

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>THYSSENKRUPP INDUSTRIAL SOLUTIONS (USA), INC. RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/01/1975</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>10/01/1975</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>10/01/1975</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>THYSSENKRUPP INDUSTRIAL SOLUTIONS (USA), INC.</u> <u>180 INTERSTATE N. PARKWAY SUITE 300</u> <u>ATLANTA, GA 30339-2102</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>39-1858155</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>770-980-5912</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541330</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>39-1858155</u>	2c Plan Sponsor's telephone number <u>770-980-5912</u>	2d Business code (see instructions) <u>541330</u>	
2b Employer Identification Number (EIN) <u>39-1858155</u>					
2c Plan Sponsor's telephone number <u>770-980-5912</u>					
2d Business code (see instructions) <u>541330</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.	10/15/2018	CANDICE WIMMER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	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	5 225
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 95 6a(2) 62 6b 75 6c 78 6d 215 6e 9 6f 224 6g 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: 1A 1I 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)** ☒ 1 **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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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 THYSSENKRUPP INDUSTRIAL SOLUTIONS (USA), INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 THYSSENKRUPP INDUSTRIAL SOLUTIONS (USA), INC.	D Employer Identification Number (EIN) 39-1858155

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

(a) Name of insurance carrier AETNA LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	004510		01/01/2017	12/31/2017

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

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

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

b Balance at the end of the previous year	7b	485802
c Additions: (1) Contributions deposited during the year	7c(1)	1050000
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	3668
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶ UNREALIZED GAIN ON INVESTMENT	7c(5)	40
(6) Total additions	7c(6)	1053708
d Total of balance and additions (add lines 7b and 7c(6))	7d	1539510
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1236647
(2) Administration charge made by carrier	7e(2)	8217
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶ OPERATING AND ADMINISTRATIVE EXPENSES	7e(4)	236
(5) Total deductions	7e(5)	1245100
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	294410

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>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	
▶ 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 THYSSENKRUPP INDUSTRIAL SOLUTIONS (USA), INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THYSSENKRUPP INDUSTRIAL SOLUTIONS (USA), INC.	D Employer Identification Number (EIN) 39-1858155
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2017			
2	Assets:			
a	Market value	2a	27520229	
b	Actuarial value	2b	28099684	
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	79	11980467	11980467
b	For terminated vested participants	51	1834489	1834489
c	For active participants	95	8176255	8487359
d	Total	225	21991211	22302315
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	5.91 %	
6	Target normal cost	6	852180	

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

<div>SIGN HERE</div>		
Signature of actuary		10/11/2018
THOMAS G. FIELDS		Date
Type or print name of actuary		17-05317
TOWERS WATSON DELAWARE INC.		Most recent enrollment number
Firm name		901-930-0000
3340 PLAYERS CLUB PARKWAY SUITE 200 MEMPHIS, TN 38125		Telephone number (including area code)
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)	2620239	5145250
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)	2620239	5145250
10 Interest on line 9 using prior year's actual return of <u>8.05</u> %	210929	414193
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		101227
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>6.10</u> %		6175
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		107402
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)	2831168	5559443

Part III Funding Percentages

14 Funding target attainment percentage	14	88.37%
15 Adjusted funding target attainment percentage	15	125.99%
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	104.47%
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
01/10/2017	50000	0	09/13/2017	50000	0
01/17/2017	250000	0	09/15/2017	250000	0
03/13/2017	50000	0			
04/13/2017	250000	0			
06/14/2017	50000	0			
06/15/2017	250000	0			
Totals ▶			18(b)	1200000	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	1175052

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 65
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	852180	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
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	852180	
	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	852180	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1175052	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	322872	
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	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

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 THYSSENKRUPP INDUSTRIAL SOLUTIONS (USA), INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 THYSSENKRUPP INDUSTRIAL SOLUTIONS (USA), INC.	D Employer Identification Number (EIN) 39-1858155	

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)

NEPC, LLC

26-1429809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE KNOWN	12586	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THYSSENKRUPP NORTH AMERICA, INC.

38-2535907

(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?
14 50	NONE KNOWN	11877	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE BANK OF NEW YORK MELLON

13-5160382

(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 50 59 62	NONE KNOWN	4560	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
(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>THYSSENKRUPP INDUSTRIAL SOLUTIONS (USA), INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ► <u>003</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THYSSENKRUPP INDUSTRIAL SOLUTIONS (USA), INC.</u>	D Employer Identification Number (EIN) <u>39-1858155</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: <u>TK OPPORTUNISTIC MASTER TRUST UNIT</u>			
b Name of sponsor of entity listed in (a): <u>THYSSENKRUPP NORTH AMERICA, INC.</u>			
c EIN-PN <u>38-2535907-004</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>10024928</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TK EXT DURATION MASTER TRUST UNIT</u>			
b Name of sponsor of entity listed in (a): <u>THYSSENKRUPP NORTH AMERICA, INC.</u>			
c EIN-PN <u>38-2535907-003</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>10030421</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TK CASH/S.T. BOND MASTER TRUST UNIT</u>			
b Name of sponsor of entity listed in (a): <u>THYSSENKRUPP NORTH AMERICA, INC.</u>			
c EIN-PN <u>38-2535907-005</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>190004</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TK EQUITY MASTER TRUST UNIT</u>			
b Name of sponsor of entity listed in (a): <u>THYSSENKRUPP NORTH AMERICA, INC.</u>			
c EIN-PN <u>38-2535907-001</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>11504077</u>	
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)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

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

SCHEDULE H (Form 5500) <small>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.	<small>OMB No. 1210-0110</small> 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>THYSSENKRUPP INDUSTRIAL SOLUTIONS (USA), INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THYSSENKRUPP INDUSTRIAL SOLUTIONS (USA), INC.</u>	D Employer Identification Number (EIN) <u>39-1858155</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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(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)	27034428	31749430
(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)	485802	294410
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	27520230	32043840

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	27520230	32043840
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1200000	
(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)		1200000
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)	4555	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4555
(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)		4595666
(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		5800221

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1236647	
(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)		1236647
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)	7047	
(2) Contract administrator fees	2i(2)	8453	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	24464	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		39964
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1276611

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4523610
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: PLANTE & MORAN, PLLC

(2) EIN: 38-1357951

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

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 4080415. (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 THYSSENKRUPP INDUSTRIAL SOLUTIONS (USA), INC. RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 THYSSENKRUPP INDUSTRIAL SOLUTIONS (USA), INC.		D Employer Identification Number (EIN) 39-1858155
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): 06-6033492		
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 0
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): _____

ThyssenKrupp North America, Inc. Defined Benefit Plans

ThyssenKrupp Industrial Solutions (USA), Inc. Retirement Plan

ThyssenKrupp Materials NA, Inc. Pension Plan

ThyssenKrupp Crankshaft Company Retirement Income Plan for Employees

Covered by the Bargaining Agreement with the International Union, United
Automobile, Aerospace, and Agricultural Implement Workers of America, U.A.W.
Local 2128

Rotek Salaried and Florence Hourly Pension Plan

Rotek Incorporated Pension Plan for Aurora-Ravenna Hourly Employees

The Budd Company Pension Plan for Executive and Administrative Employees

Modified Cash Basis Financial Report

December 31, 2017

ThyssenKrupp North America, Inc. Defined Benefit Plans

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Independent Auditor's Report

