

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2017</div> 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: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div>
	☒ a single-employer plan <div style="margin-left: 100px;">☐ a DFE (specify) _____</div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>

Part II	Basic Plan Information —enter all requested information						
1a	Name of plan <u>BEHR DAYTON THERMAL PRODUCTS - IUE PENSION AGREEMENT</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1b</td> <td>Three-digit plan number (PN) ▶ <u>004</u></td> </tr> <tr> <td>1c</td> <td>Effective date of plan <u>05/01/2002</u></td> </tr> </table>	1b	Three-digit plan number (PN) ▶ <u>004</u>	1c	Effective date of plan <u>05/01/2002</u>		
1b	Three-digit plan number (PN) ▶ <u>004</u>						
1c	Effective date of plan <u>05/01/2002</u>						
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MAHLE BEHR DAYTON, LLC.</u> <u>2700 DALEY DRIVE</u> <u>TROY, MI 48083</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">2b</td> <td>Employer Identification Number (EIN) <u>02-0574546</u></td> </tr> <tr> <td>2c</td> <td>Plan Sponsor's telephone number <u>248-743-3700</u></td> </tr> <tr> <td>2d</td> <td>Business code (see instructions) <u>336300</u></td> </tr> </table>	2b	Employer Identification Number (EIN) <u>02-0574546</u>	2c	Plan Sponsor's telephone number <u>248-743-3700</u>	2d	Business code (see instructions) <u>336300</u>
2b	Employer Identification Number (EIN) <u>02-0574546</u>						
2c	Plan Sponsor's telephone number <u>248-743-3700</u>						
2d	Business code (see instructions) <u>336300</u>						

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2018	JENNIFER MENSING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2018	CHRIS A. BUSSA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1838
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 521
a(2) Total number of active participants at the end of the plan year	6a(2) 476
b Retired or separated participants receiving benefits	6b 422
c Other retired or separated participants entitled to future benefits	6c 199
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 1097
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 65
f Total. Add lines 6d and 6e	6f 1162
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

1B 3H

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

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

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ 0 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☒ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

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

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500
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Part I	Basic Information
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1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>			
2 Assets:			
a Market value	2a	<u>16277842</u>	
b Actuarial value	2b	<u>16680850</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>439</u>	<u>10807310</u>	<u>10807310</u>
b For terminated vested participants	<u>878</u>	<u>3484694</u>	<u>3484694</u>
c For active participants	<u>521</u>	<u>4663834</u>	<u>4962421</u>
d Total	<u>1838</u>	<u>18955838</u>	<u>19254425</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.96 %</u>	
6 Target normal cost	6	<u>497420</u>	

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

SIGN HERE		
Signature of actuary	<u>09/24/2018</u>	Date
<u>JASON M. BRAVO</u>	<u>17-05569</u>	Most recent enrollment number
Type or print name of actuary	<u>216-573-9700</u>	Telephone number (including area code)
<u>AON CONSULTING, INC.</u>		
Firm name		
<u>5005 ROCKSIDE ROAD, SUITE 1000</u> <u>INDEPENDENCE, OH 44131-6828</u>		
Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>5.11</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		76
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.15</u> %		5
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		81
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	86.63%
15 Adjusted funding target attainment percentage	15	86.63%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	90.25%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/12/2017	197091	0	09/14/2018	8993909	0
07/13/2017	197091	0			
10/12/2017	197091	0			
01/10/2018	197091	0			
04/12/2018	600000	0			
07/13/2018	209000	0			
Totals ▶			18(b)	10591273	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	9658093

20 Quarterly contributions and liquidity shortfalls:

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age.....				22 59
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	497420	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	2573575		534123
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	1031543	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	1031543	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	9658093	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	8626550	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 BEHR DAYTON THERMAL PRODUCTS - IUE PENSION AGREEMENT	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 MAHLE BEHR DAYTON, LLC.	D Employer Identification Number (EIN) 02-0574546	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

COMERICA BANK

42-1741646

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21 49 50 59 62 72 99	TRUSTEE	17377	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: MAHLE BEHR USA, INC MASTER TRUST

