

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

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>PIERBURG US, LLC 401(K) PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>10/01/1996</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>PIERBURG US, LLC</u> <u>5 SOUTHCHASE CT</u> <u>FOUNTAIN INN, SC 29644-9018</u>	2b	Employer Identification Number (EIN) <u>57-1051355</u>
		2c	Plan Sponsor's telephone number <u>864-688-1312</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.	02/26/2019	WILLIAM J. MILATZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	02/26/2019	WILLIAM J. MILATZ
	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	357
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)	315
a(2) Total number of active participants at the end of the plan year		6a(2)	246
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits		6c	90
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	336
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	336
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	269
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	6
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

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

A Name of plan PIEBURG US, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PIEBURG US, LLC	D Employer Identification Number (EIN) 57-1051355	

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)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(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?
	RECORDKEEPER	0	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

AMERIPRISE FINANCIAL SERVICES

50082 AMERIPRISE FINANCIAL CTR
MINNEAPOLIS, MN 55474

(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?
	INVESTMENT MGMT	0	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

STRINGER & COMPANY, INC.

PO BOX 2078
GREER, SC 29652

(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?
	TPA	0	Yes ☐ No ☒	Yes ☐ No ☒	0	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <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>PIERBURG US, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PIERBURG US, LLC</u>	D Employer Identification Number (EIN) <u>57-1051355</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	-2005	16337
(2) Participant contributions	1b(2)	164	170
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities.....	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	166303	234152
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	12116904	14873516
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	12281366	15124175

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	55433	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	55433	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	12225933	15124175
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Part II Income and Expense Statement

- 2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	579856	
(B) Participants	2a(1)(B)	1073677	
(C) Others (including rollovers)	2a(1)(C)	18660	
(2) Noncash contributions	2a(2)	0	1672193
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	8087	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		8087
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1947606
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		0
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		3627886

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	719021	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		719021
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	10623	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		10623
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		729644

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2898242
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

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: GRAYDON THOMPSON, LLC

(2) EIN: 47-2332707

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

<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 PIERBURG US, LLC 401(K) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PIERBURG US, LLC		D Employer Identification Number (EIN) 57-1051355
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 57-1051355		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**INDEPENDENT AUDITOR'S REPORT ON
AUDIT OF FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE OF
PIERBURG US, LLC 401(k) PLAN**

For the Year Ended December 31, 2017

PIERBURG US, LLC 401(k) PLAN
FOUNTAIN INN, SOUTH CAROLINA

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* * * * *

The above schedules have been included as required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1994. Other required schedules have been omitted because the Plan Trustee/Recordkeeper has deemed them not applicable to this Plan.

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Pierburg US, LLC 401(k) Plan
Greenville, South Carolina

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Pierburg US, LLC 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by MassMutual, the trustee of the Plan assets, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2017 and 2016 and for the year ended December 31, 2017, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter – Supplemental Schedule

We were engaged for the purposes of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year), which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulation for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

Other Matter—2016 Financial Statements

The financial statements of the Plan as of December 31, 2016, were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Nationwide, the trustee of the Plan. Their report, dated October 15, 2017, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America, and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Graydon Thompson, LLC

February 25, 2019

PIERBURG US, LLC 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2017 AND 2016

	<u>2017</u>	<u>2016</u>
ASSETS		
INVESTMENTS:		
Investments at fair value - mutual funds	\$ 14,873,513	\$ 11,822,260
Investments at contract value - stable value funds	-	294,644
Total investments	<u>14,873,513</u>	<u>12,116,904</u>
Receivables:		
Participant contributions	170	164
Employer contributions	16,337	
Notes receivable from participants	234,151	166,303
Total receivables	<u>250,658</u>	<u>166,467</u>
TOTAL ASSETS	15,124,171	12,283,371
LESS: LIABILITIES	<u>-</u>	<u>57,438</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 15,124,171</u></u>	<u><u>\$ 12,225,933</u></u>

The accompanying notes are an integral part of these financial statements.

PIERBURG US, LLC 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2017

ADDITIONS:

Additions to net assets arising from:

Investment income:

Interest on participant loans	\$ 8,087
Net increase in fair value of investments	1,936,983
Total investment income	<u>1,945,070</u>

Contributions:

Participants	1,095,628
Employer	593,398
Total contributions	<u>1,689,026</u>

TOTAL ADDITIONS	<u>3,634,096</u>
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DEDUCTIONS:

Deductions from net assets attributed to:

Benefits paid to participants	719,021
Administrative expenses	10,623
Other	<u>6,214</u>

TOTAL DEDUCTIONS	<u>735,858</u>
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NET INCREASE IN PLAN ASSETS	2,898,238
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NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<u>12,225,933</u>
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NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u><u>\$ 15,124,171</u></u>
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The accompanying notes are an integral part of these financial statements.