To the Plan Administrator
ThyssenKrupp North America, Inc. Defined Benefit Plans

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of ThyssenKrupp Industrial Solutions (USA), Inc. Retirement Plan; ThyssenKrupp Materials NA, Inc. Pension Plan; ThyssenKrupp Crankshaft Company Retirement Income Plan for Employees Covered by the Bargaining Agreement with the International Union, United Automobile, Aerospace, and Agricultural Implement Workers of America, U.A.W. Local 2128; Rotek Salaried and Florence Hourly Pension Plan; Rotek Incorporated Pension Plan for Aurora-Ravenna Hourly Employees; and The Budd Company Pension Plan for Executive and Administrative Employees (collectively, the "Plans"), which comprise the statements of net assets available for benefits - modified cash basis as of December 31, 2017 and 2016 and the related statements of changes in net assets available for benefits - modified cash basis for the years then ended, and the related notes to the modified cash basis 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 the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by The Bank of New York Mellon/BNY Mellon, N.A. (the "Trustee"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee holds the Plans' investment assets and executes related transactions. The plan administrator has obtained certifications from the Trustee as of and for the years ended December 31, 2017 and 2016 that the information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion

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

Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements and supplemental schedules are prepared on a modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

To the Plan Administrator
ThyssenKrupp North America, Inc. Defined Benefit Plans

Other Matter

The ThyssenKrupp Industrial Solutions (USA), Inc. Retirement Plan schedule of assets held at end of year - modified cash basis and the ThyssenKrupp Industrial Solutions (USA), Inc. Retirement Plan schedule of reportable transactions - modified cash basis supplemental schedules are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Plante & Moreau, PLLC

Southfield, Michigan
October 3, 2018

ThyssenKrupp North America, Inc. Defined Benefit Plans

Statements of Net Assets Available for Benefits - Modified Cash Basis

December 31, 2017

	ThyssenKrupp Industrial Solutions (USA), Inc. Retirement Plan	ThyssenKrupp Materials NA, Inc. Pension Plan	ThyssenKrupp Crankshaft Company Retirement Income Plan for Employees Covered by the Bargaining Agreement with the International Union, United Automobile, Aerospace, and Agricultural Implement Workers of America, U.A.W. Local 2128	Rotek Salaried and Florence Hourly Pension Plan	Rotek Incorporated Pension Plan for Aurora-Ravenna Hourly Employees	The Budd Company Pension Plan for Executive and Administrative Employees
Assets						
Investments at fair value:						
Investment in the ThyssenKrupp North America, Inc. Master Trust (Note 5)	\$ 31,749,430	\$ 52,130,275	\$ 14,314,349	\$ 22,343,302	\$ 9,089,024	\$ 269,447,399
Money market fund	294,410	-	-	-	-	-
Net Assets Available for Benefits	\$ 32,043,840	\$ 52,130,275	\$ 14,314,349	\$ 22,343,302	\$ 9,089,024	\$ 269,447,399

ThyssenKrupp North America, Inc. Defined Benefit Plans

Statements of Net Assets Available for Benefits - Modified Cash Basis

December 31, 2016

	ThyssenKrupp Industrial Solutions (USA), Inc. Retirement Plan	ThyssenKrupp Materials NA, Inc. Pension Plan	ThyssenKrupp Crankshaft Company Retirement Income Plan for Employees Covered by the Bargaining Agreement with the International Union, United Automobile, Aerospace, and Agricultural Implement Workers of America, U.A.W. Local 2128	Rotek Salaried and Florence Hourly Pension Plan	Rotek Incorporated Pension Plan for Aurora-Ravenna Hourly Employees	The Budd Company Pension Plan for Executive and Administrative Employees
Assets						
Investments at fair value:						
Investment in the ThyssenKrupp North America, Inc. Master Trust (Note 5)	\$ 27,034,428	\$ 47,086,015	\$ 13,196,646	\$ 21,358,346	\$ 8,657,650	\$ 258,247,080
Money market fund	485,802	-	-	-	-	-
Total assets	27,520,230	47,086,015	13,196,646	21,358,346	8,657,650	258,247,080
Liabilities - Other payables	-	12	-	-	-	3,481
Net Assets Available for Benefits	\$ 27,520,230	\$ 47,086,003	\$ 13,196,646	\$ 21,358,346	\$ 8,657,650	\$ 258,243,599

ThyssenKrupp North America, Inc. Defined Benefit Plans

Statements of Changes in Net Assets Available for Benefits - Modified Cash Basis

Year Ended December 31, 2017

	ThyssenKrupp Industrial Solutions (USA), Inc. Retirement Plan	ThyssenKrupp Materials NA, Inc. Pension Plan	ThyssenKrupp Crankshaft Company Retirement Income Plan for Employees Covered by the Bargaining Agreement with the International Union, United Automobile, Aerospace, and Agricultural Implement Workers of America, U.A.W. Local 2128	Rotek Salaried and Florence Hourly Pension Plan	Rotek Incorporated Pension Plan for Aurora-Ravenna Hourly Employees	The Budd Company Pension Plan for Executive and Administrative Employees
Additions						
Employer contributions	\$ 1,200,000	\$ 5,799,202	\$ 102,677	\$ 420,000	\$ 150,000	\$ 9,406,349
Investment income - Plan's share of the ThyssenKrupp North America, Inc. Master Trust investment income (Note 5)	4,592,376	7,821,516	1,955,392	3,542,697	1,376,187	38,584,693
Other income	7,845	5,106	-	2,588	1,040	-
Total additions	5,800,221	13,625,824	2,058,069	3,965,285	1,527,227	47,991,042
Deductions						
Benefits paid directly to participants or beneficiaries	1,236,647	7,854,123	923,197	2,953,367	1,084,339	34,696,058
Administrative expenses	39,964	727,429	17,169	26,962	11,514	2,091,184
Total deductions	1,276,611	8,581,552	940,366	2,980,329	1,095,853	36,787,242
Net Increase	4,523,610	5,044,272	1,117,703	984,956	431,374	11,203,800
Net Assets Available for Benefits						
Beginning of year	27,520,230	47,086,003	13,196,646	21,358,346	8,657,650	258,243,599
End of year	<u>\$ 32,043,840</u>	<u>\$ 52,130,275</u>	<u>\$ 14,314,349</u>	<u>\$ 22,343,302</u>	<u>\$ 9,089,024</u>	<u>\$ 269,447,399</u>

ThyssenKrupp North America, Inc. Defined Benefit Plans

Statements of Changes in Net Assets Available for Benefits - Modified Cash Basis

Year Ended December 31, 2016

	ThyssenKrupp Industrial Solutions (USA), Inc. Retirement Plan	ThyssenKrupp Materials NA, Inc. Pension Plan	ThyssenKrupp Crankshaft Company Retirement Income Plan for Employees Covered by the Bargaining Agreement with the International Union, United Automobile, Aerospace, and Agricultural Implement Workers of America, U.A.W. Local 2128	Rotek Salaried and Florence Hourly Pension Plan	Rotek Incorporated Pension Plan for Aurora-Ravenna Hourly Employees	The Budd Company Pension Plan for Executive and Administrative Employees
Additions						
Employer contributions	\$ 950,000	\$ 906,343	\$ -	\$ 600,000	\$ 400,000	\$ 14,128,480
Investment income - Plan's share of the ThyssenKrupp North America, Inc. Master Trust investment income (Note 5)	2,059,795	4,386,163	980,534	1,651,289	662,489	26,939,142
Other income (loss)	2,051	(58)	-	-	-	-
Total additions	3,011,846	5,292,448	980,534	2,251,289	1,062,489	41,067,622
Deductions						
Benefits paid directly to participants or beneficiaries	1,082,102	11,887,542	837,070	834,512	492,898	66,309,388
Administrative expenses	41,138	703,838	28,612	32,009	21,213	2,105,437
Total deductions	1,123,240	12,591,380	865,682	866,521	514,111	68,414,825
Net Increase (Decrease)	1,888,606	(7,298,932)	114,852	1,384,768	548,378	(27,347,203)
Net Assets Available for Benefits						
Beginning of year	25,631,624	54,384,935	13,081,794	19,973,578	8,109,272	285,590,802
End of year	\$ 27,520,230	\$ 47,086,003	\$ 13,196,646	\$ 21,358,346	\$ 8,657,650	\$ 258,243,599

