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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

|                                                                                                                |                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I Annual Report Identification Information</b>                                                         |                                                                                                                                                                                                                                                                                                                                           |
| For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>       |                                                                                                                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                            | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                                | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                     |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . . <input checked="" type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                           |
| <b>D</b> Check box if filing under:                                                                            | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                    |

|                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|
| <b>Part II Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                               |                                                                     |                                                                  |
| <b>1a</b> Name of plan<br><u>AK STEEL CORPORATION THRIFT PLAN - PLAN DOCUMENT C</u>                                                                                                                                                                                                                                                                                  | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>007</u>                                                       |
|                                                                                                                                                                                                                                                                                                                                                                      | <b>1c</b> Effective date of plan                                    | <u>01/01/1979</u>                                                |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>AK STEEL CORPORATION</u><br><br><u>9227 CENTRE POINTE DRIVE</u><br><u>WEST CHESTER, OH 45069</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>31-1267098</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>513-425-5000</u> |
|                                                                                                                                                                                                                                                                                                                                                                      | <b>2d</b> Business code (see instructions)<br><u>331110</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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/13/2019 | STEPHANIE BISSELBERG                                         |
|                  | <b>Signature of plan administrator</b>            | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/13/2019 | STEPHANIE BISSELBERG                                         |
|                  | <b>Signature of employer/plan sponsor</b>         | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | <b>Signature of DFE</b>                           | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2018)  
v. 171027

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br><b>BENEFIT PLAN ADMINISTRATIVE COMMITTEE</b><br><br><b>9227 CENTRE POINTE DRIVE</b><br><b>WEST CHESTER, OH 45069</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>3b</b> Administrator's EIN<br><b>31-1267098</b><br><br><b>3c</b> Administrator's telephone number<br><b>513-425-5000</b><br><br><div style="background-color: #cccccc; height: 40px;"></div>                                               |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                             |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 6127                                                                                                                                                                                                                                 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; margin-bottom: 5px;"></div> <b>6a(1)</b> 5297<br><b>6a(2)</b> 5418<br><b>6b</b> 0<br><b>6c</b> 801<br><b>6d</b> 6219<br><b>6e</b> 24<br><b>6f</b> 6243<br><b>6g</b> 4727<br><b>6h</b> 21 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7</b>                                                                                                                                                                                                                                      |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><b>2E 2F 2G 2J 2K 3H</b><br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                               |

|                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2018                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018 |                                                      |     |
| A Name of plan<br>AK STEEL CORPORATION THRIFT PLAN - PLAN DOCUMENT C                       | B Three-digit plan number (PN) ▶                     | 007 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>AK STEEL CORPORATION             | D Employer Identification Number (EIN)<br>31-1267098 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

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

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

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

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

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

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**(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)

THE KIECKHEFER GROUP

13400 BISHOPS LANE  
SUITE 70  
BROOKFIELD, WI 53005

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16                     | CONSULTANT                                                                                        | 34484                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

GRAYDON HEAD & RITCHEY LLP

31-0565234

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29                     | LEGAL COUNSEL                                                                                     | 25823                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

PLANTE & MORAN, PLLC

38-1357951

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | AUDITING/ACCOUNTING                                                                               | 12400                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

**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)

T. ROWE PRICE RPS INC

100 EAST PRATT STREET  
BALTIMORE, MD 21202

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 33 37 49 55 71         | TRUSTEE/RECORD KEEPER                                                                             | 5950                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                       |  |                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <div>SCHEDULE D<br/>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> |  | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> |                                                                                                        | <div>OMB No. 1210-0110</div> <div>2018</div> <div>This Form is Open to Public Inspection.</div> |  |
| For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018                                                                                            |  |                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                 |  |
| A Name of plan<br>AK STEEL CORPORATION THRIFT PLAN - PLAN DOCUMENT C                                                                                                                  |  |                                                                                                                                                                                                                                   |                                                                                                        | B Three-digit plan number (PN) ▶ 007                                                            |  |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>AK STEEL CORPORATION                                                                                                 |  |                                                                                                                                                                                                                                   |                                                                                                        | D Employer Identification Number (EIN)<br>31-1267098                                            |  |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)      |  |                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: AK STEEL THRIFT PLAN MASTER TRUST                                                                                                             |  |                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                 |  |
| b Name of sponsor of entity listed in (a): AK STEEL CORPORATION                                                                                                                       |  |                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                 |  |
| c EIN-PN 31-1267098-018                                                                                                                                                               |  | d Entity code M                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 419575075 |                                                                                                 |  |
| 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)           |                                                                                                 |  |
| 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)           |                                                                                                 |  |
| 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  
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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  
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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  
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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  
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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

