

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 2017 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</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 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>MOBIS NORTH AMERICA SALARY PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>004</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>03/01/2006</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>004</u>	1c Effective date of plan <u>03/01/2006</u>	
1b Three-digit plan number (PN) ▶	<u>004</u>				
1c Effective date of plan <u>03/01/2006</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>MOBIS NORTH AMERICA, LLC</u> <u>3900 STICKNEY AVE</u> <u>TOLEDO, OH 43608-1314</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>20-2419128</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>419-729-6787</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>336300</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>20-2419128</u>	2c Plan Sponsor's telephone number <u>419-729-6787</u>	2d Business code (see instructions) <u>336300</u>	
2b Employer Identification Number (EIN) <u>20-2419128</u>					
2c Plan Sponsor's telephone number <u>419-729-6787</u>					
2d Business code (see instructions) <u>336300</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2018	MARIANNE MASOKA
	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

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☐ Same as Plan Sponsor OHIO MODULE MANUFACTURING CO., LLC 3900 STICKNEY AVE TOLEDO, OH 43608-1314	3b Administrator's EIN 20-2419128 3c Administrator's telephone number 419-729-6706
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 283
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 251 6a(2) 230 6b 0 6c 32 6d 262 6e 0 6f 262 6g 170 6h 27
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: 2E 2F 2G 2J 2K 2R 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

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

a Pension Schedules

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

b General Schedules

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

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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning **01/01/2017** and ending **12/31/2017**

A Name of plan MOBIS NORTH AMERICA SALARY PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 MOBIS NORTH AMERICA, LLC	D Employer Identification Number (EIN) 20-2419128

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 FIDELITY INVESTMENTS INSTITUTIONAL
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04-2647786

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65 71	RECORDKEEPER	7176	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BWG GLB OPP BOND A - BNY MELLON IN P.O. BOX 9793 PROVIDENCE, RI 02940	0.50%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HL EMERGING MKTS ADV - NORTHERN TR THE NORTHERN TRUST 50 SOUTH LASALLE STREET CHICAGO, IL 60603	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVS DIVRS DIVD R5 - INVESCO INVES 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.35%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVS HIGH YLD R5 - INVESCO CANADA 5140 YONGE STREET, SUITE 900 TORONTO, ON M2N 6 CA	0.35%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
J H ENTERPRISE S - JANUS SERVICES 43-1804048	0.50%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM SM CAP VALUE A - BOSTON FINANC P.O. BOX 8480 BOSTON, MA 02266	0.50%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPM US SMALL CO A - BOSTON FINANCI P.O. BOX 8480 BOSTON, MA 02266	0.50%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OPPHMR MS MID CAP A - OFI GLOBAL A 225 LIBERTY STREET NEW YORK, NY 10281	0.50%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TA INTL EQUITY A - TRANSAMERICA FU	0.40%	
52-1549874		

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VRS SMALL CAP GRTH A - FIS INVESTO 4249 EASTON WAY, SUITE 400 COLUMBUS, OH 43219	0.55%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WF SPL MD CP VAL ADM - DST ASSET M P.O. BOX 8406 BOSTON, MA 02266	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury 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 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>MOBIS NORTH AMERICA SALARY PLAN</u>	B Three-digit plan number (PN) ►	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MOBIS NORTH AMERICA, LLC</u>	D Employer Identification Number (EIN) <u>20-2419128</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1000	1142
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	188202	295128
(2) U.S. Government securities.....	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	60977	156038
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	121730	201029
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts.....	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	4070385	5670672
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	4442294	6324009

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4442294	6324009
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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)	324952	
(B) Participants	2a(1)(B)	1119084	
(C) Others (including rollovers)	2a(1)(C)	94135	
(2) Noncash contributions	2a(2)	0	1538171
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1283	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	6959	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		8242
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	868	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	220373	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		221241
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	625662	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	622230	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		3432
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	17936	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		17936

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		686047
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		2475069

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	585669	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		585669
f Corrective distributions (see instructions)	2f		933
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	6752	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		6752
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		593354

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1881715
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: PLANTE MORAN

(2) EIN: 20-2419128

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		44601
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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		250000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.		X	

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

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

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

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

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 2017 This Form is Open to Public Inspection.
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan MOBIS NORTH AMERICA SALARY PLAN		B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 MOBIS NORTH AMERICA, LLC		D Employer Identification Number (EIN) 20-2419128
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1
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): 04-6568107		
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
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. Increase Decrease Both No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No		
11 a Does the ESOP hold any preferred stock? Yes No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

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

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

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- 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): _____

Mobis North America Salary Plan

Financial Report
December 31, 2017

Mobis North America Salary Plan

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Independent Auditor's Report