Notes to Modified Cash Basis Financial Statements

December 31, 2017 and 2016

Note 1 - Plan Description

The following description of ThyssenKrupp Industrial Solutions (USA), Inc. Retirement Plan (the "TKIS Plan"); ThyssenKrupp Materials NA, Inc. Pension Plan (the "Materials Plan"); ThyssenKrupp Crankshaft Company Retirement Income Plan for Employees Covered by the Bargaining Agreement with the International Union, United Automobile, Aerospace, and Agricultural Implement Workers of America, U.A.W. Local 2128 (the "Crankshaft Plan"); Rotek Salaried and Florence Hourly Pension Plan (the "Rotek Salary Plan"); Rotek Incorporated Pension Plan for Aurora-Ravenna Hourly Employees (the "Rotek Hourly Plan"); and The Budd Company Pension Plan for Executive and Administrative Employees (the "E&A Plan") (collectively, the "Plans") provides only general information. Participants should refer to each respective plan's legal documents for a more complete description of each plan's provisions.

General

The Plans were adopted to provide a means by which eligible employees of certain divisions within ThyssenKrupp North America, Inc. (the "Company") are provided retirement benefits. Certain subsidiaries within the Company act as the sponsor of each individual plan. The Plans are noncontributory defined benefit plans that are subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

All of the Plans are frozen to new participants. Additionally, further accrual of benefits were frozen under the TKIS Plan, Crankshaft Plan, and E&A Plan effective December 31, 2017, September 30, 2010, and May 31, 2012, respectively. Subsequent to December 31, 2017, further accrual of benefits was frozen for certain participants of the Rotek Salary Plan.

Eligibility and Vesting

Employees become fully vested in company-funded accrued benefits upon completion of five years of service. Employees who terminate service before becoming fully vested forfeit all benefits under the Plans. Employees in the TKIS Plan, Crankshaft Plan, and E&A Plan became fully vested in their accrued benefits as of the date in which benefits were frozen.

Pension Benefits

Normal retirement is permitted at the age of 65. The Plans also permit early retirement based on certain age and credited service requirements. Calculation of benefits is based on a blend of credited service, compensation, and a monthly pension benefit in effect when the years of credited service were earned as described in the plan documents. The Plans also contain provisions for certain disability, deferred vesting, and surviving spouse benefits.

Death Benefits

In certain circumstances, if an active or terminated employee who has a vested interest in the Plans dies prior to his or her normal retirement age, the surviving spouse or designated beneficiary shall receive a survivor benefit, as defined in the plan documents.

Funding Policy

Contributions are made by the plan sponsors in actuarially determined amounts. The Company's policy is to make contributions necessary to satisfy ERISA funding standards. The plan sponsors will also make additional contributions from time to time with the total not to exceed the maximum contribution deductible under the Internal Revenue Code. Annual contributions meet the minimum funding requirements of ERISA.

Notes to Modified Cash Basis Financial Statements

December 31, 2017 and 2016

Note 1 - Plan Description (Continued)

The TKIS Plan is further supported by employee contributions. Neither the plan sponsor's contributions nor the Plan's assets are allocated for the accounts of individuals; however, records of individual employee contributions are maintained. Prior to January 1, 2006, participants were required to contribute 2.25 percent of their monthly compensation. Participants are fully and immediately vested in these contributions. Present employees' accumulated contributions at December 31, 2017 and 2016 were \$821,414 and \$952,519, respectively, including interest credited at rates of 2.36 percent and 2.10 percent in 2017 and 2016, respectively, compounded annually. Beginning January 1, 2006, employee contributions are no longer allowed.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying statements have been prepared on the modified cash basis of accounting. Under the modified cash basis of accounting, contributions and investment income are recognized when cash is received, benefit payments and expenses are recognized when paid, and investments are recognized at fair value.

Investment Valuation

The fair value of each individual plan's interest in the ThyssenKrupp North America, Inc. Master Trust (the "Master Trust") is based on the beginning of the year value of each individual plan's interest in the investment units held by the Master Trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses.

The common collective trust funds are valued at net asset value per share or its equivalent of the funds, which is based on the fair value of the funds' underlying assets.

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

Investments in partnerships are valued at net asset value per share or its equivalent of the funds based on audited financial statements of the funds, where available, with adjustments to account for partnership activity and other applicable valuation adjustments.

The money market funds and interest-bearing cash are valued at fair value based on their outstanding balances.

All other investments are valued based on quoted market prices reported in active markets. See Note 6 for additional information.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable, under each individual plan's provisions, to the service employees have rendered to the valuation date. These include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died, and present employees or their beneficiaries.

The normal individual retirement benefit is based on a blend of credited service, annualized compensation, and a monthly pension benefit in effect when the years of credited service were earned as described in the plan documents.

Notes to Modified Cash Basis Financial Statements

December 31, 2017 and 2016

Note 2 - Summary of Significant Accounting Policies (Continued)

Actuarial Assumptions

The actuarial present value of accumulated plan benefits is determined by the independent actuary, Willis Towers Watson, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts and interest) and probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The determinations were made as of January 1, 2017.

The significant actuarial assumptions underlying the actuarial computations at January 1, 2017 are as follows:

TKIS, Materials, and E&A Plans:

- Actuarial cost method: Projected unit cost method
- Interest rate: 6.90 percent, 7.30 percent, and 6.70 percent, respectively
- Mortality basis: RP-2014 white collar mortality rates at 2012, increased by 8.50 percent and based on employee rates for nonannuitants and annuitant rates for those in payment

Rotek Hourly and Crankshaft Plans:

- Actuarial cost method: Projected unit cost method
- Interest rate: 6.70 percent and 6.40 percent, respectively
- Mortality basis: RP-2014 blue collar mortality rates at 2011, increased by 10.90 percent and based on employee rates for nonannuitants and annuitant rates for those in payment

Rotek Salary Plan:

- Actuarial cost method: Projected unit cost method
- Interest rate: 6.90 percent
- Mortality basis (salary participants): RP-2014 white collar mortality rates at 2012, increased by 8.50 percent and based on employee rates for nonannuitants and annuitant rates for those in payment
- Mortality basis (hourly participants): RP-2014 blue collar mortality rates at 2011, increased by 10.90 percent and based on employee rates for nonannuitants and annuitant rates for those in payment

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

Benefit Payments

Benefits are recorded when paid.

During 2017, lump-sum payment options were offered to all terminated vested participants in certain Plans. Approximate total payments under these options were as follows:

Crankshaft Plan	\$	23,000
Rotek Salary Plan		1,998,000
Rotek Hourly Plan		565,000
E&A Plan		7,550,000

Notes to Modified Cash Basis Financial Statements

December 31, 2017 and 2016

Note 2 - Summary of Significant Accounting Policies (Continued)

During 2016, a lump-sum payment option was offered to all terminated vested participants in the E&A Plan. Total payments under the option were approximately \$38,700,000.

Administrative Expenses

Various administrative expenses associated with the Plans were paid by the Company and its affiliates during the years ended December 31, 2017 and 2016.

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 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 modified cash basis statement of net assets available for benefits.

Use of Estimates

The preparation of financial statements in conformity with modified cash basis of accounting 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.

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 3, 2018, which is the date the financial statements were available to be issued.