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| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2018 or fiscal plan year beginning <b>01/01/2018</b> and ending <b>12/31/2018</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>AK STEEL CORPORATION THRIFT PLAN - PLAN DOCUMENT C</b>                       | <b>B</b> Three-digit plan number (PN) ►                            | <b>007</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>AK STEEL CORPORATION</b>             | <b>D</b> Employer Identification Number (EIN)<br><b>31-1267098</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                            | <b>1b(1)</b>    | 67126                 | 92096           |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    | 537470                | 656817          |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    | 0                     | 0               |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common.....                                                                            | <b>1c(4)(B)</b> | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property).....                                   | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans.....                                                                 | <b>1c(8)</b>    | 14686843              | 15507528        |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    | 0                     | 0               |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   | 449208044             | 419575075       |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 0                     | 0               |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   | 0                     | 0               |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property .....                                     | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 464499483             | 435831516       |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 0 | 0 |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 0 | 0 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> | 0 | 0 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 0 | 0 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 464499483 | 435831516 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**Part II Income and Expense Statement**

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

**Income****a Contributions:**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 8161254    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 18172008   |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 576400     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    | 0          | 26909662  |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            |           |

**b Earnings on investments:****(1) Interest:**

|                                                                                                      |                 |        |        |
|------------------------------------------------------------------------------------------------------|-----------------|--------|--------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> | 0      | 856866 |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> | 0      |        |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> | 0      |        |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> | 0      |        |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> | 856866 |        |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> | 0      |        |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |        | 856866 |

|                                                                                           |                 |   |   |
|-------------------------------------------------------------------------------------------|-----------------|---|---|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> | 0 |   |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> | 0 |   |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> | 0 |   |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |   | 0 |

|                 |              |  |   |
|-----------------|--------------|--|---|
| (3) Rents ..... | <b>2b(3)</b> |  | 0 |
|-----------------|--------------|--|---|

|                                                                                           |                 |   |   |
|-------------------------------------------------------------------------------------------|-----------------|---|---|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> | 0 |   |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> | 0 |   |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |   | 0 |

|                                                                                                    |                 |   |   |
|----------------------------------------------------------------------------------------------------|-----------------|---|---|
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                 | <b>2b(5)(A)</b> | 0 | 0 |
| <b>(B)</b> Other .....                                                                             | <b>2b(5)(B)</b> | 0 |   |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> ..... | <b>2b(5)(C)</b> |   |   |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            | 0         |
| (7) Net investment gain (loss) from pooled separate accounts .....                             | 2b(7)  |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts .....                     | 2b(8)  |            | -14094401 |
| (9) Net investment gain (loss) from 103-12 investment entities .....                           | 2b(9)  |            | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 0         |
| c Other income.....                                                                            | 2c     |            | 0         |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....              | 2d     |            | 13672127  |

**Expenses**

|                                                                                      |       |          |          |
|--------------------------------------------------------------------------------------|-------|----------|----------|
| e Benefit payment and payments to provide benefits:                                  |       |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 42247782 |          |
| (2) To insurance carriers for the provision of benefits .....                        | 2e(2) | 0        |          |
| (3) Other .....                                                                      | 2e(3) | 0        |          |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                         | 2e(4) |          | 42247782 |
| f Corrective distributions (see instructions) .....                                  | 2f    |          | 13624    |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |          | 0        |
| h Interest expense .....                                                             | 2h    |          | 0        |
| i Administrative expenses: (1) Professional fees.....                                | 2i(1) | 78688    |          |
| (2) Contract administrator fees.....                                                 | 2i(2) | 0        |          |
| (3) Investment advisory and management fees.....                                     | 2i(3) | 0        |          |
| (4) Other .....                                                                      | 2i(4) | 0        |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                  | 2i(5) |          | 78688    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |          | 42340094 |

**Net Income and Reconciliation**

|                                                          |       |  |           |
|----------------------------------------------------------|-------|--|-----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | -28667967 |
| l Transfers of assets:                                   |       |  |           |
| (1) To this plan.....                                    | 2l(1) |  | 0         |
| (2) From this plan.....                                  | 2l(2) |  | 0         |

**Part III Accountant's Opinion**

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

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

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

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

☒ Yes ☐ No

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

(1) Name: 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   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          |     | X  |          |
| <b>4c</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                |     | X  |          |
| <b>4d</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 10000000 |
| <b>4e</b>                                                                                                                                                                                                                     | X   |    | 10000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |          |
| <b>4f</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....                                                     |     | X  |          |
| <b>4g</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....                                           |     | X  |          |
| <b>4h</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |          |
| <b>4i</b>                                                                                                                                                                                                                     | X   |    |          |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... |     | X  |          |
| <b>4j</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |          |
| <b>4k</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             |     | X  |          |
| <b>4l</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     | X  |          |
| <b>4m</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>n</b> 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. ....                                      |     |    |          |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |          |

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

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

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

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

|                                                                                              |                                                                    |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>AK STEEL CORPORATION THRIFT PLAN - PLAN DOCUMENT C</u>           | <b>B</b> Three-digit plan number (PN) ▶<br><u>007</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>AK STEEL CORPORATION</u> | <b>D</b> Employer Identification Number (EIN)<br><u>31-1267098</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....                                                                                                                             | <b>1</b> |  |
| <b>2</b> 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):<br><br>EIN(s): <u>52-1481931</u> |          |  |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |  |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                   | <b>3</b> |  |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                              |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                             |                              |
| <b>c</b> 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) .....                                                                                                                                                                                                            | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2018  
v. 171027