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

c EIN-PN <u>27-2279355-006</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13660679</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<div>SCHEDULE G (Form 5500) Department of Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>	<div>Financial Transaction Schedules</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
<div>A Name of plan BEHR DAYTON THERMAL PRODUCTS - IUE PENSION AGREEMENT</div>	<div>B Three-digit plan number (PN) ► 004</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 MAHLE BEHR DAYTON, LLC.</div>	<div>D Employer Identification Number (EIN) 02-0574546</div>

Part I	Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.
--------	--

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
MAHLE BEHR DAYTON LLC	PLAN SPONSOR	PLAN ASSETS USED TO PAY BENEFIT PAYMENT IN ERROR AS OF 12/31/2017, RESULTING IN A DISTRIBUTION OF \$40,299			
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
	40299				

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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>BEHR DAYTON THERMAL PRODUCTS - IUE PENSION AGREEMENT</u>	B Three-digit plan number (PN) ►	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MAHLE BEHR DAYTON, LLC.</u>	D Employer Identification Number (EIN) <u>02-0574546</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	400880	10000000
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)	15887666	13660679
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	16288546 23660679
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	10393 13897
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	10393 13897
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	16278153 23646782

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	10591273
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers)	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	10591273
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	0
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		1572260
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		12163533

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4400504	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		4400504
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	17377	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	377023	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		394400
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4794904

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7368629
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: PLANTE AND MORAN

(2) EIN: 38-1357951

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d	X		40299
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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 4083375. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan BEHR DAYTON THERMAL PRODUCTS - IUE PENSION AGREEMENT		B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 MAHLE BEHR DAYTON, LLC.		D Employer Identification Number (EIN) 02-0574546
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 46-2345389		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 670
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: 30.0% Investment-Grade Debt: 66.0% High-Yield Debt: 1.0% Real Estate: 0.0% Other: 3.0%

- 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):

MAHLE Behr Defined Benefit Plans

Behr America Cash Balance Pension Plan
Behr Dayton Thermal Products IUE Pension Agreement

Financial Report
December 31, 2017

MAHLE Behr Defined Benefit Plans

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Independent Auditor's Report

To the Plan Administrator
MAHLE Behr Defined Benefit Plans

We have audited the accompanying financial statements of Behr America Cash Balance Pension Plan and Behr Dayton Thermal Products IUE Pension Agreement (collectively, the "Plans"), which comprise the statement of net assets available for benefits as of December 31, 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 our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Opinion

In our opinion, the financial statements referred to above, of Behr America Cash Balance Pension Plan and Behr Dayton Thermal Products IUE Pension Agreement, present fairly, in all material respects, the net assets of the Plans as of December 31, 2017 and 2016 and the changes in net assets for the years then ended in accordance with accounting principles generally accepted in the United States of America.

To the Plan Administrator
MAHLE Behr Defined Benefit Plans

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of reportable transactions for the Behr Dayton Thermal Products IUE Pension Agreement and nonexempt transactions for the Behr Dayton Thermal Products IUE Pension Agreement for the year ended December 31, 2017 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plans' management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Plante & Moran, PLLC

Southfield, Michigan
October 11, 2018

MAHLE Behr Defined Benefit Plans

Statements of Net Assets Available for Benefits

December 31, 2017 and 2016				
	2017		2016	
	Behr America Cash Balance Pension Plan	Behr Dayton Thermal Products IUE Pension Agreement	Behr America Cash Balance Pension Plan	Behr Dayton Thermal Products IUE Pension Agreement
Assets				
Investments - Plan's interest in MAHLE Behr USA, Inc. Master Trust (Note 3)	\$ 13,723,639	\$ 13,660,679	\$ 13,348,780	\$ 15,887,666
Employer contribution receivable	1,700,000	10,000,000	-	400,880
Total assets	15,423,639	23,660,679	13,348,780	16,288,546
Liabilities - Accrued liabilities	584	13,897	547	10,393
Net Assets Available for Benefits	\$ 15,423,055	\$ 23,646,782	\$ 13,348,233	\$ 16,278,153