Note 3 - Unaudited Information

The Bank of New York Mellon/BNY Mellon, N.A. (the "Trustee") holds the Master Trust's investments and executes all investment transactions. The investment balances and related investment results included in the accompanying financial statements, including master trust information summarized in Note 5, are based solely on information certified by the Trustee.

Certain assets of the Master Trust are in investment funds managed by The Bank of New York Mellon/BNY Mellon, N.A. or its affiliates. Since The Bank of New York Mellon/BNY Mellon, N.A. is the trustee of the Plans, these transactions qualify as party-in-interest transactions, as defined under ERISA guidelines. The market value of these investments was approximately \$63,000,000 and \$68,000,000 at December 31, 2017 and 2016, respectively.

ThyssenKrupp North America, Inc. Defined Benefit Plans

Notes to Modified Cash Basis Financial Statements

December 31, 2017 and 2016

Note 3 - Unaudited Information (Continued)

Aetna Life Insurance Company (Aetna) is the paying agent on behalf of the TKIS Plan. Certain investments of the TKIS Plan are managed by Aetna. As the paying agent, Aetna is a party in interest to the TKIS Plan.

Note 4 - Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by the independent actuary, Willis Towers Watson. The actuarial present value of accumulated plan benefits as of January 1, 2017 was as follows:

	TKIS Plan	Materials Plan	Crankshaft Plan	Rotek Salary Plan	Rotek Hourly Plan	E&A Plan
Actuarial present value of accumulated plan benefits:						
Vested benefits:						
Participants currently receiving benefit payments	\$ 11,578,178	\$ 12,622,196	\$ 8,489,864	\$ 8,429,480	\$ 4,941,055	\$ 262,552,766
Other vested participants	9,419,360	38,623,000	5,019,664	9,758,606	2,496,248	26,618,276
Total vested benefits	20,997,538	51,245,196	13,509,528	18,188,086	7,437,303	289,171,042
Nonvested benefits	222,278	1,166,486	18,402	832,878	565,720	208,851
Total actuarial present value of accumulated plan benefits	<u>\$21,219,816</u>	<u>\$52,411,682</u>	<u>\$13,527,930</u>	<u>\$19,020,964</u>	<u>\$ 8,003,023</u>	<u>\$ 289,379,893</u>

The following schedule summarizes the components of the change in actuarial present value of accumulated plan benefits for the year ended January 1, 2017:

	TKIS Plan	Materials Plan	Crankshaft Plan	Rotek Salary Plan	Rotek Hourly Plan	E&A Plan
Actuarial present value of accumulated plan benefits - Beginning of year	\$ 19,647,072	\$ 56,232,704	\$ 13,318,828	\$ 18,287,162	\$ 7,628,185	\$ 324,238,812
Increase (decrease) during the year attributable to:						
Benefits accumulated, including actuarial gains and losses	804,908	4,044,948	(31,437)	79,456	179,875	9,415,362
Interest due to the decrease in the discount period	1,408,852	3,864,267	851,419	1,274,045	517,204	19,793,720
Benefits paid	(1,082,102)	(11,887,542)	(837,070)	(834,512)	(492,898)	(66,309,388)
Change of assumptions	441,086	157,305	226,190	214,813	170,657	2,241,387
Net increase (decrease)	<u>1,572,744</u>	<u>(3,821,022)</u>	<u>209,102</u>	<u>733,802</u>	<u>374,838</u>	<u>(34,858,919)</u>
Actuarial present value of accumulated plan benefits - End of year	<u>\$21,219,816</u>	<u>\$ 52,411,682</u>	<u>\$13,527,930</u>	<u>\$19,020,964</u>	<u>\$ 8,003,023</u>	<u>\$ 289,379,893</u>

ThyssenKrupp North America, Inc. Defined Benefit Plans

Notes to Modified Cash Basis Financial Statements

December 31, 2017 and 2016

Note 4 - Accumulated Plan Benefits (Continued)

During the year ended January 1, 2017, the changes in actuarial assumptions to better reflect anticipated plan experience relate to the following:

- TKIS Plan: Increased by \$441,086 as a result of decreasing the discount rate from 7.10 percent to 6.90 percent
- Materials Plan: Increased by \$157,305 as a result of decreasing the discount rate from 7.40 percent to 7.30 percent
- Crankshaft Plan: Increased by \$226,190 as a result of decreasing the discount rate from 6.60 percent to 6.40 percent
- Rotek Salary Plan: Increased by \$214,813 as a result of decreasing the discount rate from 7.00 percent to 6.90 percent
- Rotek Hourly Plan: Increased by \$170,657 as a result of decreasing the discount rate from 6.90 percent to 6.70 percent
- E&A Plan: Increased by \$2,241,387 as a result of decreasing the discount rate from 6.80 percent to 6.70 percent

A plan amendment to the TKIS Plan to freeze the accrual of all benefits in the Plan as of December 31, 2017 is not reflected in the calculation of accumulated plan benefits above.

Note 5 - Interest in Master Trust

The Plans' investments are in various investment units held by the Master Trust, which was established for the investment of assets of the Plans and several other pension plans sponsored by affiliated participating employers of thyssenkrupp North America, Inc. Each participating retirement plan has an ownership interest in the investment units, which are described below. The assets of the Master Trust are held by the Trustee. Investment income is allocated to the individual plans based upon the plan's individual ownership of that associated investment unit. Administrative expenses relating to the Master Trust are allocated to the individual plans based upon their share in the net assets of the Master Trust. Any direct expense are paid directly by the Company.

The following tables represent the fair value of the investment units held by the Master Trust, including the Plans' ownership interests in each investment unit at December 31, 2017 and 2016:

	December 31, 2017												
	Master Trust Investment Unit Fair Value	TKIS Plan	Plan Ownership Interest Percent	Materials Plan	Plan Ownership Interest Percent	Crankshaft Plan	Plan Ownership Interest Percent	Rotek Salary Plan	Plan Ownership Interest Percent	Rotek Hourly Plan	Plan Ownership Interest Percent	E&A Plan	Plan Ownership Interest Percent
Opportunistic													
Master Trust Unit	\$188,353,494	\$10,024,928	5.00 %	\$18,240,068	10.00 %	\$ 5,688,507	3.00 %	\$ 6,737,531	4.00 %	\$ 2,371,597	1.00 %	\$ 63,739,203	34.00 %
Extended Duration													
Master Trust Unit	47,810,364	10,030,421	21.00	9,377,262	20.00	4,232,620	9.00	7,111,084	15.00	2,850,729	6.00	13,669,236	28.00
Cash/S.T. Bond													
Master Trust Unit	19,897,867	190,004	1.00	763,281	4.00	196,101	1.00	139,453	1.00	92,834	-	10,364,421	52.00
Fixed Income													
Master Trust Unit	225,067,544	-	-	-	-	1,467,109	1.00	1,229,611	1.00	957,466	-	87,226,823	39.00
Equity Master Trust Unit	224,918,475	11,504,077	5.00	23,749,664	11.00	2,730,012	1.00	7,125,623	3.00	2,816,398	1.00	94,447,716	42.00
Total	\$706,047,744	\$31,749,430	4.00 %	\$52,130,275	7.00 %	\$14,314,349	2.00 %	\$22,343,302	3.00 %	\$ 9,089,024	1.00 %	\$269,447,399	38.00 %

ThyssenKrupp North America, Inc. Defined Benefit Plans

Notes to Modified Cash Basis Financial Statements

December 31, 2017 and 2016

Note 5 - Interest in Master Trust (Continued)

