for which fair value is measured using the NAV per share practical expedient has been removed. Accordingly, as of July 31, 2017 and 2016, no investments held by the Master Trust are required to be categorized within the fair value hierarchy. See Note 4 for disclosure of the valuation methodologies used for investments of the Master Trust.

6. RISKS AND UNCERTAINTIES

The Master Trust's and the Plan's investments include funds which invest in various types of investment securities and in various companies within various markets. Investment securities are exposed to several risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, 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 amounts reported in the accompanying statements of net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the accompanying statements of net assets available for benefits.

7. TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Employer by a letter dated October 26, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Generally accepted accounting principles in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of July 31, 2017 and 2016, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the accompanying financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits of any tax period in progress.

8. PLAN TERMINATION

Although it has not expressed any intention to do so, the Employer has the right under the Plan, pending approval of applicable requirements under the collective bargaining agreements, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding the Plan's termination.
- Other vested benefits insured by the PBGC (a U.S. government agency) up to the applicable limitations.
- All other vested benefits (that is, vested benefits not insured by the PBGC).
- All nonvested benefits.

Any funds remaining after the satisfaction of all liabilities under the Plan with respect to participants, transferred retirees or their beneficiaries shall be returned to the Employer. In the event of a partial termination of the Plan, the interests in the Plan of all participants affected by such partial termination shall be fully vested and non-forfeitable to the extent funded as of the date of such partial termination.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Employer and the level of benefits guaranteed by the PBGC.

9. TRANSACTIONS WITH PARTIES-IN-INTEREST

Certain investments of the Master Trust and the Plan are managed by the Trustees, as defined by the master trust agreement and plan document, and therefore, these transactions qualify as exempt party-in-interest transactions. The Trustees receive investment and administrative fees as a result of these activities. Certain other third party administrative expenses were paid by the Employer on behalf of the Plan. These transactions qualify as exempt party-in-interest transactions.

10. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the plan are accumulated based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The computations of the actuarial present value of accumulated plan benefits were made as of August 1, 2016. Had the valuation been performed as of July 31, 2016 there would be no material differences. The significant actuarial assumptions used in the valuations as of July 31, 2016 were:

Discount rate	3.70%
Mortality basis after normal retirement age	Adjusted RP-2014 mortality, sex distinct, generational projection with scale MP-2016, blue collar adjustments
Assumed retirement date	Age 62
Expected long-term return on assets	3.70%, net of expenses

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

The total actuarial present value of accumulated plan benefits as of July 31, 2016 is as follows:

Vested benefits:

Active participant

The change in the actuarial present value of accumulated plan benefits during the year ended July 31, 2016 is as follows:

Actuarial present value of accumulated plan benefits as of beginning of year	<u>\$107,523,866</u>
Increase (decrease) attributed to:	
Benefits accumulated and losses	7,794,064
Increase for interest due to decrease in discount period	4,677,070
Benefits paid	(2,264,912)
Change in actuarial assumptions	<u>10,371,544</u>
Net increase	<u>20,577,766</u>
Actuarial present value of accumulated plan benefits as of end of year	<u>\$ 128,101,632</u>

CONTITECH USA, INC. DEFINED BENEFIT PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF JULY 31, 2017

EIN: 20-8832176 - PLAN NUMBER: 003

(a)	(b)	(c)	(d)	(e)
Party-in-interest	Identity of issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
*	KeyBank National Association	Federated Government Obligations Institutional Shares	\$ 313,929	\$ 313,929
			\$ 313,929	\$ 313,929

* Party-in-interest to the Plan

See independent auditors' report.