MAHLE Behr Defined Benefit Plans

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2017 and 2016

	2017		2016	
	Behr America Cash Balance Pension Plan	Behr Dayton Thermal Products IUE Pension Agreement	Behr America Cash Balance Pension Plan	Behr Dayton Thermal Products IUE Pension Agreement
Additions				
Contributions - Employer	\$ 1,700,000	\$ 10,591,273	\$ -	\$ 836,905
Investment income:				
Interest and dividends	-	479	-	159
Plan interest in MAHLE Behr USA, Inc. Master Trust (Note 3)	1,315,183	1,571,781	679,673	796,847
Total additions	3,015,183	12,163,533	679,673	1,633,911
Deductions				
Benefits paid directly to participants or beneficiaries	825,185	4,400,504	939,486	1,006,093
Administrative expenses	115,176	394,400	102,624	360,748
Total deductions	940,361	4,794,904	1,042,110	1,366,841
Net Increase (Decrease)	2,074,822	7,368,629	(362,437)	267,070
Net Assets Available for Benefits				
Beginning of year	13,348,233	16,278,153	13,710,670	16,011,083
End of year	<u>\$ 15,423,055</u>	<u>\$ 23,646,782</u>	<u>\$ 13,348,233</u>	<u>\$ 16,278,153</u>

December 31, 2017 and 2016

Note 1 - Plan Description

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

General

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

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

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

Eligibility and Vesting

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

Pension Benefits - Cash Balance Plan

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

Pension Benefits - IUE Plan

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

Death Benefits

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

December 31, 2017 and 2016**Note 1 - Plan Description (Continued)*****Funding***

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

Payment of Benefits

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

Effective July 1, 2017 through October 31, 2017, the IUE Plan offered a lump-sum payout option to certain terminated vested participants and beneficiaries of the Plan.

Party-in-interest Transactions

Certain plan assets are in investment funds managed by Comerica Bank. Comerica Bank is the trustee of the Plans; therefore, these transactions qualify as party-in-interest transactions, as defined under ERISA guidelines. In addition, one benefit payment in the Behr Dayton Thermal Products IUE Pension Agreement resulted in an inadvertent loan to the plan sponsor, as disclosed in the schedule of nonexempt transactions. This transaction qualifies as a party-in-interest transaction, as defined under ERISA guidelines.

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

The Plans invest in the MAHLE Behr USA, Inc. Master Trust (the "Master Trust"), which was established to hold the investment of assets of these Plans and other defined benefit retirement plans sponsored by the Companies. The Master Trust's investments are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

See Note 3 for additional information.

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

Various administrative costs are paid by the Companies.

December 31, 2017 and 2016**Note 2 - Summary of Significant Accounting Policies (Continued)*****Actuarial Present Value of Accumulated Plan Benefits***

Accumulated plan benefits are those future periodic payments that are attributable, under the Plans' provisions, to the service employees have rendered. These include benefits expected to be paid to:

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

Actuarial Assumptions

The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and probability of payment between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation of the Plans at December 31, 2016 are summarized as follows:

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

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

Use of Estimates

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

Risks and Uncertainties

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

December 31, 2017 and 2016

Note 2 - Summary of Significant Accounting Policies (Continued)

Upcoming Accounting Pronouncement

In February 2017, FASB issued Accounting Standards Update (ASU) No. 2017-06, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965) - Employee Benefit Plan Master Trust Reporting*. ASU No. 2017-06 amends the master trust disclosure to require additional disclosures related to the Plans' interest in the Master Trust. This ASU is effective for fiscal years beginning after December 15, 2018 and is required to be applied retrospectively for all comparative periods presented. Management does not expect the adoption of this ASU to have a significant impact on the Plans' financial statements.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including October 11, 2018, which is the date the financial statements were available to be issued.

Note 3 - Interest in Master Trust

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

At December 31, 2017 and 2016, the Plans' respective interests in the Master Trust were as follows:

	2017	2016
Cash Balance Plan	49.8 %	45.4 %
IUE Plan	49.5	54.0

Fair Value

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

Level 1

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plans have 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, such as interest rates and yield curves, that are observable at commonly quoted intervals.