	December 31, 2016												
	Master Trust Investment Unit Fair Value	TKIS Plan	Plan Ownership Interest Percent	Materials Plan	Plan Ownership Interest Percent	Crankshaft Plan	Plan Ownership Interest Percent	Rotek Salary Plan	Plan Ownership Interest Percent	Rotek Hourly Plan	Plan Ownership Interest Percent	E&A Plan	Plan Ownership Interest Percent
Opportunistic													
Master Trust Unit	\$178,084,384	\$ 9,043,338	5.00 %	\$16,090,096	9.00 %	\$ 5,603,701	3.00 %	\$ 6,322,311	4.00 %	\$ 2,293,946	1.00 %	\$ 55,952,022	31.00 %
Extended Duration													
Master Trust Unit	42,998,768	7,804,698	18.00	7,498,108	18.00	3,706,432	9.00	5,761,755	13.00	2,349,390	5.00	15,465,763	36.00
Cash/S.T. Bond													
Master Trust Unit	22,704,388	162,497	1.00	500,349	1.00	83,556	-	77,577	-	133,796	1.00	10,467,324	46.00
Fixed Income													
Master Trust Unit	216,005,567	-	-	-	-	1,316,354	1.00	1,009,595	-	859,080	-	84,064,117	39.00
Equity Master Trust Unit	221,096,387	10,023,895	5.00	22,997,462	11.00	2,486,603	1.00	8,187,108	4.00	3,021,438	1.00	92,297,854	42.00
Total	\$680,889,494	\$27,034,428	4.00 %	\$47,086,015	7.00 %	\$13,196,646	2.00 %	\$21,358,346	3.00 %	\$ 8,657,650	1.00 %	\$258,247,080	38.00 %

ThyssenKrupp North America, Inc. Defined Benefit Plans

Notes to Modified Cash Basis Financial Statements

December 31, 2017 and 2016

Note 5 - Interest in Master Trust (Continued)

The following table is a summary, at fair value, of the net assets of the investment units held by the Master Trust at December 31, 2017 and 2016:

	2017	2016
Assets		
Cash - Noninterest bearing:		
Opportunistic Master Trust Unit	\$ 831	\$ 1,550
Extended Duration Master Trust Unit	536,404	294,016
Cash/S.T. Bond Master Trust Unit	164	-
Fixed Income Master Trust Unit	1,869,024	1,323,072
Equity Master Trust Unit	16,188	2,623
Total cash - Noninterest bearing	2,422,611	1,621,261
Investments - At fair value:		
Interest-bearing cash:		
Extended Duration Master Trust Unit	764,921	312,095
Cash/S.T. Bond Master Trust Unit	19,006,046	8,259,320
Fixed Income Master Trust Unit	3,989,073	4,455,002
Equity Master Trust Unit	868,871	374,683
Total interest-bearing cash	24,628,911	13,401,100
Mutual funds:		
Opportunistic Master Trust Unit	106,197,315	76,533,774
Cash/S.T. Bond Master Trust Unit	862,306	14,408,381
Equity Master Trust Unit	20,041,381	20,512,297
Total mutual funds	127,101,002	111,454,452
Common collective trust funds:		
Opportunistic Master Trust Unit	65,044,586	89,292,613
Equity Master Trust Unit	93,840,095	167,031,143
Total common collective trust funds	158,884,681	256,323,756
Partnerships:		
Opportunistic Master Trust Unit	17,110,515	12,256,447
Fixed Income Master Trust Unit	33,957,780	29,137,065
Total partnerships	51,068,295	41,393,512
Fixed-income securities:		
Extended Duration Master Trust Unit	18,151,928	17,339,314
Fixed Income Master Trust Unit	158,738,011	140,095,475
Total fixed-income securities	176,889,939	157,434,789
Fixed-income securities - Loaned:		
Extended Duration Master Trust Unit	27,940,062	24,757,662
Fixed Income Master Trust Unit	22,552,809	37,211,492
Total fixed-income securities - Loaned	50,492,871	61,969,154
Common and preferred stocks:		
Extended Duration Master Trust Unit	176,502	162,427
Fixed Income Master Trust Unit	2,131,088	2,531,475
Equity Master Trust Unit	98,284,895	28,300,682
Total common and preferred stocks	100,592,485	30,994,584
Common and preferred stocks - Loaned -		
Equity Master Trust Unit	11,285,502	4,905,822
Total investments	700,943,686	677,877,169

ThyssenKrupp North America, Inc. Defined Benefit Plans

Notes to Modified Cash Basis Financial Statements

December 31, 2017 and 2016

Note 5 - Interest in Master Trust (Continued)

	2017	2016
Assets		
Collateral held under securities lending agreements - Money market funds:		
Extended Duration Master Trust Unit	\$ 28,568,467	\$ 25,284,629
Fixed Income Master Trust Unit	23,031,436	38,030,382
Equity Master Trust Unit	11,545,785	5,019,296
Total collateral held under securities lending agreements - Money market funds	63,145,688	68,334,307
Other assets:		
Opportunistic Master Trust Unit	247	-
Extended Duration Master Trust Unit	50,917	52,203
Cash/S.T. Bond Master Trust Unit	29,351	36,687
Fixed Income Master Trust Unit	1,588,916	1,721,387
Equity Master Trust Unit	529,999	57,406
Total other assets	2,199,430	1,867,683
Net receivable for security sales:		
Extended Duration Master Trust Unit	1,556,610	81,051
Fixed Income Master Trust Unit	240,843	61
Equity Master Trust Unit	439,020	176,138
Total net receivable for security sales	2,236,473	257,250
Total assets	770,947,888	749,957,670
Liabilities		
Obligations under securities lending agreements:		
Extended Duration Master Trust Unit	(28,568,467)	(25,284,629)
Fixed Income Master Trust Unit	(23,031,436)	(38,030,382)
Equity Master Trust Unit	(11,545,785)	(5,019,296)
Total obligations under securities lending agreements	(63,145,688)	(68,334,307)
Unsettled trades:		
Extended Duration Master Trust Unit	(1,366,980)	-
Fixed Income Master Trust Unit	-	(469,462)
Equity Master Trust Unit	(387,476)	(264,407)
Total unsettled trades	(1,754,456)	(733,869)
Total liabilities	(64,900,144)	(69,068,176)
Net Assets of the Master Trust		
Opportunistic Master Trust Unit	188,353,494	178,084,384
Extended Duration Master Trust Unit	47,810,364	42,998,768
Cash/S.T. Bond Master Trust Unit	19,897,867	22,704,388
Fixed Income Master Trust Unit	225,067,544	216,005,567
Equity Master Trust Unit	224,918,475	221,096,387
Total net assets of the Master Trust	\$ 706,047,744	\$ 680,889,494

ThyssenKrupp North America, Inc. Defined Benefit Plans

Notes to Modified Cash Basis Financial Statements

December 31, 2017 and 2016

Note 5 - Interest in Master Trust (Continued)