To the Plan Administrator
Mobis North America Salary Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Mobis North America Salary Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2017 and 2016 and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (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 Fidelity Management Trust Company (Fidelity) and John Hancock Life Insurance Company (U.S.A.) (John Hancock) (collectively the "Custodians"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Custodians held the Plan's investment assets and participant notes receivable and executed related transactions. The plan administrator has obtained certifications from the Custodians as of and for the years ended December 31, 2017 and 2016 that the information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of assets held at end of year as of December 31, 2017 and delinquent participant contributions for the year ended December 31, 2017 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

To the Plan Administrator
Mobis North America Salary Plan

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

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

Plante & Moreau, PLLC

Toledo, Ohio
October 8, 2018

Mobis North America Salary Plan

Statement of Net Assets Available for Benefits

December 31, 2017 and 2016

	2017	2016
Assets		
Participant-directed investments at fair value:		
Money market fund	\$ 223,465	\$ 124,809
Mutual funds	5,670,672	4,070,385
Self-directed brokerage account investments	228,843	125,370
Total participant-directed investments at fair value	6,122,980	4,320,564
Participant notes receivable	201,029	121,730
Net Assets Available for Benefits	\$ 6,324,009	\$ 4,442,294

Mobis North America Salary Plan

Statement of Changes in Net Assets Available for Benefits

Years Ended December 31, 2017 and 2016

	2017	2016
Additions to Net Assets		
Contributions:		
Employee	\$ 1,119,084	\$ 867,829
Employer	324,952	258,481
Rollovers	94,135	348,201
Total contributions	1,538,171	1,474,511
Investment income:		
Interest and dividends	220,644	72,028
Net realized and unrealized gains on investments	709,295	172,679
Total investment income	929,939	244,707
Interest from participant notes receivable	6,959	389
Total additions to net assets	2,475,069	1,719,607
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	586,602	302,075
Administrative expenses	6,752	663
Total deductions from net assets	593,354	302,738
Net Increase before Other Changes	1,881,715	1,416,869
Net Transfers in from Mobis North America LLC Detroit Union Plan	-	8,323
Transfers in from Mobis North America Toledo Union Plan	-	607
Net Increase	1,881,715	1,425,799
Net Assets Available for Benefits		
Beginning of year	4,442,294	3,016,495
End of year	<u><u>\$ 6,324,009</u></u>	<u><u>\$ 4,442,294</u></u>

December 31, 2017 and 2016

Note 1 - Plan Description

The following description of Mobis North America Salary Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees who are not covered by collective bargaining agreements of Mobis North America, LLC (the "Company") and who have completed 90 days of service and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Transfers

A participant from Mobis North America, LLC, Toledo Union 401(k) Plan and Mobis North America, LLC, Detroit Union 401(k) Plan who becomes salaried may transfer his or her account balance from these affiliated plans to the Plan.

Contributions

The Plan provides for employee salary 401(k) contributions up to a maximum of 75 percent of annual compensation subject to maximum tax-deferred limitations established by the Internal Revenue Code. Participants may also make contributions to the Plan in the form of a rollover of funds from another qualified plan.

The Plan provides for employer matching contributions of 50 percent of the participant's contribution not to exceed 5 percent of the employee's deferred compensation.

The Plan also provides for an option for the Company to elect to make a discretionary profit-sharing contribution each plan year. If the Company makes a discretionary contribution, an eligible participant will receive a contribution to his or her account based on the fraction of the participant's annual pay divided by the total annual pay of all eligible participants multiplied by the amount of the discretionary contribution. There were no discretionary contributions for the years ended December 31, 2017 and 2016.

Delinquent Contributions

Certain participant contributions in 2012 were paid after the time frame required by the Department of Labor. The Company remitted these contributions to the Plan during 2013; however, the lost earnings have yet to be remitted. In addition, there were certain participant contributions in 2014 and 2015 that were paid after the time frame required by the Department of Labor. The 2014 contributions along with the lost earnings have yet to be remitted. The 2015 contributions were remitted during 2016; however, the lost earnings have yet to be remitted.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of the Company's contributions and plan earnings and charged with an allocation of administrative expenses. Allocations are based on participants' compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may direct the investments of their account balances into various investment options offered by the Plan.

Vesting

Participants are immediately vested in their contributions and related earnings. Vesting in the portion of their accounts related to the Company's contributions plus related earnings is based on years of credit service. A participant vests 20 percent in company contributions and profit-sharing contributions after two years of credited service and 20 percent each successive year through year six, at which time they are fully vested.

December 31, 2017 and 2016

Note 1 - Plan Description (Continued)

Participant Notes Receivable

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum of 50 percent of their account balance, not to exceed \$50,000. Notes receivable are collateralized by the participant's account balance and bear interest at a market rate.

Benefit Payments

Distributions are payable upon the retirement, death, disability, or termination of employment in the form of a lump-sum amount equal to the vested balance of a participant's account.

Participants may request that all or a portion of their accounts be distributed in the case of severe financial hardship, as defined in the plan document. The Company must approve any such hardship withdrawals.