Level 3

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

December 31, 2017 and 2016
Note 3 - Interest in Master Trust (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 Plans' assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

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

Common Collective Trust

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

Fixed-income Securities

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

Mutual Funds

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

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

Master Trust Assets and Liabilities at December 31, 2017			
	Master Trust Balance	Level 1	Level 2
Mutual funds	\$ 17,004,778	\$ 17,004,778	\$ -
Fixed-income securities	10,175,066	-	10,175,066
Total	27,179,844	\$ 17,004,778	\$ 10,175,066
Investment measured at NAV - Common collective trust fund	307,005		
Total investments at fair value	27,486,849		
Other assets - Accrued income	92,446		
Net assets of the Master Trust	\$ 27,579,295		

Notes to Financial Statements

December 31, 2017 and 2016

Note 3 - Interest in Master Trust (Continued)

Master Trust Assets and Liabilities at December 31, 2016			
	Master Trust Balance	Level 1	Level 2
Mutual funds	\$ 18,749,594	\$ 18,749,594	\$ -
Cash	2,375,016	2,375,016	-
Fixed-income securities	8,896,696	-	8,896,696
Total	30,021,306	<u>\$ 21,124,610</u>	<u>\$ 8,896,696</u>
Investment measured at NAV - Common collective trust fund	<u>972,110</u>		
Total investments at fair value	30,993,416		
Other assets - Accrued income	553,236		
Liabilities - Due to brokers	<u>(2,119,080)</u>		
Net assets of the Master Trust	<u>\$ 29,427,572</u>		

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

The investment income for the Master Trust for the years ended December 31, 2017 and 2016 is as follows:

	2017	2016
Net realized and unrealized gains	\$ 2,396,513	\$ 691,397
Interest and dividends	<u>747,665</u>	<u>810,440</u>
Total investment income	3,144,178	1,501,837
Investment expenses	<u>(246,902)</u>	<u>(16,565)</u>
Net investment income	<u>\$ 2,897,276</u>	<u>\$ 1,485,272</u>

Note 4 - Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by consulting actuaries. The calculations of the actuarial present value of accumulated plan benefits attributable to participants in the Plans, which were made as of and for the year ended December 31, 2016, the most recent actuarial valuations, are as follows:

	Cash Balance Plan	IUE Plan
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefit payments	\$ 420,823	\$ 11,194,047
Other vested participants	<u>13,035,194</u>	<u>8,660,213</u>
Total vested benefits	13,456,017	19,854,260
Nonvested benefits	<u>6,486</u>	<u>312,194</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 13,462,503</u>	<u>\$ 20,166,454</u>

December 31, 2017 and 2016
Note 4 - Accumulated Plan Benefits (Continued)

	Cash Balance Plan	IUE Plan
Actuarial present value of accumulated plan benefits - Beginning of year	\$ 13,762,844	\$ 19,894,941
(Decrease) increase during the year attributable to:		
Benefits accumulated, including actuarial gains and losses	(158,852)	113,653
Interest due to the decrease in the discount period	797,997	1,163,953
Benefits paid	(939,486)	(1,006,093)
Net (decrease) increase	(300,341)	271,513
Actuarial present value of accumulated plan benefits - End of year	\$ 13,462,503	\$ 20,166,454

Note 5 - Tax Status

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

Note 6 - Plan Termination

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

MAHLE Behr Defined Benefit Plans**Schedule of Reportable Transactions - Behr Dayton Thermal Products IUE Pension Agreement**

**Form 5500, Schedule H, Line 4j
EIN 02-0574546, Plan No. 004
Year Ended December 31, 2017**

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
Comerica Bank and Trust, N.A.	Comerica Short Term Fund	\$ 2,753,472	\$ -	\$ 2,753,472	\$ 2,753,472	\$ -
Comerica Bank and Trust, N.A.	Comerica Short Term Fund	-	2,753,438	2,753,438	2,753,438	-
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
Comerica Bank and Trust, N.A.	Comerica Short Term Fund:					
	Purchases 23	3,235,456	-	3,235,456	3,235,456	-
	Sales 20	-	3,235,456	3,235,456	3,235,456	-