**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 .....

**b** The plan year immediately preceding the current plan year .....

**c** The second preceding plan year .....

**14a****14b****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 .....

**b** The corresponding number for the second preceding plan year .....

**15a****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 .....

**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 .....

**16a****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):

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## AK Steel Corporation Thrift Plans

AK Steel Corporation Thrift Plan - Plan Document A

AK Steel Corporation Thrift Plan - Plan Document B

AK Steel Corporation Thrift Plan - Plan Document C

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**Financial Report**  
**December 31, 2018**

## **AK Steel Corporation Thrift Plans**

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## **Independent Auditor's Report**

To the Plan Administrator  
AK Steel Corporation Thrift Plans

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of AK Steel Corporation Thrift Plan - Plan Document A, AK Steel Corporation Thrift Plan - Plan Document B, and AK Steel Corporation Thrift Plan - Plan Document C (collectively, the "Plans"), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017 and the related statements of changes in net assets available for benefits for the year ended December 31, 2018, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

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

### ***Auditor's Responsibility***

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

### ***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by T. Rowe Price Trust Company (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 participant notes receivable and executes related transactions. The plan administrator has obtained certifications from the Trustee as of December 31, 2018 and 2017 and for the year ended December 31, 2018 that the information provided to the plan administrator is complete and accurate.

### ***Disclaimer of Opinion***

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

### ***Other Matter***

The supplemental schedule of assets held at end of year - AK Steel Corporation Thrift Plan - Plan Document A, supplemental schedule of assets held at end of year - AK Steel Corporation Thrift Plan - Plan Document B, and supplemental schedule of assets held at end of year - AK Steel Corporation Thrift Plan - Plan Document C are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

To the Plan Administrator  
AK Steel Corporation Thrift Plans

**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*

Cincinnati, Ohio  
September 9, 2019

## AK Steel Corporation Thrift Plans

### Statements of Net Assets Available for Benefits

December 31, 2018 and 2017

|                                                                                                                       | 2018                                               |                                                    |                                                    | 2017                                               |                                                    |                                                    |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------|----------------------------------------------------|----------------------------------------------------|----------------------------------------------------|----------------------------------------------------|
|                                                                                                                       | AK Steel Corporation Thrift Plan - Plan Document A | AK Steel Corporation Thrift Plan - Plan Document B | AK Steel Corporation Thrift Plan - Plan Document C | AK Steel Corporation Thrift Plan - Plan Document A | AK Steel Corporation Thrift Plan - Plan Document B | AK Steel Corporation Thrift Plan - Plan Document C |
| <b>Assets</b>                                                                                                         |                                                    |                                                    |                                                    |                                                    |                                                    |                                                    |
| Participant-directed investments - Interest in the AK Steel Corporation Thrift Plans Master Trust - At fair value     | \$ 456,108,078                                     | \$ 5,653,526                                       | \$ 336,327,093                                     | \$ 482,019,591                                     | \$ 5,785,990                                       | \$ 363,081,665                                     |
| Participant-directed investments - Interest in the AK Steel Corporation Thrift Plans Master Trust - At contract value | 91,564,199                                         | 2,196,657                                          | 83,247,982                                         | 94,712,214                                         | 2,284,350                                          | 86,126,379                                         |
| Total participant-directed investments                                                                                | 547,672,277                                        | 7,850,183                                          | 419,575,075                                        | 576,731,805                                        | 8,070,340                                          | 449,208,044                                        |
| Contributions receivable:                                                                                             |                                                    |                                                    |                                                    |                                                    |                                                    |                                                    |
| Employee                                                                                                              | 156,745                                            | 2,456                                              | 656,817                                            | 135,579                                            | 2,015                                              | 537,470                                            |
| Employer                                                                                                              | 162,510                                            | 972                                                | 92,096                                             | 148,258                                            | 771                                                | 67,126                                             |
| Total contributions receivable                                                                                        | 319,255                                            | 3,428                                              | 748,913                                            | 283,837                                            | 2,786                                              | 604,596                                            |
| Participant notes receivable                                                                                          | 6,158,859                                          | 37,287                                             | 15,507,528                                         | 6,041,619                                          | 58,510                                             | 14,686,843                                         |
| <b>Net Assets Available for Benefits</b>                                                                              | <b>\$ 554,150,391</b>                              | <b>\$ 7,890,898</b>                                | <b>\$ 435,831,516</b>                              | <b>\$ 583,057,261</b>                              | <b>\$ 8,131,636</b>                                | <b>\$ 464,499,483</b>                              |