Forfeitures

If a participant is not fully vested on his or her termination date, the nonvested amount of the account is forfeited. Forfeitures are used to reduce future company contributions. At December 31, 2017 and 2016, forfeited account balances totaled \$123,911 and \$74,609, respectively.

Party-in-interest Transactions

Certain plan assets are in investment funds managed by Fidelity Management Trust Company and John Hancock Life Insurance Company (U.S.A.) Fidelity Management Trust Company and John Hancock Life Insurance Company (U.S.A.) were the custodians of the Plan; therefore, these transactions qualify as party-in-interest transactions, as defined under ERISA guidelines.

Termination

While it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in the plan agreement and ERISA. Upon termination of the Plan, participants become 100 percent vested in their account balances.

Note 2 - Summary of Significant Accounting Policies

Investment Valuation

The Plan's investments are stated at fair value.

The money market fund is valued at fair value based on their outstanding balances. Additionally, the Plan allows participants to invest in self-directed brokerage accounts. The self-directed brokerage accounts include various investments in publicly traded securities that are valued at fair value based on quoted market prices. See Note 4 for additional information.

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

Various administrative costs are paid by the Company.

December 31, 2017 and 2016

Note 2 - Summary of Significant Accounting Policies (Continued)

Use of Estimates

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

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various 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 participants' account balances and the amounts reported in the financial statements.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including October 8, 2018, which is the date the financial statements were available to be issued.

Note 3 - Unaudited Information

In 2016, the Plan changed its custodians from John Hancock Life Insurance Company (U.S.A.) to Fidelity Management Trust Company (collectively, the "Custodians"). The Custodians of the Plan held the Plan's investments and participant notes receivable and executed all related transactions during the periods under audit. The investment and participant notes receivable balances and related income and losses included in the accompanying financial statements and supplemental schedule of assets held at end of year are based solely on information certified by the Custodians.

Note 4 - Fair Value Measurements

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

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2017 and 2016.

Level 1

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

Level 2

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

Level 3

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

Notes to Financial Statements**December 31, 2017 and 2016****Note 4 - Fair Value Measurements (Continued)**

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

		Assets Measured at Fair Value on a Recurring Basis at December 31, 2017	
		Investments (at Fair Value)	Level 1
Mutual funds	\$	5,670,672	\$ 5,670,672
Self-directed brokerage investments		228,843	228,843
Money market fund		223,465	223,465
Total	\$	6,122,980	\$ 6,122,980

		Assets Measured at Fair Value on a Recurring Basis at December 31, 2016	
		Investments (at Fair Value)	Level 1
Mutual funds	\$	4,070,385	\$ 4,070,385
Self-directed brokerage investments		125,370	125,370
Money market fund		124,809	124,809
Total	\$	4,320,564	\$ 4,320,564

Note 5 - Tax Status

The Plan, as adopted, is a volume submitter plan, which does not require an application for a determination letter from the Internal Revenue Service (IRS). The volume submitter plan has received a favorable notification letter from the IRS. The Plan has not individually sought its own determination letter.

Mobis North America Salary Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
 EIN 20-2419128, Plan No. 004
 December 31, 2017

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Mutual funds:		
Fidelity	Fidelity Real Estate Investment Portfolio	*	\$ 67,520
Fidelity	Fidelity Blue Chip Growth Fund	*	194,639
Fidelity	Fidelity New Markets Income Fund	*	11,993
Fidelity	Fidelity Large Cap Stock Fund	*	60,998
Fidelity	Fidelity Freedom Income Fund	*	9,188
Fidelity	Fidelity Freedom 2020 Fund	*	71,566
Fidelity	Fidelity Freedom 2030 Fund	*	765,397
Fidelity	Fidelity Freedom 2040 Fund	*	848,896
Fidelity	Fidelity Inflation-Protected Bond Fund	*	9,040
Fidelity	Fidelity Total Bond Fund	*	31,864
Fidelity	Fidelity Freedom 2005 Fund	*	24,742
Fidelity	Fidelity Freedom 2015 Fund	*	47,729
Fidelity	Fidelity Freedom 2025 Fund	*	516,520
Fidelity	Fidelity Freedom 2035 Fund	*	605,463
Fidelity	Fidelity Extended Market Index Fund Premium	*	70,674
Fidelity	Fidelity 500 Index Premium	*	242,647
Fidelity	Fidelity Freedom 2045 Fund	*	853,817
Fidelity	Fidelity Freedom 2050 Fund	*	559,442
Fidelity	Fidelity US Bond Index Fund Premium	*	13,575
Fidelity	Fidelity Freedom 2055 Fund	*	314,815
Fidelity	Fidelity Global ex U.S. Index Fund Premium	*	27,084
Fidelity	Fidelity Freedom 2060 Fund	*	47,762
Victory Funds	Victory RS Small Cap Growth Fund A	*	8,249
Invesco	Invesco Investment High Yield Fund R5	*	8,608
Invesco	Invesco Diversified Dividend Fund R5	*	29,562
JPMorgan	JPMorgan Small Cap Value Fund A	*	3,263
Wells Fargo	Wells Fargo Special Mid Cap Value Fund A	*	33,044
Oppenheimer	Oppenheimer Main Street Mid Cap Fund A	*	50,961
Harding Loevner	Harding Loevner Emergin Markets Portfolio Advisor	*	27,251
Janus Henderson	Janus Henderson Entrprise Fund Class S	*	64,223
JPMorgan	JPMorgan U.S. Small Company Fund A	*	28,945
Transamerica	Transamerica International Equity A	*	17,783
BrandywineGlobal	Brandywine Global Opportunities Bond Fund A	*	3,412
Fidelity	Money market fund - Fidelity Government Money Market Fund	*	223,465
Fidelity	Self-directed brokerage account investments - Fidelity BrokerageLink	*	228,843
Participants	Participant notes receivable bearing interest ranging from 4.50 percent to 5.25 percent	-	201,029
	Total		\$ 6,324,009