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 in fair value of investments:		
Opportunistic Master Trust Unit	\$ 20,654,921	\$ 13,413,508
Extended Duration Master Trust Unit	5,544,681	2,397,759
Cash/S.T. Bond Master Trust Unit	136,569	150,759
Fixed Income Master Trust Unit	17,049,694	15,406,087
Equity Master Trust Unit	41,269,158	24,856,420
Total net realized and unrealized gains in fair value of investments	84,655,023	56,224,533
Interest and dividends:		
Opportunistic Master Trust Unit	5,082,792	3,747,891
Extended Duration Master Trust Unit	208,163	302,628
Cash/S.T. Bond Master Trust Unit	260,578	504,811
Fixed Income Master Trust Unit	7,254,919	8,544,863
Equity Master Trust Unit	3,111,168	1,623,893
Total interest and dividends	15,917,620	14,724,086
Gain (loss) on derivative instruments:		
Extended Duration Master Trust Unit	308,391	(2,741)
Fixed Income Master Trust Unit	689,969	(360,246)
Equity Master Trust Unit	7,023	-
Total gain (loss) on derivative instruments	1,005,383	(362,987)
Securities lending income:		
Extended Duration Master Trust Unit	60,602	6,880
Cash/S.T. Bond Master Trust Unit	6,530	-
Fixed Income Master Trust Unit	75,942	86,837
Equity Master Trust Unit	12,899	23,484
Total securities lending income	155,973	117,201
Net investment income		
Opportunistic Master Trust Unit	25,737,713	17,161,399
Extended Duration Master Trust Unit	6,121,837	2,704,526
Cash/S.T. Bond Master Trust Unit	403,677	655,570
Fixed Income Master Trust Unit	25,070,524	23,677,541
Equity Master Trust Unit	44,400,248	26,503,797
Total net investment income	\$ 101,733,999	\$ 70,702,833

During 2016, one of the participating plans offered a one-time lump-sum payment to all participants in conjunction with the plan's termination. The transfer out of the Master Trust totaled approximately \$27,062,000.

Notes to Modified Cash Basis Financial Statements

December 31, 2017 and 2016

Note 5 - Interest in Master Trust (Continued)

Securities Lending

The Master Trust participates in a securities lending program with the Trustee for its U.S. and non-U.S. securities held in custody with the Trustee. The program allows up to \$100,000,000 of the qualified assets to be on loan at any given time. These securities are lent to certain unrelated third-party brokers in exchange for cash and noncash collaterals. U.S. assets and non-U.S. assets on loan are collateralized at 102 percent and 105 percent, respectively, of the assets' market value. Both the collateral and the securities loaned are marked-to-market on a daily basis, with additional collateral obtained or refunded as necessary. In the event that the loaned securities are not returned by the borrower, the bank will, at its own expense, either replace the loaned securities or, if unable to purchase those securities on the open market, credit the plan's accounts with cash equal to the fair value of the loaned securities.

The net assets of the investment units of the Master Trust reflect, as an asset, the collateral received under the securities lending arrangement with an offsetting liability representing the Master Trust's obligation to return the collateral to the borrower. The collateral received from borrowers totaled \$63,145,688 and \$68,334,307 as of December 31, 2017 and 2016, respectively. At December 31, 2017 and 2016, the entire balance received consisted of cash collateral, which was invested in a money market fund. In the event that a loaned security is called, the Master Trust will receive the market value of the asset in cash. The market value of loaned securities totaled \$61,778,373 and \$66,874,976 at December 31, 2017 and 2016, respectively.

Derivative Instruments

The Master Trust is party to certain agreements, which are designed to manage exposure to interest rate risks. The interest rate instruments are used for the purpose of hedging changes in the fair value of assets that result from interest rate changes, or as an efficient substitute for traditional securities. The notional amount represents the contract amount, not the amount at risk. The notional amount of interest rate instruments was approximately \$13,650,000 and \$14,740,000 at December 31, 2017 and 2016, respectively. Management has elected to present derivative information on a gross basis when subject to master netting arrangements. The estimated fair value of derivative instruments at December 31, 2017 and 2016 is insignificant. For the years ended December 31, 2017 and 2016, a gain of \$1,005,383 and loss of \$362,987, respectively, attributable to derivative instruments was recognized as investment gain (loss) in the statement of changes in net assets available for benefits.

The investment managers, on behalf of the Master Trust, manage its foreign currency and interest rate counterparty credit risks by limiting exposure to and by monitoring the financial condition of each counterparty. In the unlikely event that a counterparty fails to meet the terms of a foreign currency or an interest rate instrument, the Master Trust's risk is limited to the fair value of the instrument.

Note 6 - Fair Value Measurements

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

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

Level 1

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

Notes to Modified Cash Basis Financial Statements

December 31, 2017 and 2016

Note 6 - Fair Value Measurements (Continued)

Level 2

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

Level 3

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

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 Master Trust's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

The Master Trust's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer. There were no significant transfers between levels of the fair value hierarchy during 2017 and 2016.

Master Trust Assets at December 31, 2017			
	Master Trust Balance	Level 1	Level 2
Investments at fair value:			
Mutual funds	\$ 127,101,002	\$ 127,101,002	\$ -
Common and preferred stocks	111,877,987	111,877,987	-
Debt securities	227,382,810	103,179,297	124,203,513
Money market fund	63,145,688	-	63,145,688
Interest-bearing cash	24,628,911	-	24,628,911
Total	554,136,398	<u>\$ 342,158,286</u>	<u>\$ 211,978,112</u>
Investments measured at NAV:			
Common collective trust funds	158,884,681		
Partnerships	51,068,295		
Total investments at fair value	<u>\$ 764,089,374</u>		

ThyssenKrupp North America, Inc. Defined Benefit Plans

Notes to Modified Cash Basis Financial Statements

December 31, 2017 and 2016

Note 6 - Fair Value Measurements (Continued)

	Master Trust Assets at December 31, 2016		
	Master Trust Balance	Level 1	Level 2
Investments at fair value:			
Mutual funds	\$ 111,454,452	\$ 111,454,452	\$ -
Common and preferred stocks	35,900,406	35,900,406	-
Debt securities	219,403,943	88,261,897	131,142,046
Money market fund	68,334,307	-	68,334,307
Interest-bearing cash	13,401,100	-	13,401,100
Total	448,494,208	<u>\$ 235,616,755</u>	<u>\$ 212,877,453</u>
Investments measured at NAV:			
Common collective trust funds	256,323,756		
Partnerships	41,393,512		
Total investments at fair value	<u>\$ 746,211,476</u>		

Investments in Entities that Calculate Net Asset Value per Share

The Master Trust holds shares or interests in investment companies at year end whereby the fair value of the investment held is estimated based on the net asset value per share (or its equivalent) of the investment company.

At December 31, 2017 and 2016, the fair value, unfunded commitments, and redemption rules of those investments are as follows:

	December 31, 2017	December 31, 2016			
	Fair Value	Fair Value	Unfunded Commitments	Redemption Frequency, if Eligible	Redemption Notice Period (in Business Days)
Common collective trust funds:					
Equity investments (1)	\$ 93,840,095	\$ 167,031,143	\$ -	Daily	1-2
Balanced investments (2)	65,044,586	89,292,613	-	Daily - Monthly	3-30
Partnerships:					
GMO Multi-Strategy Fund (Offshore), L.P. (3)	17,110,515	12,256,447	-	Monthly	5
Western Asset Global Multi- Strategy LLC (4)	33,957,780	29,137,065	-	Daily	15
Total	<u>\$ 209,952,976</u>	<u>\$ 297,717,268</u>	<u>\$ -</u>		

- (1) This class represents investments in actively managed common collective trust funds that invest primarily in equity securities, which may include common stocks, options, and futures.
- (2) This class represents investments in actively managed common collective trust funds with investments in both equity and debt securities. The investments may include common stock, corporate bonds, U.S. and non-U.S. municipal securities, interest rate swaps, options, and futures.
- (3) GMO Multi-Strategy Fund (Offshore), L.P. invests in various investment funds seeking a variety of investment strategies, including common stock, depository receipts, bonds (including sovereign debt of emerging countries), commodities, currencies, forwards, futures, options, and swap agreements.

Notes to Modified Cash Basis Financial Statements

December 31, 2017 and 2016

Note 6 - Fair Value Measurements (Continued)

- (4) Western Asset Global Multi Strategy, LLC invests primarily in global fixed-income securities in both developed and emerging market countries that are generally rated at least BBB by Standard & Poor's or equivalent quality.