## AK Steel Corporation Thrift Plans

### Statements of Changes in Net Assets Available for Benefits

Year Ended December 31, 2018

|                                                                                            | AK Steel<br>Corporation<br>Thrift Plan - Plan<br>Document A | AK Steel<br>Corporation<br>Thrift Plan - Plan<br>Document B | AK Steel<br>Corporation<br>Thrift Plan - Plan<br>Document C |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|
| <b>Additions</b>                                                                           |                                                             |                                                             |                                                             |
| Contributions:                                                                             |                                                             |                                                             |                                                             |
| Employee                                                                                   | \$ 19,571,557                                               | \$ 109,349                                                  | \$ 18,172,008                                               |
| Employer                                                                                   | 18,169,551                                                  | 52,884                                                      | 8,161,254                                                   |
| Rollovers                                                                                  | 2,255,176                                                   | -                                                           | 576,400                                                     |
| Total contributions                                                                        | 39,996,284                                                  | 162,233                                                     | 26,909,662                                                  |
| Net investment loss from interest in the AK Steel<br>Corporation Thrift Plans Master Trust | (18,659,966)                                                | (103,060)                                                   | (14,094,401)                                                |
| Interest from participant notes receivable                                                 | 362,073                                                     | 2,664                                                       | 856,866                                                     |
| Total additions                                                                            | 21,698,391                                                  | 61,837                                                      | 13,672,127                                                  |
| <b>Deductions</b>                                                                          |                                                             |                                                             |                                                             |
| Benefits paid directly to participants or beneficiaries                                    | 50,533,208                                                  | 297,592                                                     | 42,261,406                                                  |
| Administrative expenses                                                                    | 72,053                                                      | 4,983                                                       | 78,688                                                      |
| Total deductions                                                                           | 50,605,261                                                  | 302,575                                                     | 42,340,094                                                  |
| <b>Net Decrease</b>                                                                        | (28,906,870)                                                | (240,738)                                                   | (28,667,967)                                                |
| <b>Net Assets Available for Benefits</b>                                                   |                                                             |                                                             |                                                             |
| Beginning of year                                                                          | 583,057,261                                                 | 8,131,636                                                   | 464,499,483                                                 |
| End of year                                                                                | <u><u>\$ 554,150,391</u></u>                                | <u><u>\$ 7,890,898</u></u>                                  | <u><u>\$ 435,831,516</u></u>                                |

December 31, 2018 and 2017

### Note 1 - Plan Description

The following description of AK Steel Corporation Thrift Plan - Plan Document A (Plan A), AK Steel Corporation Thrift Plan - Plan Document B (Plan B), and AK Steel Corporation Thrift Plan - Plan Document C (Plan C) (collectively, the "Plans") provides only general information. Participants should refer to the Plans' agreements for a more complete description of the Plans' provisions.

#### **General**

The Plans are defined contribution plans covering certain employees of AK Steel Corporation (the "Company" or AK Steel) who are employed at a location designated by the Benefits Plan Administrative Committee (BPAC) as being eligible to participate. The Plans are subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Plan B has been frozen to new entrants since 1994. Employees at locations designated to participate in Plan B who were eligible and elected to participate prior to the freeze may continue to participate in Plan B.

#### **Participant Accounts**

Each participant's account is credited with participant and company contributions, allocations of investment earnings or losses, and administrative expenses. Allocations are based on participants' contributions or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may direct the investments of their account balances into various investment options offered by the Plans. Certain participants continue to hold AK Steel Holding Corporation common stock as an investment; however, no contributions have been allowed since 1999, since the investment option was frozen at that time.

#### **Contributions**

The Plans allow participants to contribute up to 10 percent of their compensation on an after-tax basis. Participants may also make contributions to the Plans in the form of a rollover of funds from another qualified plan.

Plan A participants may elect to invest in Plan A through payroll deductions up to 100 percent of eligible wages, as defined in Plan A. Contributions by a represented participant, up to 5 percent of eligible wages, are eligible for a company matching contribution up to 100 percent of participant contributions and potential supplemental contributions based on company performance during the year.

Plan A also provides specific employees a range of fixed pension contribution per hour based on location and labor agreement for 2018. Coshocton Works hourly employees received \$2.25 per hour, while Rockport Works hourly employees received \$2.85 per hour. During 2018, the fixed pension contribution provided to employees ranged from \$2.25 to \$2.85 per hour based on location and labor agreement.

Plan A also provides to nonrepresented salaried and certain represented hourly participants a fixed company match contribution. The fixed company match provision is 50 percent of the participant's contribution up to 5 percent of base salary.

Plan A also provides to nonrepresented salaried and certain represented hourly participants a salary retirement contribution of 3 percent of base salary.

Contributions by nonrepresented salaried and certain represented hourly participants of Plan A, up to 5 percent of base salary, are eligible for an additional quarterly company matching contribution up to 50 percent of the participant's contribution and potential supplemental contributions based on quarterly company performance during the year. All participant contributions, including any earnings thereon, are 100 percent vested at all times.

**December 31, 2018 and 2017****Note 1 - Plan Description (Continued)**

Plan B participants may elect to invest in Plan B through payroll deductions up to 20 percent of eligible wages, as defined by Plan B. Contributions by a participant, up to 5 percent of base salary, are eligible for a company matching contribution up to 100 percent of participant contributions and potential supplemental contributions based on company performance during the year. No supplemental contributions were made for the year ended December 31, 2018.

Plan C participants may elect to invest in Plan C through payroll deductions up to 100 percent of eligible wages, depending on the unit-specific plan provision. In addition, the Company may match some portion of employee contributions, depending on the unit-specific plan provision.