* Cost information not required

Mobis North America Salary Plan

Schedule of Delinquent Participant Contributions

Form 5500, Schedule H, Line 4a
EIN 20-2419128, Plan No. 004
Year Ended December 31, 2017

Participant Contributions Transferred Late to the Plan		Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check Here if Late Participant Loan Repayments are Included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP		
2012	☐	\$ 30,889	\$ -	\$ -	\$ -
2014	☐	6	-	-	-
2015	☐	13,706	-	-	-

Mobis North America Salary Plan

Financial Report
December 31, 2017

Mobis North America Salary Plan

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Independent Auditor's Report

To the Plan Administrator
Mobis North America Salary Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Mobis North America Salary Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2017 and 2016 and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (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 Fidelity Management Trust Company (Fidelity) and John Hancock Life Insurance Company (U.S.A.) (John Hancock) (collectively the "Custodians"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Custodians held the Plan's investment assets and participant notes receivable and executed related transactions. The plan administrator has obtained certifications from the Custodians as of and for the years ended December 31, 2017 and 2016 that the information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of assets held at end of year as of December 31, 2017 and delinquent participant contributions for the year ended December 31, 2017 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

To the Plan Administrator
Mobis North America Salary Plan

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

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

Plante & Moren, PLLC

Toledo, Ohio
October 8, 2018

Mobis North America Salary Plan

Statement of Net Assets Available for Benefits

December 31, 2017 and 2016

	2017	2016
Assets		
Participant-directed investments at fair value:		
Money market fund	\$ 223,465	\$ 124,809
Mutual funds	5,670,672	4,070,385
Self-directed brokerage account investments	228,843	125,370
Total participant-directed investments at fair value	6,122,980	4,320,564
Participant notes receivable	201,029	121,730
Net Assets Available for Benefits	\$ 6,324,009	\$ 4,442,294

Mobis North America Salary Plan

Statement of Changes in Net Assets Available for Benefits

Years Ended December 31, 2017 and 2016

	2017	2016
Additions to Net Assets		
Contributions:		
Employee	\$ 1,119,084	\$ 867,829
Employer	324,952	258,481
Rollovers	94,135	348,201
Total contributions	1,538,171	1,474,511
Investment income:		
Interest and dividends	220,644	72,028
Net realized and unrealized gains on investments	709,295	172,679
Total investment income	929,939	244,707
Interest from participant notes receivable	6,959	389
Total additions to net assets	2,475,069	1,719,607
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	586,602	302,075
Administrative expenses	6,752	663
Total deductions from net assets	593,354	302,738
Net Increase before Other Changes	1,881,715	1,416,869
Net Transfers in from Mobis North America LLC Detroit Union Plan	-	8,323
Transfers in from Mobis North America Toledo Union Plan	-	607
Net Increase	1,881,715	1,425,799
Net Assets Available for Benefits		
Beginning of year	4,442,294	3,016,495
End of year	<u><u>\$ 6,324,009</u></u>	<u><u>\$ 4,442,294</u></u>

December 31, 2017 and 2016

Note 1 - Plan Description

The following description of Mobis North America Salary Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees who are not covered by collective bargaining agreements of Mobis North America, LLC (the "Company") and who have completed 90 days of service and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Transfers

A participant from Mobis North America, LLC, Toledo Union 401(k) Plan and Mobis North America, LLC, Detroit Union 401(k) Plan who becomes salaried may transfer his or her account balance from these affiliated plans to the Plan.

Contributions

The Plan provides for employee salary 401(k) contributions up to a maximum of 75 percent of annual compensation subject to maximum tax-deferred limitations established by the Internal Revenue Code. Participants may also make contributions to the Plan in the form of a rollover of funds from another qualified plan.

The Plan provides for employer matching contributions of 50 percent of the participant's contribution not to exceed 5 percent of the employee's deferred compensation.