PIERBURG US, LLC 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE A – DESCRIPTION OF PLAN

The following description of the Pierburg US, LLC (the “Company” or “Plan Sponsor”) 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

1. *General* – The Plan is a defined contribution plan covering all employees of the Company (as defined in the Plan document). Personnel eligible to participate in the may enter the Plan on the first day of the following calendar quarter. Employees excluded from the Plan are employees subject to a collective bargaining agreement and certain nonresident aliens. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

In January 2016, KS Kolbensehmidt US, Inc. (“KSKUS”), a company sharing common ownership with Pierburg US, LLC, adopted the Pierburg US, LLC 401(k) Plan for its employees of its Michigan division. The assets and liabilities of the Plan of those employees of the Michigan division of KSKUS were transferred to the Pierburg US, LLC 401(k) Plan.

2. *Contributions* – Each year, participants may contribute up to 100 percent of pretax annual compensation, as defined in the Plan. Participants also may contribute amounts representing distributions (“rollovers”) from other qualified defined benefit or defined contribution plans.

The discretionary matching Company contribution (75% of employee contributions up to 6% of the employee’s compensation in 2017) is invested in the same investment options and in the same ratio as the participants have directed their own investments. Contributions are subject to certain limitations under the Internal Revenue Code (“IRC”). The Plan did not exceed those limitations.

Each year, the Company can decide whether to make a discretionary profit-sharing contribution to the Plan. Participants are eligible for a profit-sharing contribution if he or she has worked at least 1,000 hours of service during the Plan year. No profit-sharing contributions were made for the 2017 Plan year.

3. *Participant Accounts* – Each participant’s account is credited with his or her contribution and allocations of: (a) the Company’s contribution and (b) Plan earnings, and is charged with an allocation of administrative expenses and Plan losses, if any. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account balance.
4. *Vesting* – Participants are vested immediately in their own contributions to the Plan, plus actual earnings thereon. Vesting in the Company’s contributions to their accounts, plus any earnings thereon, is based on years of continuous service. A participant is 100 percent vested in the Company’s contributions to his (her) account after two years of credited service (0% less than one year, 25% for greater than one year, but less than two years, and 100% thereafter for the Plan year beginning January 1, 2016 and 0% less than two years and 100% for two or more years beginning January 1, 2017).
5. *Investment Options* – Upon enrollment in the Plan, a participant may direct any portion of his or her contributions in any of the multiple mutual fund options available in the Plan. Participants may make

NOTE A – DESCRIPTION OF PLAN *(continued)*

Changes to their investment options at any time by notifying the Plan's Trustee.

6. *Notes Receivable from participants* – Participants may borrow from their Plan accounts a minimum of \$1,000 up to a maximum amount equal to the lesser of fifty percent of their vested account balance or \$50,000 and are recorded on the financial statements at the remaining outstanding balance of principal and interest. Each loan is secured by the borrower's vested account balance and carries an interest rate of prime (as defined) plus one percent. Principal and interest payments are paid ratably via payroll deduction over the term of the notes.
7. *Payment of Benefits* – On termination of service due to death, disability, or retirement (normal or early), a participant or the participant's beneficiary, as the case may be, may elect to receive (1) a lump-sum amount equal to the value of the participant's vested interest in his or her account, (2) a rollover of the participant's account balance in his or her account, to another qualified retirement, or (3) use his or her account to purchase an annuity. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Participants who have attained the age of fifty-nine and one-half may make in-service withdrawals of up to 100% of their vested balances.
8. *Forfeited Accounts* – At December 31, 2017 and 2016, there were \$56,883 and \$55,370 respectively, in forfeited amounts (i.e., non-vested amounts) available to reduce Plan Sponsor contributions.

NOTE B – SUMMARY OF ACCOUNTING POLICIES

1. *Basis of Accounting* – The Plan's financial statements are prepared on the accrual method of accounting.
2. *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 certain estimates and assumptions that affect the reported amounts of Plan assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.
3. *Investment Valuation and Income Recognition* – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investment bought and sold as well as held during the year.