Certain employees participate in International Association of Machinists and Aerospace Workers (IAM) Pension Plan. However, an IAM pension plan provision limits contributions based on compensation for 2,080 hours for the year. Once an affected hourly employee at the Butler Works location reaches contributions for 2,080 hours in the IAM plan for the year, participation will revert back to Plan C for the remainder of the calendar year. The contribution rates per hour are the same for both plans.

Plan B and Plan C provide for employer discretionary contributions, as may be approved from time to time by the board of directors. No discretionary contributions were made for the year ended December 31, 2018.

***Vesting***

Participants are immediately 100 percent vested in employee salary and rollover contributions and any income or loss thereon. Vesting in the Company's contribution portion of their accounts, plus actual net earnings thereon, is based on years of service. Pension contributions in Plan A vest over three to five years based on location and labor agreement. Plan A participants become fully vested in the remaining company contributions and related net earnings after three years of service. Plan B participants are fully vested in all contributions and related net earnings at all times and are not subject to forfeiture for any reason. Plan C participants become fully vested in the fixed contributions made by the Company and related net earnings after three years of service.

***Participant Notes Receivable***

Participants may borrow from their accounts subject to certain maximum and minimum amounts, as prescribed in the Plans and in the Internal Revenue Code. Notes receivable are collateralized by the participant's account balance and bear interest at a market rate.

***Benefit Payments***

Distributions are payable upon retirement, death, disability, or termination of employment in the form of a lump-sum amount equal to the vested balance of a participant's account. Any portion of the participant's account balance invested in company stock may be paid in cash or company stock.

***Hardship Withdrawals***

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

***Forfeitures***

If a participant is not fully vested on his or her termination date, the nonvested amount of the account is forfeited. Forfeitures are used to reduce future company contributions or to pay administrative expenses of the Plans. At December 31, 2018 and 2017, forfeited account balances in Plan A totaled \$4,957 and \$660, respectively. At December 31, 2018 and 2017, there were no forfeited account balances in Plan B. At December 31, 2018 and 2017, forfeited account balances in Plan C totaled \$1,261 and \$297, respectively.

**December 31, 2018 and 2017****Note 1 - Plan Description (Continued)*****Party-in-interest Transactions***

Certain plan assets are in investment funds managed by T. Rowe Price Trust Company or its affiliates. T. Rowe Price Trust Company is the trustee of the Plans; therefore, these transactions qualify as party-in-interest transactions, as defined under ERISA guidelines. The Plans invest in the common stock of the Company, and the Company pays certain administrative fees on behalf of the Plans. The Company is the Plans' sponsor; therefore, these transactions qualify as party-in-interest transactions, as defined under ERISA guidelines.

***Termination***

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

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

The fair value of each plan's interest in the AK Steel Corporation Thrift Plans Master Trust (the "Master Trust") is based on the beginning of the year value of the plan's interest in the Master Trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses. The Master Trust's investments are stated at fair value except as noted below. See Note 4 for additional information.

The fully benefit-responsive unallocated contracts are valued at contract value. Contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value represents deposits made to the contract, plus earnings at guaranteed crediting rates, less withdrawals and fees.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date.

***Participant Notes Receivable***

Participant notes receivable are recorded at their unpaid principal balances plus any accrued interest. Participant notes receivable are written off when deemed uncollectible.

***Benefit Payments***

Benefits are recorded when paid.

***Risks and Uncertainties***

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

***Administrative Expenses***

Various administrative costs are paid by the Company, then reimbursed by the Plans and allocated to participants.

**December 31, 2018 and 2017**

**Note 2 - Summary of Significant Accounting Policies (Continued)**

***Use of Estimates***

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

***Subsequent Events***

The financial statements and related disclosures include evaluation of events up through and including September 9, 2019, which is the date the financial statements were available to be issued.

***Upcoming Accounting Pronouncement***

In February 2017, the Financial Accounting Standards Board (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.

**Note 3 - Unaudited Information**

T. Rowe Price Trust Company (the "Trustee") holds the Plans' investments and participant notes receivable and executes all related transactions. The investment and participant notes receivable balances and related income and losses included in the accompanying financial statements, including master trust information included in Note 4, are based solely on information certified by the Trustee.

**Note 4 - Interest in Master Trust**

The Plans' investments are in the Master Trust, which was established for the Plans' asset investments. Each participating plan's interest in the Master Trust is based on account balances of the participants and their elected investment options. The assets of the Master Trust are held by the Trustee. Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based upon average monthly balances invested by each plan.

At December 31, 2018 and 2017, the Plans' respective interests in the Master Trust were as follows:

|        | 2018   | 2017   |
|--------|--------|--------|
| Plan A | 56.2 % | 51.7 % |
| Plan B | 0.8    | 1.3    |
| Plan C | 43.0   | 47.0   |

**December 31, 2018 and 2017**

**Note 4 - Interest in Master Trust (Continued)**

Investments held by the Master Trust are stated at fair value except for the AK Steel Fixed Income Fund, which is stated at contract value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In determining fair value, the Company uses various valuation approaches. The hierarchy of those valuation approaches is broken down into three levels based on the reliability of inputs as follows:

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.