The TKIS Plan also invests in a money market fund. The fair value of the money market fund, a short-term investment, is based primarily on Level 2 inputs, as described above and in Note 2.

Note 7 - Tax Status

The Plans have each received a determination letter from the Internal Revenue Service indicating that each plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Accordingly, no provision for income taxes has been made in the accompanying financial statements. Although certain plans have been amended since receiving the determination letters, management believes that each plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Note 8 - Plan Termination

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

SCHEDULE SB ATTACHMENTS

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

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		1		2		0		0		0		0		0		0		0	
30 - 34	0		3		1		1		0		0		0		0		0		0	
35 - 39	0		3		2		3		0		0		0		0		0		0	
40 - 44	0		3		2		0		1		0		0		0		0		0	
45 - 49	0		4		2		7		0		0		0		0		0		0	
50 - 54	0		5		3		5		2		2		0		1		0		0	
55 - 59	0		8		5		1		2		2		0		0		1		0	
60 - 64	0		2		6		3		2		2		0		1		0		0	
65 - 69	0		2		2		0		1		0		1		0		0		0	
70 & Over	0		1		0		0		0		0		0		0		0		0	

Plan Name:	ThyssenKrupp Industrial Solutions (USA) Inc. Retirement Plan
EIN / PN:	39-1858155/003
Plan Sponsor:	thyssenkrupp Industrial Solutions (USA) Inc.
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

■ Applicable month September

■ Interest rate basis 3-Segment Rates

Interest rates	Reflecting Corridors	Not Reflecting Corridors
----------------	-------------------------	-----------------------------

■ First segment rate	4.16%	1.52%
----------------------	-------	-------

■ Second segment rate	5.72%	3.80%
-----------------------	-------	-------

■ Third segment rate	6.48%	4.79%
----------------------	-------	-------

■ Effective interest rate	5.91%	4.13%
---------------------------	-------	-------

Annual rates of increase

■ Compensation: 3.50%

■ Future Social Security wage bases Not applicable

■ Statutory limits on compensation No provisions made for future increases

Administrative expenses

The amount included this year for administrative expenses is \$34,295, which is the average of the prior three years' administrative expenses.

Plan Name: ThyssenKrupp Industrial Solutions (USA) Inc. Retirement Plan
EIN / PN: 39-1858155/003
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Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

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

Mortality

■ **Healthy** Single blended table of rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2032 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2024 using Scale AA).

■ **Disabled** None

Termination Rates varying by age and gender

Representative Termination Rates

Percentage leaving during the year		
Attained Age	Males	Females
20	8.00	8.00
25	8.00	8.00
30	6.83	6.83
35	5.67	5.67
40	4.50	4.50
45	3.33	3.33
50	2.17	2.17
55	1.00	1.00
60	0.00	0.00
65	0.00	0.00

Disability None.

Retirement It is assumed that participants will retire upon becoming eligible for normal retirement.

Plan Name: ThyssenKrupp Industrial Solutions (USA) Inc. Retirement Plan
EIN / PN: 39-1858155/003
Plan Sponsor: thyssenkrupp Industrial Solutions (USA) Inc.
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Benefit commencement date:

- | | |
|-------------------------------|---|
| ■ Preretirement death benefit | The later of the death of the active participant or the date the participant would have attained age 55 |
| ■ Deferred vested benefit | Age 65 |
| ■ Disability benefit | Age 65 |
| ■ Retirement benefit | Immediately upon retirement |

Form of payment For all non-retired participants, a modified cash refund annuity was valued. It is assumed that 50% of retirees will elect the 100% joint and survivor form of payment.

Percent married For non-retired participants, 100% were assumed to be married.

Spouse age Wives three years younger than husband.

Covered pay Compensation assumed paid in the current year beginning on the valuation date is the current annual rate of pay.

Timing of benefit payments Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Plan Name:	ThyssenKrupp Industrial Solutions (USA) Inc. Retirement Plan
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Plan Sponsor:	thyssenkrupp Industrial Solutions (USA) Inc.
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SCHEDULE SB ATTACHMENTS

Methods

Valuation date

First day of plan year

Funding target

Present value of accrued benefits as required by regulations under IRC §430.

Target normal cost

Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

Actuarial value of assets [for determining minimum required contributions]

Average of the fair market value of assets on the valuation date and the dates 12 and 24 months before the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 7.20% for the 2015 plan year and 7.10% for the 2016 plan year. The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.)

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

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. Willis Towers Watson has reviewed the plan provisions with thyssenkrupp Industrial Solutions (USA), Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

Plan Name: ThyssenKrupp Industrial Solutions (USA) Inc. Retirement Plan
EIN / PN: 39-1858155/003
Plan Sponsor: thyssenkrupp Industrial Solutions (USA) Inc.
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Data Sources

Willis Towers Watson used asset data supplied by the trustee, thyssenkrupp Industrial Solutions (USA), Inc. furnished participant data as of the valuation date. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the company, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

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

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by termination patterns different than assumed. Assumed termination rates differ by age because of expected differences in termination rates by age.
Retirement	Retirement rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.

Plan Name:	ThyssenKrupp Industrial Solutions (USA) Inc. Retirement Plan
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SCHEDULE SB ATTACHMENTS

Form of payment	The percentage of retiring participants assumed to take joint and survivor annuities is based on observed experience over recent periods with annual review.
Percent married	The assumed percentage married is based on a blending of marital statuses of recent retirees and changes expected to occur in marriage patterns of retirement age individuals in the future.
Spouse age	The assumed age difference for spouses is based on general population statistics of the age difference for married individuals of retirement age.

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Plan Name: ThyssenKrupp Industrial Solutions (USA) Inc. Retirement Plan
EIN / PN: 39-1858155/003
Plan Sponsor: thyssenkrupp Industrial Solutions (USA) Inc.
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods

Change in assumptions since prior valuation

The following changes in assumptions were made as part of this valuation:

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2015 to September 2016, which was subsequently revised by applying the corridors of HATFA.
- The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.
- The assumed plan-related expenses added to the target normal cost were changed from \$29,235 for 2016 to \$34,295 for 2017.
- The expected rate of earnings for purposes of development of the actuarial value of assets as of January 1, 2017 was changed from 7.20% for the 2015 plan year to 7.10% for the 2016 plan year. The expected rate of earnings for the 2017 plan year is 6.90%.

Change in methods since prior valuation

None

Plan Name: ThyssenKrupp Industrial Solutions (USA) Inc. Retirement Plan
EIN / PN: 39-1858155/003
Plan Sponsor: thyssenkrupp Industrial Solutions (USA) Inc.
Valuation Date: January 1, 2017

ThyssenKrupp North America, Inc. Defined Benefit Plans

ThyssenKrupp Industrial Solutions (USA), Inc. Retirement Plan Schedule of Reportable Transactions - Modified Cash Basis

Form 5500, Schedule H, Line 4j
EIN 39-1858155, Plan No. 003
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:						
Aetna Life Insurance Company	Money Market Insight Fund - Purchase	\$ 300,000	\$ -	\$ 300,000	\$ 300,000	\$ -
Aetna Life Insurance Company	Money Market Insight Fund - Purchase	250,000	-	250,000	250,000	-
Aetna Life Insurance Company	Money Market Insight Fund - Purchase	250,000	-	250,000	250,000	-
Aetna Life Insurance Company	Money Market Insight Fund - Purchase	250,000	-	250,000	250,000	-
Aetna Life Insurance Company	Money Market Insight Fund - Sale	-	28,254	28,254	28,254	-
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:						
Aetna Life Insurance Company	Money Market Insight Fund:					
	Purchases - 4	1,050,000	-	1,050,000	1,050,000	-
	Sales - 960	-	1,241,392	1,241,392	1,241,392	-