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

MAHLE Behr Defined Benefit Plans**Schedule of Nonexempt Transactions - Behr Dayton Thermal
Products IUE Pension Agreement****Form 5500, Schedule G, Part III
EIN 02-0574546, Plan No. 004
Year Ended December 31, 2017**

<u>(a) Identity of party involved</u> Mahle Behr Dayton LLC		<u>(b) Relationship to plan, employer, or other party-in-interest</u> Plan Sponsor	
<u>(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value</u> Plan assets were used to pay benefit payments in error, as a result of an administrative error by the Trustee while processing benefit payments, resulting in an inadvertent loan of \$40,299 as of December 31, 2017. This was corrected by the plan sponsor in the subsequent year.			
<u>(d) Purchase price</u> \$-	<u>(e) Selling price</u> \$-	<u>(f) Lease rental/loan amount involved</u> \$40,299	<u>(g) Expenses incurred in connection with transaction</u> \$-
<u>(h) Cost of asset</u> \$-	<u>(i) Current value of asset</u> \$-	<u>(j) Net gain (loss) on each transaction</u> \$-	

Schedule SB Attachment (Form 5500)—2017 Plan Year
 Behr Dayton Thermal Products IUE Pension Plan
 EIN: 02-0574546 PN: 004

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2017

Attained Age	Number of Participants Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34			1	9	1					
35-39			5	17	32					
40-44			7	10	28	36				
45-49			3	12	23	58	2			
50-54			5	11	25	45	13	3		
55-59			5	15	22	43	4	8		
60-64			3	9	15	21	5	7		
65-69			1	2	3	7		2		
70+			1		1			1		

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Schedule SB Attachment (Form 5500)—2017 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
EIN: 02-0574546 PN: 004

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2016), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.16%
2nd Segment Rate	5.72%
3rd Segment Rate	6.48%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2016), without regard to interest rate stabilization
1st Segment Rate	1.52%
2nd Segment Rate	3.80%
3rd Segment Rate	4.79%
Optional Payment Form Election Percentage	Life Annuity: 25% of males and 70% of females. 65% Joint & Survivor: 75% of males and 30% of females.
Optional Payment Form Conversion Interest Rate	As defined in plan provisions.
Optional Payment Form Conversion Mortality	As defined in plan provisions.
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 63
Mortality Rates	
Healthy and Disabled	2017 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3

Schedule SB Attachment (Form 5500)—2017 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
EIN: 02-0574546 PN: 004

For ERISA Requirements

Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 67% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2015 Plan Year	6.00%
2016 Plan Year	6.00%
2017 Plan Year	6.00%
Trust Expenses Included in Target Normal Cost	\$359,000 based on the prior year's actual plan administrative expenses, rounded to the nearest \$1,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2017

Schedule SB Attachment (Form 5500)—2017 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
EIN: 02-0574546 PN: 004

Table 1

Retirement Rates

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

Schedule SB Attachment (Form 5500)—2017 Plan Year
 Behr Dayton Thermal Products IUE Pension Plan
 EIN: 02-0574546 PN: 004

Table 2

Withdrawal Rates

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

Schedule SB Attachment (Form 5500)—2017 Plan Year
 Behr Dayton Thermal Products IUE Pension Plan
 EIN: 02-0574546 PN: 004

Table 3

Disability Rates

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

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2017</div> 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 BEHR DAYTON THERMAL PRODUCTS - IUE PENSION AGREEMENT
1b	Three-digit plan number (PN) 004
1c	Effective date of plan 05/01/2002
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MAHLE BEHR DAYTON, LLC. 2700 DALEY DRIVE TROY MI 48083
2b	Employer Identification Number (EIN) 02-0574546
2c	Plan Sponsor's telephone number 248-743-3700
2d	Business code (see instructions) 336300