The Plan also provides for an option for the Company to elect to make a discretionary profit-sharing contribution each plan year. If the Company makes a discretionary contribution, an eligible participant will receive a contribution to his or her account based on the fraction of the participant's annual pay divided by the total annual pay of all eligible participants multiplied by the amount of the discretionary contribution. There were no discretionary contributions for the years ended December 31, 2017 and 2016.

Delinquent Contributions

Certain participant contributions in 2012 were paid after the time frame required by the Department of Labor. The Company remitted these contributions to the Plan during 2013; however, the lost earnings have yet to be remitted. In addition, there were certain participant contributions in 2014 and 2015 that were paid after the time frame required by the Department of Labor. The 2014 contributions along with the lost earnings have yet to be remitted. The 2015 contributions were remitted during 2016; however, the lost earnings have yet to be remitted.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of the Company's contributions and plan earnings and charged with an allocation of administrative expenses. Allocations are based on participants' compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may direct the investments of their account balances into various investment options offered by the Plan.

Vesting

Participants are immediately vested in their contributions and related earnings. Vesting in the portion of their accounts related to the Company's contributions plus related earnings is based on years of credit service. A participant vests 20 percent in company contributions and profit-sharing contributions after two years of credited service and 20 percent each successive year through year six, at which time they are fully vested.

December 31, 2017 and 2016

Note 1 - Plan Description (Continued)

Participant Notes Receivable

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum of 50 percent of their account balance, not to exceed \$50,000. Notes receivable are collateralized by the participant's account balance and bear interest at a market rate.

Benefit Payments

Distributions are payable upon the retirement, death, disability, or termination of employment in the form of a lump-sum amount equal to the vested balance of a participant's account.

Participants may request that all or a portion of their accounts be distributed in the case of severe financial hardship, as defined in the plan document. The Company must approve any such hardship withdrawals.

Forfeitures

If a participant is not fully vested on his or her termination date, the nonvested amount of the account is forfeited. Forfeitures are used to reduce future company contributions. At December 31, 2017 and 2016, forfeited account balances totaled \$123,911 and \$74,609, respectively.

Party-in-interest Transactions

Certain plan assets are in investment funds managed by Fidelity Management Trust Company and John Hancock Life Insurance Company (U.S.A.) Fidelity Management Trust Company and John Hancock Life Insurance Company (U.S.A.) were the custodians of the Plan; therefore, these transactions qualify as party-in-interest transactions, as defined under ERISA guidelines.

Termination

While it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in the plan agreement and ERISA. Upon termination of the Plan, participants become 100 percent vested in their account balances.

Note 2 - Summary of Significant Accounting Policies

Investment Valuation

The Plan's investments are stated at fair value.

The money market fund is valued at fair value based on their outstanding balances. Additionally, the Plan allows participants to invest in self-directed brokerage accounts. The self-directed brokerage accounts include various investments in publicly traded securities that are valued at fair value based on quoted market prices. See Note 4 for additional information.

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

Various administrative costs are paid by the Company.

December 31, 2017 and 2016

Note 2 - Summary of Significant Accounting Policies (Continued)

Use of Estimates

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

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various 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 participants' account balances and the amounts reported in the financial statements.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including October 8, 2018, which is the date the financial statements were available to be issued.

Note 3 - Unaudited Information

In 2016, the Plan changed its custodians from John Hancock Life Insurance Company (U.S.A.) to Fidelity Management Trust Company (collectively, the "Custodians"). The Custodians of the Plan held the Plan's investments and participant notes receivable and executed all related transactions during the periods under audit. The investment and participant notes receivable balances and related income and losses included in the accompanying financial statements and supplemental schedule of assets held at end of year are based solely on information certified by the Custodians.

Note 4 - Fair Value Measurements

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

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2017 and 2016.

Level 1

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

Level 2

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

Level 3

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

Notes to Financial Statements**December 31, 2017 and 2016****Note 4 - Fair Value Measurements (Continued)**

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

		Assets Measured at Fair Value on a Recurring Basis at December 31, 2017	
		Investments (at Fair Value)	Level 1
Mutual funds	\$	5,670,672	\$ 5,670,672
Self-directed brokerage investments		228,843	228,843
Money market fund		223,465	223,465
Total	\$	6,122,980	\$ 6,122,980

		Assets Measured at Fair Value on a Recurring Basis at December 31, 2016	
		Investments (at Fair Value)	Level 1
Mutual funds	\$	4,070,385	\$ 4,070,385
Self-directed brokerage investments		125,370	125,370
Money market fund		124,809	124,809
Total	\$	4,320,564	\$ 4,320,564

Note 5 - Tax Status

The Plan, as adopted, is a volume submitter plan, which does not require an application for a determination letter from the Internal Revenue Service (IRS). The volume submitter plan has received a favorable notification letter from the IRS. The Plan has not individually sought its own determination letter.