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

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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 ThyssenKrupp Industrial Solutions (USA), Inc. Retirement Plan	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF thyssenkrupp Industrial Solutions (USA), Inc.	D Employer Identification Number (EIN) 39-1858155	
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	27,520,229
b Actuarial value			2b	28,099,684
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		79	11,980,467	11,980,467
b For terminated vested participants		51	1,834,489	1,834,489
c For active participants		95	8,176,255	8,487,359
d Total		225	21,991,211	22,302,315
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	5.91%
6 Target normal cost			6	852,180

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	Thomas G. Fields Signature of actuary	<u>10/11/2018</u> Date 1705317
Thomas G. Fields Type or print name of actuary Towers Watson Delaware Inc. Firm name		Most recent enrollment number 901-930-0000 Telephone number (including area code)
3340 Players Club Parkway Suite 200 Memphis TN 38125 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

Part III	Funding Percentages		
14	Funding target attainment percentage	14	88.37%
15	Adjusted funding target attainment percentage	15	125.99%
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	104.47%
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

18 Contributions made to the plan for the plan year by employer(s) and employees:

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	
01/10/2017	50,000	0				
01/17/2017	250,000	0				
03/13/2017	50,000	0				
04/13/2017	250,000	0				
06/14/2017	50,000	0				
06/15/2017	250,000	0				
09/13/2017	50,000	0				
09/15/2017	250,000	0				
			Totals ►	18(b)	1,200,000	18(c)

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	1,175,052

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	

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 65
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	852,180
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
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	852,180
	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	852,180
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	1,175,052
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	322,872
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	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2017

Each participant is assumed to retire at a single retirement age which is entered on Line 22.

Plan Name:	ThyssenKrupp Industrial Solutions (USA) Inc. Retirement Plan
EIN / PN:	39-1858155/003
Plan Sponsor:	thyssenkrupp Industrial Solutions (USA) Inc.
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	thyssenkrupp Industrial Solutions (USA) Inc.
EIN/PN	39-1858155 / 003
Plan Name	ThyssenKrupp Industrial Solutions (USA) Inc. Retirement Plan
Valuation Date	January 1, 2017
Enrolled Actuary	Thomas G. Fields
Enrollment Number	17-05317

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The Plan was restated on December 1, 2001. The last amendment reflected herein is Amendment Number 37 effective March 31, 2014.

Participation date Participation is closed to employees hired after December 31, 2013 and those who do not meet participation requirements by January 1, 2015.

Definitions

Plan Year	The twelve-month period ending December 31.
Eligibility Requirements	Completion of one Year of Service. Age 21. Has made a written agreement to make Participant Contributions. Effective January 1, 2006, period of Service is granted during which the Employee elected to make contributions.
Years of Credited Service	Years and complete months of service, beginning on Employment Commencement Date. Prior to January 1, 2006, period of Service is granted during which the Employee elected to make contributions.
Average earnings	Final average earning is determined based on the highest five consecutive years pay out of the most recent 10 years compensation.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65.

Plan Name:	ThyssenKrupp Industrial Solutions (USA) Inc. Retirement Plan
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Plan Sponsor:	thyssenkrupp Industrial Solutions (USA) Inc.
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Accrued benefit

Effective January 1, 2006

One and one-half percent (1.5%) of Final Average Earnings multiplied by the number of Years of Credited Service, prior to January 1, 2006 plus one percent (1.0%) of Final Average Earnings multiplied by Years of Credited Service after December 31, 2005.

In no event shall a Participant's Accrued Benefit be less than the Benefit Attributable to Participant Contributions.

Normal form of payment

The Normal Form of Payment is a modified cash refund annuity.

For married participants:

The Normal Form of Payment must be elected with spousal consent. If no election is made, then the form of payment is automatically a joint and 50% contingent annuity with the spouse as the co-pensioner. This form of payment is actuarially equivalent to the Normal Form of Payment.

Eligibility for Benefits

Normal retirement

Attainment of age 65.

Early retirement

Attainment of age 55.

Postponed retirement

Any age after attaining Normal Retirement Age.

Vested termination

Completion of at least five Years of Service. A participant will also become vested upon attainment of Early Retirement Age (age 55).

Preretirement death benefit

All participants are eligible for Death benefits under the plan.

Benefits Paid Upon the Following Events

Normal retirement

Accrued benefit at Normal Retirement.

Plan Name: ThyssenKrupp Industrial Solutions (USA) Inc. Retirement Plan
EIN / PN: 39-1858155/003
Plan Sponsor: thyssenkrupp Industrial Solutions (USA) Inc.
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Early retirement

The monthly pension benefit determined as of the early retirement date, reducing according to the factors from the following table:

Attained age	Factor
64	91.6%
63	84.1%
62	77.5%
61	71.5%
60	66.3%
59	61.5%
58	57.2%
57	53.3%
56	49.8%
55	46.6%

Postponed retirement

Accrued Benefit using continued Years of Service and Total Annual Compensation.

Vested termination

The monthly pension benefit determined as of the termination date. If eligible, the participant may elect to commence benefits under the Early Retirement section of the plan (As early as 55).

Preretirement death

The participant's surviving spouse shall receive the spousal benefit of the 100% joint and contingent benefit based upon the Accrued Benefit at date of death payable at what would have been the participant's Normal Retirement Date. If eligible, the benefit may be paid on a reduced basis on what would have been the participant's earliest Early Retirement Date.

Other Plan Provisions

Forms of payment

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Available optional forms include a social security adjustment option, a 66 $\frac{2}{3}$ % joint and survivor option, a 75% joint and survivor annuity, a 100% joint and survivor annuity, a ten-year certain and life annuity, or (for married participants) a life annuity. Actuarial equivalence is based

Plan Name: ThyssenKrupp Industrial Solutions (USA) Inc. Retirement Plan
EIN / PN: 39-1858155/003
Plan Sponsor: thyssenkrupp Industrial Solutions (USA) Inc.
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

	on an interest rate of 4 $\frac{1}{2}$ % and the 1951 Group Annuity Mortality Table with a 6-year setback for the participant and a 1-year setback for the spouse.
Pension Increases	None
Plan participants' contributions	2.25% of Earnings. Effective January 1, 2006, employee contributions are no longer required or allowed.
Maximum limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions. Willis Towers Watson is not aware of any future plan changes that are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Substantive Commitment

None.

Plan Name:	ThyssenKrupp Industrial Solutions (USA) Inc. Retirement Plan
EIN / PN:	39-1858155/003
Plan Sponsor:	thyssenkrupp Industrial Solutions (USA) Inc.
Valuation Date	January 1, 2017

ThyssenKrupp North America, Inc. Defined Benefit Plans

**ThyssenKrupp Industrial Solutions (USA), Inc. Retirement Plan
Schedule of Assets Held at End of Year - Modified Cash Basis**

**Form 5500, Schedule H, Line 4i
EIN 39-1858155, Plan No. 003
December 31, 2017**

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Aetna Life Insurance Company	Money Market Insight Fund	\$ 294,410	\$ 294,410

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

The expected rate of earnings for purposes of development of the actuarial value of assets as of January 1, 2017 was changed from 7.20% for the 2015 plan year to 7.10% for the 2016 plan year. The expected rate of earnings for the 2017 plan year is 6.90%.

Plan Name:	ThyssenKrupp Industrial Solutions (USA) Inc. Retirement Plan
EIN / PN:	39-1858155/003
Plan Sponsor:	thyssenkrupp Industrial Solutions (USA) Inc.
Valuation Date	January 1, 2017