4. *Payment of Benefits*– Benefits paid to participants of the Plan are recorded by the Trustee when participants notify the Plan of their intentions to withdraw fund balances.
5. *New Accounting Standards* – In February 2017, the FASB issued ASU 2017-06, *Employee Benefit Plan Master Trust Reporting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965.)* Under ASU No.2017-06, Topic 962, the requirement to disclose the percentage interest in a master trust for plans with divided interests were removed and required that all plans disclose the dollar amount of their interest in each of those general types of investments. ASU No. 2017-06 is effective for fiscal years beginning after December 15, 2018. Early adoption is permitted.
6. *Reclassifications* – Certain amounts for the year ended December 31, 2016 have been reclassified to conform to the classifications for the year ended December 31, 2017.

NOTE C – RECORDKEEPING AND PARTICIPANTS' ACCOUNTS

The Company engages Nationwide Trust Company (“Nationwide”) as the “Trustee” and “Recordkeeper” of the Plan’s assets. As such the Recordkeeper maintains all financial information regarding the Plan and participants accounts within the Plan. All Plan earnings, contributions and deductions are posted to the Plan’s records including participant records by the Recordkeeper. Information regarding a participant’s account is furnished to the participant quarterly in printed form but also is available at anytime via internet or telephone. The Recordkeeper posts participant and Company contributions to a participant’s account based on information received from the Company. The allocation of the contributions to the appropriate investment options or transfers of investment amounts is participant directed and can be initiated directly via web access or telephone.

Plan withdrawals are initiated through the Plan Administrator, located at the Plan Sponsor, but benefit payments are made to the participants directly by the Trustee. The Plan Administrator also notifies the Recordkeeper of deaths, disabilities, retirements, or terminations of participants. The Recordkeeper initiates any transactions with respect to these notifications directly with the participant or the participant’s beneficiary, as applicable.

NOTE D – INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the Plan Trustee:

	<u>2017</u>	<u>December 31,</u> <u>2016</u>
Investments, at contract value	\$ -	\$ 294,644
Investments, at fair value	14,873,513	11,822,260
Notes receivable from participants	234,151	166,303
	<u>For the year ended</u>	<u>December 31, 2017</u>
Investment gain, net of investment expenses	\$1,936,983	
Interest income on participant notes receivable	8,087	
Benefits paid to participants	719,021	
Administrative expenses	10,623	

NOTE E. GROUP ANNUITY CONTRACT WITH INSURANCE COMPANY

Prior to January 1, 2017, the Plan entered into a traditional fully benefit-responsive guaranteed investment contract with the Wells Fargo Stable Value Fund (WFSVF), Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may direct the withdrawal or transfer of all or a portion of their investment at contract value.

WFSVF was contractually obligated to pay the principal and specified interest rate that was guaranteed to the Plan. The crediting interest rate was based on a formula agreed upon with the issuer but may not be less than 0%. Such interest rates were reviewed on a quarterly basis for resetting. The crediting rate of the contract will reflect the performance of the underlying portfolio.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value was the relevant measure for fully benefit-responsive investment contracts because this was the amount received by participants if they were to initiate permitted transactions under the

NOTE E. GROUP ANNUITY CONTRACT WITH INSURANCE COMPANY *(continued)*

terms of the Plan. Contract value, as reported to the Plan by WFSVF, represented contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants ordinarily directed the withdrawal or transfer of all or a portion of their investment at contract value.

In February 2017, at the termination date of the contract, funds were transferred from WFSVF to various participant directed mutual funds held in trust by Nationwide at the then contract value of \$294,954.

NOTE F – FAIR VALUE MEASUREMENTS

ASC 820 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been changes in the methodologies used at December 31, 2017.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE F – FAIR VALUE MEASUREMENTS (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017:

<u>Investment Category</u>	<u>Fair Value</u>	<u>Level 1 Inputs</u>	<u>Level 2 Inputs</u>	<u>Level 3 Inputs</u>
Mutual funds	\$ 14,873,513	\$ 14,873,513	-	-
Total	\$ 14,873,513	\$ 14,873,513	\$ -	\$ -

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

<u>Investment Category</u>	<u>Fair Value</u>	<u>Level 1 Inputs</u>	<u>Level 2 Inputs</u>	<u>Level 3 Inputs</u>
Mutual funds	\$ 11,822,260	\$ 11,822,260	-	-
Total	\$ 11,822,260	\$ 11,822,260	\$ -	\$ -

The plan recognizes transfers between the levels as of the actual date of the event or change in circumstances that caused the transfer.