Mobis North America Salary Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
 EIN 20-2419128, Plan No. 004
 December 31, 2017

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Mutual funds:		
Fidelity	Fidelity Real Estate Investment Portfolio	*	\$ 67,520
Fidelity	Fidelity Blue Chip Growth Fund	*	194,639
Fidelity	Fidelity New Markets Income Fund	*	11,993
Fidelity	Fidelity Large Cap Stock Fund	*	60,998
Fidelity	Fidelity Freedom Income Fund	*	9,188
Fidelity	Fidelity Freedom 2020 Fund	*	71,566
Fidelity	Fidelity Freedom 2030 Fund	*	765,397
Fidelity	Fidelity Freedom 2040 Fund	*	848,896
Fidelity	Fidelity Inflation-Protected Bond Fund	*	9,040
Fidelity	Fidelity Total Bond Fund	*	31,864
Fidelity	Fidelity Freedom 2005 Fund	*	24,742
Fidelity	Fidelity Freedom 2015 Fund	*	47,729
Fidelity	Fidelity Freedom 2025 Fund	*	516,520
Fidelity	Fidelity Freedom 2035 Fund	*	605,463
Fidelity	Fidelity Extended Market Index Fund Premium	*	70,674
Fidelity	Fidelity 500 Index Premium	*	242,647
Fidelity	Fidelity Freedom 2045 Fund	*	853,817
Fidelity	Fidelity Freedom 2050 Fund	*	559,442
Fidelity	Fidelity US Bond Index Fund Premium	*	13,575
Fidelity	Fidelity Freedom 2055 Fund	*	314,815
Fidelity	Fidelity Global ex U.S. Index Fund Premium	*	27,084
Fidelity	Fidelity Freedom 2060 Fund	*	47,762
Victory Funds	Victory RS Small Cap Growth Fund A	*	8,249
Invesco	Invesco Investment High Yield Fund R5	*	8,608
Invesco	Invesco Diversified Dividend Fund R5	*	29,562
JPMorgan	JPMorgan Small Cap Value Fund A	*	3,263
Wells Fargo	Wells Fargo Special Mid Cap Value Fund A	*	33,044
Oppenheimer	Oppenheimer Main Street Mid Cap Fund A	*	50,961
Harding Loevner	Harding Loevner Emergin Markets Portfolio Advisor	*	27,251
Janus Henderson	Janus Henderson Entrprise Fund Class S	*	64,223
JPMorgan	JPMorgan U.S. Small Company Fund A	*	28,945
Transamerica	Transamerica International Equity A	*	17,783
BrandywineGlobal	Brandywine Global Opportunities Bond Fund A	*	3,412
Fidelity	Money market fund - Fidelity Government Money Market Fund	*	223,465
Fidelity	Self-directed brokerage account investments - Fidelity BrokerageLink	*	228,843
Participants	Participant notes receivable bearing interest ranging from 4.50 percent to 5.25 percent	-	201,029
	Total		\$ 6,324,009

* Cost information not required

Mobis North America Salary Plan

Schedule of Delinquent Participant Contributions

Form 5500, Schedule H, Line 4a
EIN 20-2419128, Plan No. 004
Year Ended December 31, 2017

	Participant Contributions Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Check Here if Late Participant Loan Repayments are Included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2012	☐	\$ 30,889	\$ -	\$ -	\$ -
2014	☐	6	-	-	-
2015	☐	13,706	-	-	-

Mobis North America Salary Plan

Financial Report
December 31, 2017

Mobis North America Salary Plan

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Independent Auditor's Report

To the Plan Administrator
Mobis North America Salary Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Mobis North America Salary Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2017 and 2016 and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (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 Fidelity Management Trust Company (Fidelity) and John Hancock Life Insurance Company (U.S.A.) (John Hancock) (collectively the "Custodians"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Custodians held the Plan's investment assets and participant notes receivable and executed related transactions. The plan administrator has obtained certifications from the Custodians as of and for the years ended December 31, 2017 and 2016 that the information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of assets held at end of year as of December 31, 2017 and delinquent participant contributions for the year ended December 31, 2017 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

To the Plan Administrator
Mobis North America Salary Plan

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

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

Plante & Moreau, PLLC

Toledo, Ohio
October 8, 2018

Mobis North America Salary Plan

Statement of Net Assets Available for Benefits

December 31, 2017 and 2016

	2017	2016
Assets		
Participant-directed investments at fair value:		
Money market fund	\$ 223,465	\$ 124,809
Mutual funds	5,670,672	4,070,385
Self-directed brokerage account investments	228,843	125,370
Total participant-directed investments at fair value	6,122,980	4,320,564
Participant notes receivable	201,029	121,730
Net Assets Available for Benefits	\$ 6,324,009	\$ 4,442,294