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

***Common Stock***

Common stocks are valued at quoted prices reported in active markets.

***Mutual Funds***

Mutual funds are valued at quoted prices reported in active markets.

***Common Collective Trust Fund***

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

***Self-directed Brokerage Accounts***

Plans A, B, and C allow participants to invest in self-directed brokerage accounts. The self-directed brokerage accounts include various investments in publicly traded securities, which are valued at the quoted prices reported in active markets.

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

# Notes to Financial Statements

**December 31, 2018 and 2017**

## Note 4 - Interest in Master Trust (Continued)

The following tables present information about the Master Trust's assets measured at fair value on a recurring basis at December 31, 2018 and 2017:

|                                                                    |    | Master Trust Assets at<br>December 31, 2018 |                       |
|--------------------------------------------------------------------|----|---------------------------------------------|-----------------------|
|                                                                    |    | Master Trust<br>Balance                     | Level 1               |
| Investments at fair value:                                         |    |                                             |                       |
| Common stock                                                       | \$ | 795,922                                     | \$ 795,922            |
| Self-directed brokerage accounts                                   |    | 6,314,207                                   | 6,314,207             |
| Mutual funds                                                       |    | 763,938,307                                 | 763,938,307           |
| Total                                                              |    | 771,048,436                                 | <u>\$ 771,048,436</u> |
| Investments measured at NAV - Common collective trust fund (1)     |    | 27,040,261                                  |                       |
| Investment at contract value - AK Steel Fixed Income Fund (Note 5) |    | 177,008,838                                 |                       |
| Net assets of Master Trust                                         |    | <u>\$ 975,097,535</u>                       |                       |

|                                                                    |    | Master Trust Assets at<br>December 31, 2017 |                       |
|--------------------------------------------------------------------|----|---------------------------------------------|-----------------------|
|                                                                    |    | Master Trust<br>Balance                     | Level 1               |
| Investments at fair value:                                         |    |                                             |                       |
| Common stock                                                       | \$ | 1,872,293                                   | \$ 1,872,293          |
| Self-directed brokerage accounts                                   |    | 6,228,743                                   | 6,228,743             |
| Mutual funds                                                       |    | 842,786,210                                 | 842,786,210           |
| Total                                                              |    | 850,887,246                                 | <u>\$ 850,887,246</u> |
| Investment at contract value - AK Steel Fixed Income Fund (Note 5) |    | 183,122,943                                 |                       |
| Net assets of Master Trust                                         |    | <u>\$ 1,034,010,189</u>                     |                       |

- (1) This class represents investments in an actively managed common collective trust fund that invests primarily in equity securities, which may include common stocks, options, and futures.

The components of investment loss for the Master Trust for the year ended December 31, 2018 are as follows:

|                                                                |                        |
|----------------------------------------------------------------|------------------------|
| Net realized and unrealized losses - Investments at fair value | \$ (100,030,821)       |
| Interest and dividends                                         | 65,115,086             |
| Other expense                                                  | (93,818)               |
| Credit adjustments                                             | <u>2,152,126</u>       |
| Net investment loss                                            | <u>\$ (32,857,427)</u> |

**December 31, 2018 and 2017****Note 5 - AK Steel Fixed Income Fund**

The Plans provide to participants a separately managed stable value investment option that currently includes synthetic investment contracts (SICs) that are issued to the Fixed Income Fund, as well as a collective short-term investment fund. The SICs issued to the Fixed Income Fund are issued by high-quality insurance companies and banks. The SICs are supported by units of three stable value collective trust funds that invest in investment grade fixed-income securities, including U.S. Treasuries, corporate bonds, mortgage-backed and asset-backed securities, commercial mortgage-backed securities, and cash reserves. Each SIC provides that participants execute transactions at contract value. Contract value represents contributions made to the fund, plus earnings, less participant withdrawals. The interest rates on the SICs are typically reset on a quarterly basis based on the current yield of the underlying investments, the differences between the contract value and the market value of the underlying assets supporting the contracts amortized over the duration of each contract. The interest rate cannot be less than zero. As described in Note 2, because the SICs are fully benefit responsive, contract value is the relevant measurement attribute for that portion of the net assets attributable to the SICs. While participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value, certain events, such as a plan termination or a plan merger initiated by the plan sponsor, may limit the ability of the Plans to transact at contract value or may allow for the termination of the SICs by the issuers at less than contract value. The Plans' sponsor does not currently believe that any events that may limit the ability of the Plans to transact at contract value are probable.

The Fixed Income Fund may also invest in guaranteed investment contracts (GICs), which carry a fixed rate of interest for a fixed period of time and may include the same types of contract restrictions for certain events as the SICs. The Fixed Income Fund does not currently hold any GICs.

**Note 6 - Tax Status**

The Plans have each received a determination letter from the Internal Revenue Service indicating that the Plans, as designed, are qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Accordingly, no provision for income taxes has been made in the accompanying financial statements.