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

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

SIGN HERE		<u>10/12/18</u>	JENNIFER MENSING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>10/12/18</u>	CHRIS A. BUSSA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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	3b Administrator's EIN 3c Administrator's telephone number
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 1,838
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 521
a(2) Total number of active participants at the end of the plan year	6a(2) 476
b Retired or separated participants receiving benefits.....	6b 422
c Other retired or separated participants entitled to future benefits	6c 199
d Subtotal. Add lines 6a(2), 6b, and 6c.....	6d 1,097
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 65
f Total. Add lines 6d and 6e.....	6f 1,162
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

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

a Pension Schedules

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

b General Schedules

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

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 _____

MAHLE Behr Defined Benefit Plans**Schedule of Reportable Transactions - Behr Dayton Thermal Products IUE Pension Agreement**

Form 5500, Schedule H, Line 4j
EIN 02-0574546, Plan No. 004
Year Ended December 31, 2017

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
Comerica Bank and Trust, N.A.	Comerica Short Term Fund	\$ 2,753,472	\$ -	\$ 2,753,472	\$ 2,753,472	\$ -
Comerica Bank and Trust, N.A.	Comerica Short Term Fund	-	2,753,438	2,753,438	2,753,438	-
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
Comerica Bank and Trust, N.A.	Comerica Short Term Fund:					
	Purchases 23	3,235,456	-	3,235,456	3,235,456	-
	Sales 20	-	3,235,456	3,235,456	3,235,456	-

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

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

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

A Name of plan BEHR DAYTON THERMAL PRODUCTS IUE PENSION PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">B Three-digit plan number (PN) ►</td> <td style="width: 30%; text-align: center;">004</td> </tr> </table>	B Three-digit plan number (PN) ►	004
B Three-digit plan number (PN) ►	004		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MAHLE BEHR DAYTON, LLC	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>D Employer Identification Number (EIN) 02-0574546</td> </tr> </table>	D Employer Identification Number (EIN) 02-0574546	
D Employer Identification Number (EIN) 02-0574546			
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B			
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500			

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>		
2	Assets:		
	a Market value.....	2a	16,277,842
	b Actuarial value	2b	16,680,850
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	439	10,807,310
	b For terminated vested participants	878	3,484,694
	c For active participants	521	4,663,834
	d Total	1,838	18,955,838
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐		
	a Funding target disregarding prescribed at-risk assumptions.....	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	
5	Effective interest rate	5	5.96%
6	Target normal cost	6	497,420

Statement by Enrolled Actuary

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

SIGN HERE	<div style="text-align: center;"> Jason M. Bravo Signature of actuary </div>	<div style="text-align: center;"> <u>09/25/2018</u> Date <u>1705569</u> Most recent enrollment number <u>216-573-9700</u> Telephone number (including area code) </div>
<div style="text-align: center;"> JASON M. BRAVO Type or print name of actuary AON CONSULTING, INC. Firm name 5005 ROCKSIDE ROAD, SUITE 1000 INDEPENDENCE OH 44131-6828 Address of the firm </div>		

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

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

Schedule SB (Form 5500) 2017

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

21 Discount rate:				
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 59
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6)	31a	497,420										
b Excess assets, if applicable, but not greater than line 31a	31b	0										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment.....</td> <td>2,573,575</td> <td>534,123</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment.....	2,573,575	534,123	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment.....	2,573,575	534,123										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	1,031,543										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement.....		0	0									
36 Additional cash requirement (line 34 minus line 35)	36	1,031,543										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	9,658,093										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	8,626,550										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0										
40 Unpaid minimum required contributions for all years	40	0										

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

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

Schedule SB Attachment (Form 5500)—2017 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
EIN: 02-0574546 PN: 004

Schedule SB, line 19—Discounted Employer Contributions
Year applied for contributions: 2017

Date	Amount	Days to Discount to 1/1/2017 at 5.96%	Interest Adjusted Contribution
April 12, 2017	\$ 197,091	101	\$ 193,959
July 13, 2017	197,091	193	191,149
October 12, 2017	197,091	284	188,410
January 10, 2018	197,091	374	185,740
April 12, 2018	600,000	466	557,253
July 13, 2018	209,000	558	191,298
September 14, 2018	8,993,909	621	8,150,284
Total Contribution	\$ 10,591,273		\$ 9,658,093