Mobis North America Salary Plan

Statement of Changes in Net Assets Available for Benefits

Years Ended December 31, 2017 and 2016

	2017	2016
Additions to Net Assets		
Contributions:		
Employee	\$ 1,119,084	\$ 867,829
Employer	324,952	258,481
Rollovers	94,135	348,201
Total contributions	1,538,171	1,474,511
Investment income:		
Interest and dividends	220,644	72,028
Net realized and unrealized gains on investments	709,295	172,679
Total investment income	929,939	244,707
Interest from participant notes receivable	6,959	389
Total additions to net assets	2,475,069	1,719,607
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	586,602	302,075
Administrative expenses	6,752	663
Total deductions from net assets	593,354	302,738
Net Increase before Other Changes	1,881,715	1,416,869
Net Transfers in from Mobis North America LLC Detroit Union Plan	-	8,323
Transfers in from Mobis North America Toledo Union Plan	-	607
Net Increase	1,881,715	1,425,799
Net Assets Available for Benefits		
Beginning of year	4,442,294	3,016,495
End of year	<u><u>\$ 6,324,009</u></u>	<u><u>\$ 4,442,294</u></u>

December 31, 2017 and 2016

Note 1 - Plan Description

The following description of Mobis North America Salary Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees who are not covered by collective bargaining agreements of Mobis North America, LLC (the "Company") and who have completed 90 days of service and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Transfers

A participant from Mobis North America, LLC, Toledo Union 401(k) Plan and Mobis North America, LLC, Detroit Union 401(k) Plan who becomes salaried may transfer his or her account balance from these affiliated plans to the Plan.

Contributions

The Plan provides for employee salary 401(k) contributions up to a maximum of 75 percent of annual compensation subject to maximum tax-deferred limitations established by the Internal Revenue Code. Participants may also make contributions to the Plan in the form of a rollover of funds from another qualified plan.

The Plan provides for employer matching contributions of 50 percent of the participant's contribution not to exceed 5 percent of the employee's deferred compensation.

The Plan also provides for an option for the Company to elect to make a discretionary profit-sharing contribution each plan year. If the Company makes a discretionary contribution, an eligible participant will receive a contribution to his or her account based on the fraction of the participant's annual pay divided by the total annual pay of all eligible participants multiplied by the amount of the discretionary contribution. There were no discretionary contributions for the years ended December 31, 2017 and 2016.

Delinquent Contributions

Certain participant contributions in 2012 were paid after the time frame required by the Department of Labor. The Company remitted these contributions to the Plan during 2013; however, the lost earnings have yet to be remitted. In addition, there were certain participant contributions in 2014 and 2015 that were paid after the time frame required by the Department of Labor. The 2014 contributions along with the lost earnings have yet to be remitted. The 2015 contributions were remitted during 2016; however, the lost earnings have yet to be remitted.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of the Company's contributions and plan earnings and charged with an allocation of administrative expenses. Allocations are based on participants' compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may direct the investments of their account balances into various investment options offered by the Plan.

Vesting

Participants are immediately vested in their contributions and related earnings. Vesting in the portion of their accounts related to the Company's contributions plus related earnings is based on years of credit service. A participant vests 20 percent in company contributions and profit-sharing contributions after two years of credited service and 20 percent each successive year through year six, at which time they are fully vested.

December 31, 2017 and 2016

Note 1 - Plan Description (Continued)

Participant Notes Receivable

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum of 50 percent of their account balance, not to exceed \$50,000. Notes receivable are collateralized by the participant's account balance and bear interest at a market rate.

Benefit Payments

Distributions are payable upon the retirement, death, disability, or termination of employment in the form of a lump-sum amount equal to the vested balance of a participant's account.

Participants may request that all or a portion of their accounts be distributed in the case of severe financial hardship, as defined in the plan document. The Company must approve any such hardship withdrawals.

Forfeitures

If a participant is not fully vested on his or her termination date, the nonvested amount of the account is forfeited. Forfeitures are used to reduce future company contributions. At December 31, 2017 and 2016, forfeited account balances totaled \$123,911 and \$74,609, respectively.

Party-in-interest Transactions

Certain plan assets are in investment funds managed by Fidelity Management Trust Company and John Hancock Life Insurance Company (U.S.A.) Fidelity Management Trust Company and John Hancock Life Insurance Company (U.S.A.) were the custodians of the Plan; therefore, these transactions qualify as party-in-interest transactions, as defined under ERISA guidelines.

Termination

While it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in the plan agreement and ERISA. Upon termination of the Plan, participants become 100 percent vested in their account balances.

Note 2 - Summary of Significant Accounting Policies

Investment Valuation

The Plan's investments are stated at fair value.

The money market fund is valued at fair value based on their outstanding balances. Additionally, the Plan allows participants to invest in self-directed brokerage accounts. The self-directed brokerage accounts include various investments in publicly traded securities that are valued at fair value based on quoted market prices. See Note 4 for additional information.

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

Various administrative costs are paid by the Company.

December 31, 2017 and 2016

Note 2 - Summary of Significant Accounting Policies (Continued)

Use of Estimates

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

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various 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 participants' account balances and the amounts reported in the financial statements.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including October 8, 2018, which is the date the financial statements were available to be issued.