NOTE G – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its Plan contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of a Plan termination, participants would become 100 percent vested in their employer contributions.

NOTE H – TAX STATUS

The Company's retirement savings plan is based on a standardized prototype plan offered by the Plan Trustee. The prototype plan under which the Sponsor's Plan operates obtained its determination letter from the Internal Revenue Service (IRS) June 7, 2017, stating that the form of the plan is acceptable under section 401 of the IRS code for use by employers for the benefit of their employees. The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC based on reliance of the based on the determination letter referred to above regarding the prototype plan.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax position taken by the Plan, and has concluded that as of December 31, 2017, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes that is no longer subject to income tax examinations for years prior to 2014.

NOTE I – RELATED PARTY TRANSACTIONS

The Plan's investments and investment transactions (purchases, disposals, and investment income) are through investment options offered by Mass Mutual, the Plan's Trustee and Recordkeeper. The Company provides certain administrative support to the Plan, including the funding of audit services for the Plan's financial statements. The Company does not believe the cost of such services is significant.

NOTE J – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits

NOTE K: VOLUNTARY COMPLIANCE

During the year ended December 31, 2017, it was discovered that certain of the Plan's provisions were not properly applied in the daily operations of the Plan during the years ended December 31, 2017 and 2016. The definition of *compensation for participant and employer contributions* as per the Plan document was not properly applied when calculating contribution amounts. The Company will utilize a self-correction program to correct the operational error by determining the affected participants and depositing the proper amounts into their accounts for the missed deferral opportunities.

NOTE L– SUBSEQUENT EVENTS

The Plan has evaluated events and transactions occurring subsequent to the balance sheet date of December 31, 2017, for items that should potentially be recognized or disclosed in these financial statements. The evaluation was conducted through February 22, 2019, the date these financial statements were available to be issued.

On January 1, 2019, the Plan was merged into the Rheinmetall Group USA 401(k) Retirement Plan. The plan sponsor for the Rheinmetall Group USA 401(k) plan is KSPG Holding USA, Inc. The Company is a wholly owned subsidiary of KSPG Holding, USA, Inc.

* * * * *

PIERBURG US, LLC 401(k) PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SCHEDULE H, LINE 4i
DECEMBER 31, 2017
EIN 57-1051355 PLAN 001

SCHEDULE I

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, or maturity date	Cost	Current Value	
AmBen Intl Eq Inst	Mutual Funds	**	\$	24,950
Am Indep US Inflation Prot Inst	Mutual Funds	**		17,598
AmCent Intl Adj Bd Inst	Mutual Funds	**		52,997
AmBen Intl Eq Inst	Mutual Funds	**		36,526
AmFds Am Mut R6	Mutual Funds	**		3,487
AmFds Cap Wld Bd R6	Mutual Funds	**		29,459
AmFdsCap Wld Gr Inc R6	Mutual Funds	**		139,528
AmFds EuroPacific Gr R6	Mutual Funds	**		115,312
AmFds Fdmntl Inv R6	Mutual Funds	**		202,815
AmFds Gr Fd Am R6	Mutual Funds	**		5,690
AmFds New Econ R6	Mutual Funds	**		377,572
AmFds New Wld R6	Mutual Funds	**		531,931
AmFds Wshngtn Mut Inv R6	Mutual Funds	**		26,974
AmFds US Govt Sec R6	Mutual Funds	**		15,670
BlkRk Basic Val Inst	Mutual Funds	**		674,426
BlkRk SmCap Gr Eq Inst	Mutual Funds	**		834
DFA Emrg Mkt Cor Inst	Mutual Funds	**		29,415
DFA Glb Real Est	Mutual Funds	**		15,638
DFA US LgCap Val Inst	Mutual Funds	**		26,261
DFA US Trgt Val Inst	Mutual Funds	**		12,251
DodgeCox Intl Stk	Mutual Funds	**		2,706
Dtsch RREEF RealEst Sec Inst	Mutual Funds	**		162,921
Fed Govt Oblgtns Primr	Mutual Funds	**		56,945
Fed Intmd Govt Corp Inst	Mutual Funds	**		48,179
Fed Ttl Rt Bd Inst	Mutual Funds	**		481
GdmnSes Shrt Dur Govt Inst	Mutual Funds	**		33,306
Harbor Intl Eq Inst	Mutual Funds	**		399,286
Hrdng Lynner Intl Eq Inst	Mutual Funds	**		1,085
Jns Bal I	Mutual Funds	**		44,580
JPM Govt Bd I	Mutual Funds	**		5,498
JPM Mdcap Val Inst	Mutual Funds	**		193,392