## AK Steel Corporation Thrift Plans

# AK Steel Corporation Thrift Plan - Plan Document A Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i  
EIN 31-1267098, Plan No. 005  
December 31, 2018

| (a)(b)<br>Identity of Issuer | (c)<br>Description of Investment                                                         | (d)<br>Cost | (e)<br>Current Value |
|------------------------------|------------------------------------------------------------------------------------------|-------------|----------------------|
| Participants*                | Participant notes receivable bearing interest at rates ranging from 3.25 to 7.25 percent | -           | \$ 6,158,859         |

\*Denotes party in interest

## AK Steel Corporation Thrift Plans

# AK Steel Corporation Thrift Plan - Plan Document B Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i  
EIN 31-1267098, Plan No. 016  
December 31, 2018

| (a)(b)<br>Identity of Issuer | (c)<br>Description of Investment                                                         | (d)<br>Cost | (e)<br>Current Value |
|------------------------------|------------------------------------------------------------------------------------------|-------------|----------------------|
| Participants*                | Participant notes receivable bearing interest at rates ranging from 5.25 to 6.25 percent | -           | \$ 37,287            |

\*Denotes party in interest

## AK Steel Corporation Thrift Plans

# AK Steel Corporation Thrift Plan - Plan Document C Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i  
EIN 31-1267098, Plan No. 007  
December 31, 2018

| (a)(b)<br>Identity of Issuer | (c)<br>Description of Investment                                                         | (d)<br>Cost | (e)<br>Current Value |
|------------------------------|------------------------------------------------------------------------------------------|-------------|----------------------|
| Participants*                | Participant notes receivable bearing interest at rates ranging from 3.25 to 7.25 percent | -           | \$ 15,507,528        |

\*Denotes party in interest

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## AK Steel Corporation Thrift Plans

AK Steel Corporation Thrift Plan - Plan Document A

AK Steel Corporation Thrift Plan - Plan Document B

AK Steel Corporation Thrift Plan - Plan Document C

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**Financial Report**  
**December 31, 2018**

## **AK Steel Corporation Thrift Plans**

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## **Independent Auditor's Report**

To the Plan Administrator  
AK Steel Corporation Thrift Plans

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of AK Steel Corporation Thrift Plan - Plan Document A, AK Steel Corporation Thrift Plan - Plan Document B, and AK Steel Corporation Thrift Plan - Plan Document C (collectively, the "Plans"), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017 and the related statements of changes in net assets available for benefits for the year ended December 31, 2018, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

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

### ***Auditor's Responsibility***

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

### ***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by T. Rowe Price Trust Company (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 participant notes receivable and executes related transactions. The plan administrator has obtained certifications from the Trustee as of December 31, 2018 and 2017 and for the year ended December 31, 2018 that the information provided to the plan administrator is complete and accurate.

### ***Disclaimer of Opinion***

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

### ***Other Matter***

The supplemental schedule of assets held at end of year - AK Steel Corporation Thrift Plan - Plan Document A, supplemental schedule of assets held at end of year - AK Steel Corporation Thrift Plan - Plan Document B, and supplemental schedule of assets held at end of year - AK Steel Corporation Thrift Plan - Plan Document C are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

To the Plan Administrator  
AK Steel Corporation Thrift Plans

**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*

Cincinnati, Ohio  
September 9, 2019

## AK Steel Corporation Thrift Plans

### Statements of Net Assets Available for Benefits

December 31, 2018 and 2017

|                                                                                                                       | 2018                                               |                                                    |                                                    | 2017                                               |                                                    |                                                    |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------|----------------------------------------------------|----------------------------------------------------|----------------------------------------------------|----------------------------------------------------|
|                                                                                                                       | AK Steel Corporation Thrift Plan - Plan Document A | AK Steel Corporation Thrift Plan - Plan Document B | AK Steel Corporation Thrift Plan - Plan Document C | AK Steel Corporation Thrift Plan - Plan Document A | AK Steel Corporation Thrift Plan - Plan Document B | AK Steel Corporation Thrift Plan - Plan Document C |
| <b>Assets</b>                                                                                                         |                                                    |                                                    |                                                    |                                                    |                                                    |                                                    |
| Participant-directed investments - Interest in the AK Steel Corporation Thrift Plans Master Trust - At fair value     | \$ 456,108,078                                     | \$ 5,653,526                                       | \$ 336,327,093                                     | \$ 482,019,591                                     | \$ 5,785,990                                       | \$ 363,081,665                                     |
| Participant-directed investments - Interest in the AK Steel Corporation Thrift Plans Master Trust - At contract value | 91,564,199                                         | 2,196,657                                          | 83,247,982                                         | 94,712,214                                         | 2,284,350                                          | 86,126,379                                         |
| Total participant-directed investments                                                                                | 547,672,277                                        | 7,850,183                                          | 419,575,075                                        | 576,731,805                                        | 8,070,340                                          | 449,208,044                                        |
| Contributions receivable:                                                                                             |                                                    |                                                    |                                                    |                                                    |                                                    |                                                    |
| Employee                                                                                                              | 156,745                                            | 2,456                                              | 656,817                                            | 135,579                                            | 2,015                                              | 537,470                                            |
| Employer                                                                                                              | 162,510                                            | 972                                                | 92,096                                             | 148,258                                            | 771                                                | 67,126                                             |
| Total contributions receivable                                                                                        | 319,255                                            | 3,428                                              | 748,913                                            | 283,837                                            | 2,786                                              | 604,596                                            |
| Participant notes receivable                                                                                          | 6,158,859                                          | 37,287                                             | 15,507,528                                         | 6,041,619                                          | 58,510                                             | 14,686,843                                         |
| <b>Net Assets Available for Benefits</b>                                                                              | <b>\$ 554,150,391</b>                              | <b>\$ 7,890,898</b>                                | <b>\$ 435,831,516</b>                              | <b>\$ 583,057,261</b>                              | <b>\$ 8,131,636</b>                                | <b>\$ 464,499,483</b>                              |