Note 3 - Unaudited Information

In 2016, the Plan changed its custodians from John Hancock Life Insurance Company (U.S.A.) to Fidelity Management Trust Company (collectively, the "Custodians"). The Custodians of the Plan held the Plan's investments and participant notes receivable and executed all related transactions during the periods under audit. The investment and participant notes receivable balances and related income and losses included in the accompanying financial statements and supplemental schedule of assets held at end of year are based solely on information certified by the Custodians.

Note 4 - Fair Value Measurements

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

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2017 and 2016.

Level 1

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

Level 2

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

Level 3

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

Notes to Financial Statements**December 31, 2017 and 2016****Note 4 - Fair Value Measurements (Continued)**

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

		Assets Measured at Fair Value on a Recurring Basis at December 31, 2017	
		Investments (at Fair Value)	Level 1
Mutual funds	\$	5,670,672	\$ 5,670,672
Self-directed brokerage investments		228,843	228,843
Money market fund		223,465	223,465
Total	\$	6,122,980	\$ 6,122,980

		Assets Measured at Fair Value on a Recurring Basis at December 31, 2016	
		Investments (at Fair Value)	Level 1
Mutual funds	\$	4,070,385	\$ 4,070,385
Self-directed brokerage investments		125,370	125,370
Money market fund		124,809	124,809
Total	\$	4,320,564	\$ 4,320,564

Note 5 - Tax Status

The Plan, as adopted, is a volume submitter plan, which does not require an application for a determination letter from the Internal Revenue Service (IRS). The volume submitter plan has received a favorable notification letter from the IRS. The Plan has not individually sought its own determination letter.

Mobis North America Salary Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
 EIN 20-2419128, Plan No. 004
 December 31, 2017

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Mutual funds:		
Fidelity	Fidelity Real Estate Investment Portfolio	*	\$ 67,520
Fidelity	Fidelity Blue Chip Growth Fund	*	194,639
Fidelity	Fidelity New Markets Income Fund	*	11,993
Fidelity	Fidelity Large Cap Stock Fund	*	60,998
Fidelity	Fidelity Freedom Income Fund	*	9,188
Fidelity	Fidelity Freedom 2020 Fund	*	71,566
Fidelity	Fidelity Freedom 2030 Fund	*	765,397
Fidelity	Fidelity Freedom 2040 Fund	*	848,896
Fidelity	Fidelity Inflation-Protected Bond Fund	*	9,040
Fidelity	Fidelity Total Bond Fund	*	31,864
Fidelity	Fidelity Freedom 2005 Fund	*	24,742
Fidelity	Fidelity Freedom 2015 Fund	*	47,729
Fidelity	Fidelity Freedom 2025 Fund	*	516,520
Fidelity	Fidelity Freedom 2035 Fund	*	605,463
Fidelity	Fidelity Extended Market Index Fund Premium	*	70,674
Fidelity	Fidelity 500 Index Premium	*	242,647
Fidelity	Fidelity Freedom 2045 Fund	*	853,817
Fidelity	Fidelity Freedom 2050 Fund	*	559,442
Fidelity	Fidelity US Bond Index Fund Premium	*	13,575
Fidelity	Fidelity Freedom 2055 Fund	*	314,815
Fidelity	Fidelity Global ex U.S. Index Fund Premium	*	27,084
Fidelity	Fidelity Freedom 2060 Fund	*	47,762
Victory Funds	Victory RS Small Cap Growth Fund A	*	8,249
Invesco	Invesco Investment High Yield Fund R5	*	8,608
Invesco	Invesco Diversified Dividend Fund R5	*	29,562
JPMorgan	JPMorgan Small Cap Value Fund A	*	3,263
Wells Fargo	Wells Fargo Special Mid Cap Value Fund A	*	33,044
Oppenheimer	Oppenheimer Main Street Mid Cap Fund A	*	50,961
Harding Loevner	Harding Loevner Emergin Markets Portfolio Advisor	*	27,251
Janus Henderson	Janus Henderson Entrprise Fund Class S	*	64,223
JPMorgan	JPMorgan U.S. Small Company Fund A	*	28,945
Transamerica	Transamerica International Equity A	*	17,783
BrandywineGlobal	Brandywine Global Opportunities Bond Fund A	*	3,412
Fidelity	Money market fund - Fidelity Government Money Market Fund	*	223,465
Fidelity	Self-directed brokerage account investments - Fidelity BrokerageLink	*	228,843
Participants	Participant notes receivable bearing interest ranging from 4.50 percent to 5.25 percent	-	201,029
	Total		\$ 6,324,009

* Cost information not required

Mobis North America Salary Plan

Schedule of Delinquent Participant Contributions

Form 5500, Schedule H, Line 4a
EIN 20-2419128, Plan No. 004
Year Ended December 31, 2017

	Participant Contributions Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Check Here if Late Participant Loan Repayments are Included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2012	☐	\$ 30,889	\$ -	\$ -	\$ -
2014	☐	6	-	-	-
2015	☐	13,706	-	-	-