PIERBURG US, LLC 401(k) PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SCHEDULE H, LINE 4i
DECEMBER 31, 2017
EIN 57-1051355 PLAN 001

SCHEDULE I

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, or maturity date	Cost	Current Value	
JPM Strat Inc Oppr R5	Mutual Funds	**	20,088	
LeggM BW Gbl Oppr Bd Inst	Mutual Funds	**	14,442	
LeggMWstr AsInflndPlsBd Inst	Mutual Funds	**	1,097	
MFS Mass Cnv Tr R4	Mutual Funds	**	257,375	
MSIF MdCap Gr	Mutual Funds	**	1,072	
NW Loomis AllCap Gr R6	Mutual Funds	**	27,566	
Opp Intl Gr Y	Mutual Funds	**	36,045	
PIMCO Real Rtn Inst	Mutual Funds	**	212	
Prncpl Inv Cap App Inst	Mutual Funds	**	1,818	
Prncpl Inv Eq Inc I Inst	Mutual Funds	**	7,229	
Prncpl Inv MdCap Blind Inst	Mutual Funds	**	677,837	
Prudntl Hi Yld Z	Mutual Funds	**	25,666	
Prudntl Ttl Rtn Bd Q	Mutual Funds	**	65,280	
Virtus Seix Cor Bd Inst	Mutual Funds	**	308,751	
Vanguard Ttl Bnd Mket Index Adm	Mutual Funds	**	36,942	
Vanguard Ttl Intl Stk Index Adm	Mutual Funds	**	28,141	
Vanguard Ttl St Mkt Index	Mutual Funds	**	55,718	
Vanguard Divd Gr	Mutual Funds	**	295,732	
Vanguard Explr Adm	Mutual Funds	**	12,317	
Vanguard US Grth Adm	Mutual Funds	**	25,725	
Vanguard Grth Index Fd IS	Mutual Funds	**	751,650	
Vanguard Hi Yld Corp Fd IS	Mutual Funds	**	181,316	
Vanguard Intl Value Fd IS	Mutual Funds	**	66,982	
Vanguard Intm Trm USTrs IS	Mutual Funds	**	86,076	
Vanguard Sht Trm USTrs IS	Mutual Funds	**	957,812	
Vanguard Sm Cap Index Fd IS	Mutual Funds	**	408,361	
Vanguard SmCap Val Index IS	Mutual Funds	**	150,613	
Vanguard SmCap Grth Index IS	Mutual Funds	**	313,382	
Vanguard Trgt Rtrmt 2050	Mutual Funds	**	809,957	
Vanguard Wellington Fd IS	Mutual Funds	**	750,883	
Vanguard Trgt Rtrmt 2045	Mutual Funds	**	236,244	
Vanguard Windsor2 Fnd	Mutual Funds	**	33,859	

PIERBURG US, LLC 401(k) PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SCHEDULE H, LINE 4i
DECEMBER 31, 2017
EIN 57-1051355 PLAN 001

SCHEDULE I

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, or maturity date	Cost	Current Value	
Vanguard Trgt Rtrmt 2025	Mutual Funds	**	313,121	
Vanguard Trgt Rtrmt 2020	Mutual Funds	**	950,063	
Vanguard ST Invmt Grd Inv	Mutual Funds	**	24,975	
Vanguard Trgt Rtrmt 2015	Mutual Funds	**	105,118	
Vanguard MdCap Val Indx Inv	Mutual Funds	**	15,081	
Vanguard Trgt Rtrmt 2040	Mutual Funds	**	752,001	
Vanguard Trgt Rtrmt 2035	Mutual Funds	**	375,353	
Vanguard Eqt Income Fd Inv Shr	Mutual Funds	**	564,866	
Vanguard Trgt Rtrmt 2030	Mutual Funds	**	610,716	
Vanguard MdCap Gr Indx Inv	Mutual Funds	**	269,432	
Vanguard Hlth Care Inv	Mutual Funds	**	379,303	
Vanguard Wellesley Inc Fd IS	Mutual Funds	**	579,142	
Virtus Seix Cor Bd I	Mutual Funds	**	441	
* Notes receivable from participants	Interest rate of Prime plus 1%	**	234,151	

* Party-in-interest

** Cost omitted for participant directed funds.

See independent auditor's report.