Schedule SB Attachment (Form 5500)—2017 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
EIN: 02-0574546 PN: 004

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

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

	Average Age	% of Active Participants
Less Than 30 Years of Service	59.65	96.0%
30 or More Years of Service	53.49	4.0%
Weighted Average Retirement Age	59.40	

Schedule SB Attachment (Form 5500)—2017 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
EIN: 02-0574546 PN: 004

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

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

Schedule SB Attachment (Form 5500)—2017 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
EIN: 02-0574546 PN: 004

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2016), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.16%
2nd Segment Rate	5.72%
3rd Segment Rate	6.48%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2016), without regard to interest rate stabilization
1st Segment Rate	1.52%
2nd Segment Rate	3.80%
3rd Segment Rate	4.79%
Optional Payment Form Election Percentage	Life Annuity: 25% of males and 70% of females. 65% Joint & Survivor: 75% of males and 30% of females.
Optional Payment Form Conversion Interest Rate	As defined in plan provisions.
Optional Payment Form Conversion Mortality	As defined in plan provisions.
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 63
Mortality Rates	
Healthy and Disabled	2017 static mortality table for annuitants and non- annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3

Schedule SB Attachment (Form 5500)—2017 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
EIN: 02-0574546 PN: 004

For ERISA Requirements

Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 67% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2015 Plan Year	6.00%
2016 Plan Year	6.00%
2017 Plan Year	6.00%
Trust Expenses Included in Target Normal Cost	\$359,000 based on the prior year's actual plan administrative expenses, rounded to the nearest \$1,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2017

Schedule SB Attachment (Form 5500)—2017 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
EIN: 02-0574546 PN: 004

Table 1

Retirement Rates

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

Schedule SB Attachment (Form 5500)—2017 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
EIN: 02-0574546 PN: 004

Table 2

Withdrawal Rates

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

Schedule SB Attachment (Form 5500)—2017 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
EIN: 02-0574546 PN: 004

Table 3

Disability Rates

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

Schedule SB Attachment (Form 5500)—2017 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
EIN: 02-0574546 PN: 004

Schedule SB, Part V—Summary of Plan Provisions

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

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

Normal Retirement

Eligibility

Tier 1

Age 65 with one year of credited service.

Tier 2 and Tier 3

Age 65 with 10 years of credited service.

Monthly Benefit

Tier 1

Credited service times the following amount:

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

Tier 2 and Tier 3

Credited service times the following amount:

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

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

Schedule SB Attachment (Form 5500)—2017 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
EIN: 02-0574546 PN: 004

Early Retirement
Eligibility

Age 60 with 10 years of credited service.

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

Monthly Benefit

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

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

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

Schedule SB Attachment (Form 5500)—2017 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
EIN: 02-0574546 PN: 004

Early Retirement Supplement
Eligibility

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

Monthly Benefit

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

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

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

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

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

Interim Supplement
Eligibility

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

Monthly Benefit

Credited service times the following amount:

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

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

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Behr Dayton Thermal Products IUE Pension Plan
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Deferred Vested Retirement
Eligibility

Five years of credited service.

Monthly Benefit

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

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

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

Disability Retirement
Eligibility

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

Monthly Benefit

Accrued benefit at disability retirement payable until age 65.

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

Preretirement Surviving Spouse Benefit
Eligibility

Five years of service.

Monthly Benefit

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

Normal Forms of Payment
For Unmarried Employees

Life annuity.

For Married Employees

The actuarial equivalent 65% joint and survivor annuity.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
EIN: 02-0574546 PN: 004

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

Plan Changes Since the Prior Year

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

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

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

Schedule SB Attachment (Form 5500)—2017 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
EIN: 02-0574546 PN: 004

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2017

Attained Age	Number of Participants									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34			1	9	1					
35-39			5	17	32					
40-44			7	10	28	36				
45-49			3	12	23	58	2			
50-54			5	11	25	45	13	3		
55-59			5	15	22	43	4	8		
60-64			3	9	15	21	5	7		
65-69			1	2	3	7		2		
70+			1		1			1		