PIERBURG INCORPORATED 401(K) PLAN
EIN 57-1051355

2017 FORM 5500 - SCHEDULE H
ATTACHMENT FOR QUESTION 4(i)
SCHEDULE OF ASSETS HELD
FOR INVESTMENT PURPOSES AT YEAR END

(B) IDENTITY	(C) DESCRIPTION	(E) CURRENT VALUE
AmBcn Bal Inst	Mutual Fund	24950
AmBcn Intl Eq Inst#	Mutual Fund	36526
AmCent Infl Adj Bd Inst	Mutual Fund	52997
AmCent ShtDrInflPrtBd Inst#	Mutual Fund	0
AmFds Am Mut R6#	Mutual Fund	3487
AmFds AMCAP R6#	Mutual Fund	0
AmFds Cap Wld Bd R6	Mutual Fund	29459
AmFds Cap Wld Gr Inc R6	Mutual Fund	139528
AmFds EuroPacfc Gr R6	Mutual Fund	115312
AmFds Fdmntl Inv R6	Mutual Fund	202815
AmFds Gr Fd Am R6#	Mutual Fund	5690
AmFds New Econ R6	Mutual Fund	377572
AmFds New Wld R6	Mutual Fund	531931
AmFds US Govt Sec R6	Mutual Fund	15670
AmFds Wshngtn Mut Inv R6	Mutual Fund	26974
AmFds Indep US InflPrtct Inst	Mutual Fund	17598
BlkRk Basic Val Inst	Mutual Fund	674426
BlkRk SmCap Gr Eq Inst#	Mutual Fund	835
DFA Emrg Mkt Cor Inst#	Mutual Fund	29415
DFA Glbl RealEst Sec#	Mutual Fund	15638
DFA US LgCap Val Inst	Mutual Fund	26261
DFA US Trgt Val Inst	Mutual Fund	12251
DodgeCox Intl Stk*#	Mutual Fund	2706
Drey Inst Prfrd MnyMkt Prm*#	Mutual Fund	0
Dtsch RREEF RealEsSec Inst	Mutual Fund	162921
Fed Govt Oblgtns Prmr	Mutual Fund	56945
Fed Govt UltraShrtDur Inst	Mutual Fund	0
Fed ShrtIntmdTtlRtnBd Inst	Mutual Fund	48179
Fed Ttl Rtn Bd Inst#	Mutual Fund	481
GdmnScs Shrt Dur Govt Inst	Mutual Fund	33306
Harbor Intl Inst	Mutual Fund	399286
HrdngLvner Intl Eq Inst	Mutual Fund	1085
Invsco Gr Inc Y#	Mutual Fund	0
Jns Bal I	Mutual Fund	44580

PIERBURG INCORPORATED 401(K) PLAN
 EIN 57-1051355

2017 FORM 5500 - SCHEDULE H
 ATTACHMENT FOR QUESTION 4(i)
 SCHEDULE OF ASSETS HELD
 FOR INVESTMENT PURPOSES AT YEAR END

(B) IDENTITY	(C) DESCRIPTION	(E) CURRENT VALUE
Jns Ovrseas I#	Mutual Fund	0
JPM Govt Bd 1	Mutual Fund	5498
JPM MdCap Val Inst*	Mutual Fund	193392
JPM SmCap Val Sel#	Mutual Fund	0
JPM Strat Inc Oppr R5	Mutual Fund	20088
LeggM BW Gbl Oppr Bd Inst	Mutual Fund	14442
LeggM WstrAs InfndPlsBd I#	Mutual Fund	1097
Madsn Hansbrgr Intl Gr I#	Mutual Fund	0
MFS Mass Inv Tr R4	Mutual Fund	257375
MFS Rsrch R4#	Mutual Fund	0
MSIF MdCap Gr I#	Mutual Fund	1072
NW Loomis AllCap Gr R6	Mutual Fund	27566
Opp Gbl Y#	Mutual Fund	36045
Opp Intl Bd Y#	Mutual Fund	0
PIMCO Real Rtn Inst	Mutual Fund	212
Prncpl Cap App Inst#	Mutual Fund	1818
Prncpl Eq Inc I Inst#	Mutual Fund	7229
Prncpl MdCap Inst*	Mutual Fund	677837
Prudntl Hi Yld Z#	Mutual Fund	25666
Prudntl Ttl Rtn Bd Q	Mutual Fund	65280
Prudntl Ttl Rtn Bd Z#	Mutual Fund	0
RdgWrth Intmd Bd I#	Mutual Fund	0
TCW Ttl Rtn Bd I#	Mutual Fund	0
Virtus Seix Cor Bd Inst	Mutual Fund	441
Virtus Seix Ttl Rtn Bd I	Mutual Fund	308751
Vngrd Divd Gr Inv	Mutual Fund	295732
Vngrd Eq Inc Inv	Mutual Fund	564866
Vngrd Explr Adml	Mutual Fund	12317
Vngrd Gr Indx Inv*	Mutual Fund	751650
Vngrd Hi Yld Corp Inv*	Mutual Fund	181316
Vngrd Hlth Care Inv*	Mutual Fund	379303
Vngrd Intl Val Inv	Mutual Fund	66982
Vngrd Intmd Trm Trsry Inv*	Mutual Fund	86076
Vngrd MdCap Gr Indx Inv*	Mutual Fund	269432

PIERBURG INCORPORATED 401(K) PLAN
EIN 57-1051355

2017 FORM 5500 - SCHEDULE H
ATTACHMENT FOR QUESTION 4(i)
SCHEDULE OF ASSETS HELD
FOR INVESTMENT PURPOSES AT YEAR END

(B) IDENTITY	(C) DESCRIPTION	(E) CURRENT VALUE
Vngrd MdCap Val Indx Inv*#	Mutual Fund	15081
Vngrd SmCap Gr Indx Inv*	Mutual Fund	313382
Vngrd SmCap Indx Inv*	Mutual Fund	408361
Vngrd SmCap Val Indx Inv*	Mutual Fund	150613
Vngrd ST Invmt Grd Inv*	Mutual Fund	24975
Vngrd ST Trsry Inv*	Mutual Fund	957813
Vngrd Trgt Rtrmt 2015 Inv	Mutual Fund	105118
Vngrd Trgt Rtrmt 2020 Inv	Mutual Fund	950063
Vngrd Trgt Rtrmt 2025 Inv	Mutual Fund	313121
Vngrd Trgt Rtrmt 2030 Inv	Mutual Fund	610716
Vngrd Trgt Rtrmt 2035 Inv	Mutual Fund	375353
Vngrd Trgt Rtrmt 2040 Inv	Mutual Fund	752001
Vngrd Trgt Rtrmt 2045 Inv	Mutual Fund	236244
Vngrd Trgt Rtrmt 2050 Inv	Mutual Fund	809957
Vngrd Ttl Bnd Mkt Idx Adm	Mutual Fund	36942
Vngrd Ttl IntlStkIndx Adml	Mutual Fund	28141
Vngrd Ttl StMkt Indx Fd AS#	Mutual Fund	55718
Vngrd US Gr Adml	Mutual Fund	25725
Vngrd WIngtn Inv*	Mutual Fund	750883
Vngrd Wlsly Inc Inv*	Mutual Fund	579143
Vngrd Wndsr II Inv	Mutual Fund	33859

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;">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>1/1/2017</u> and ending <u>12/31/2017</u>	
A This return/report is for: ☐ a multiemployer plan ☒ a single-employer plan B This return/report is: ☐ the first return/report ☒ an amended return/report 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)	☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) _____ ☐ the final return/report ☐ a short plan year return/report (less than 12 months)

Part II Basic Plan Information—enter all requested information											
1a Name of plan PIERBURG US, LLC 401(k) PLAN 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) Pierburg US, LLC 5 Southchase Ct Fountain Inn SC 296449018	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 10/1/1996</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 57-1051355</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 864-688-1312</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 336300</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 10/1/1996		2b Employer Identification Number (EIN) 57-1051355		2c Plan Sponsor's telephone number 864-688-1312		2d Business code (see instructions) 336300	
1b Three-digit plan number (PN) ▶	001										
1c Effective date of plan 10/1/1996											
2b Employer Identification Number (EIN) 57-1051355											
2c Plan Sponsor's telephone number 864-688-1312											
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	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		2.26.2019	William J. Milatz
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	5 357
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) 315
a(2) Total number of active participants at the end of the plan year	6a(2) 246
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits	6c 90
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 336
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 336
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 269
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 6
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____