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Schedule SB Attachment (Form 5500)—2017 Plan Year
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Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 498,461	January 1, 2013	3	\$ 172,970
Shortfall	\$ (148,539)	January 1, 2014	4	\$ (39,435)
Shortfall	\$ 320,709	January 1, 2015	5	\$ 69,474
Shortfall	\$ 851,053	January 1, 2016	6	\$ 158,381
Shortfall	\$ 1,051,891	January 1, 2017	7	\$ 172,733

Schedule SB Attachment (Form 5500)—2017 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
EIN: 02-0574546 PN: 004

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2017

Date	Amount	Days to Discount to 1/1/2017 at 5.96%	Interest Adjusted Contribution
April 12, 2017	\$ 197,091	101	\$ 193,959
July 13, 2017	197,091	193	191,149
October 12, 2017	197,091	284	188,410
January 10, 2018	197,091	374	185,740
April 12, 2018	600,000	466	557,253
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Schedule SB Attachment (Form 5500)—2017 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
EIN: 02-0574546 PN: 004

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

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	Average Age	% of Active Participants
Less Than 30 Years of Service	59.65	96.0%
30 or More Years of Service	53.49	4.0%
Weighted Average Retirement Age	59.40	

Schedule SB Attachment (Form 5500)—2017 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
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Less than 30 years of service at retirement			(d) Product
(a) Age	(b) Rate	(c) Weight	(a) × (b) × (c)
55.5	15.00%	1.0000	8.33
56.5	15.00%	0.8500	7.20
57.5	15.00%	0.7225	6.23
58.5	25.00%	0.6141	8.98
59.5	25.00%	0.4606	6.85
60.5	20.00%	0.3454	4.18
61.5	20.00%	0.2764	3.40
62.5	20.00%	0.2211	2.76
63.5	15.00%	0.1769	1.68
64.5	15.00%	0.1503	1.45
65.5	40.00%	0.1278	3.35
66.5	25.00%	0.0767	1.27
67.5	25.00%	0.0575	0.97
68.5	25.00%	0.0431	0.74
69.5	25.00%	0.0323	0.56
70	100.00%	0.0243	1.70
Weighted Average			59.65

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

Schedule SB Attachment (Form 5500)—2017 Plan Year
Behr Dayton Thermal Products IUE Pension Plan
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Schedule SB, Part V—Summary of Plan Provisions

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

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

Normal Retirement

Eligibility

Tier 1

Age 65 with one year of credited service.

Tier 2 and Tier 3

Age 65 with 10 years of credited service.

Monthly Benefit

Tier 1

Credited service times the following amount:

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

Tier 2 and Tier 3

Credited service times the following amount:

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

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

Schedule SB Attachment (Form 5500)—2017 Plan Year
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Early Retirement
Eligibility

Age 60 with 10 years of credited service.

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

Monthly Benefit

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

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

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

Schedule SB Attachment (Form 5500)—2017 Plan Year
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Early Retirement Supplement
Eligibility

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

Monthly Benefit

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

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

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

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

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

Interim Supplement
Eligibility

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

Monthly Benefit

Credited service times the following amount:

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

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

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Deferred Vested Retirement

Eligibility

Five years of credited service.

Monthly Benefit

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

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

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

Disability Retirement

Eligibility

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

Monthly Benefit

Accrued benefit at disability retirement payable until age 65.

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

Preretirement Surviving Spouse Benefit

Eligibility

Five years of service.

Monthly Benefit

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

Normal Forms of Payment

For Unmarried Employees

Life annuity.

For Married Employees

The actuarial equivalent 65% joint and survivor annuity.

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

Plan Changes Since the Prior Year

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

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

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

Schedule SB Attachment (Form 5500)—2017 Plan Year
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Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 498,461	January 1, 2013	3	\$ 172,970
Shortfall	\$ (148,539)	January 1, 2014	4	\$ (39,435)
Shortfall	\$ 320,709	January 1, 2015	5	\$ 69,474
Shortfall	\$ 851,053	January 1, 2016	6	\$ 158,381
Shortfall	\$ 1,051,891	January 1, 2017	7	\$ 172,733