## AK Steel Corporation Thrift Plans

### Statements of Changes in Net Assets Available for Benefits

Year Ended December 31, 2018

|                                                                                            | AK Steel<br>Corporation<br>Thrift Plan - Plan<br>Document A | AK Steel<br>Corporation<br>Thrift Plan - Plan<br>Document B | AK Steel<br>Corporation<br>Thrift Plan - Plan<br>Document C |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|
| <b>Additions</b>                                                                           |                                                             |                                                             |                                                             |
| Contributions:                                                                             |                                                             |                                                             |                                                             |
| Employee                                                                                   | \$ 19,571,557                                               | \$ 109,349                                                  | \$ 18,172,008                                               |
| Employer                                                                                   | 18,169,551                                                  | 52,884                                                      | 8,161,254                                                   |
| Rollovers                                                                                  | 2,255,176                                                   | -                                                           | 576,400                                                     |
| Total contributions                                                                        | 39,996,284                                                  | 162,233                                                     | 26,909,662                                                  |
| Net investment loss from interest in the AK Steel<br>Corporation Thrift Plans Master Trust | (18,659,966)                                                | (103,060)                                                   | (14,094,401)                                                |
| Interest from participant notes receivable                                                 | 362,073                                                     | 2,664                                                       | 856,866                                                     |
| Total additions                                                                            | 21,698,391                                                  | 61,837                                                      | 13,672,127                                                  |
| <b>Deductions</b>                                                                          |                                                             |                                                             |                                                             |
| Benefits paid directly to participants or beneficiaries                                    | 50,533,208                                                  | 297,592                                                     | 42,261,406                                                  |
| Administrative expenses                                                                    | 72,053                                                      | 4,983                                                       | 78,688                                                      |
| Total deductions                                                                           | 50,605,261                                                  | 302,575                                                     | 42,340,094                                                  |
| <b>Net Decrease</b>                                                                        | (28,906,870)                                                | (240,738)                                                   | (28,667,967)                                                |
| <b>Net Assets Available for Benefits</b>                                                   |                                                             |                                                             |                                                             |
| Beginning of year                                                                          | 583,057,261                                                 | 8,131,636                                                   | 464,499,483                                                 |
| End of year                                                                                | <u><u>\$ 554,150,391</u></u>                                | <u><u>\$ 7,890,898</u></u>                                  | <u><u>\$ 435,831,516</u></u>                                |

December 31, 2018 and 2017

### Note 1 - Plan Description

The following description of AK Steel Corporation Thrift Plan - Plan Document A (Plan A), AK Steel Corporation Thrift Plan - Plan Document B (Plan B), and AK Steel Corporation Thrift Plan - Plan Document C (Plan C) (collectively, the "Plans") provides only general information. Participants should refer to the Plans' agreements for a more complete description of the Plans' provisions.

#### **General**

The Plans are defined contribution plans covering certain employees of AK Steel Corporation (the "Company" or AK Steel) who are employed at a location designated by the Benefits Plan Administrative Committee (BPAC) as being eligible to participate. The Plans are subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Plan B has been frozen to new entrants since 1994. Employees at locations designated to participate in Plan B who were eligible and elected to participate prior to the freeze may continue to participate in Plan B.

#### **Participant Accounts**

Each participant's account is credited with participant and company contributions, allocations of investment earnings or losses, and administrative expenses. Allocations are based on participants' contributions or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may direct the investments of their account balances into various investment options offered by the Plans. Certain participants continue to hold AK Steel Holding Corporation common stock as an investment; however, no contributions have been allowed since 1999, since the investment option was frozen at that time.

#### **Contributions**

The Plans allow participants to contribute up to 10 percent of their compensation on an after-tax basis. Participants may also make contributions to the Plans in the form of a rollover of funds from another qualified plan.

Plan A participants may elect to invest in Plan A through payroll deductions up to 100 percent of eligible wages, as defined in Plan A. Contributions by a represented participant, up to 5 percent of eligible wages, are eligible for a company matching contribution up to 100 percent of participant contributions and potential supplemental contributions based on company performance during the year.

Plan A also provides specific employees a range of fixed pension contribution per hour based on location and labor agreement for 2018. Coshocton Works hourly employees received \$2.25 per hour, while Rockport Works hourly employees received \$2.85 per hour. During 2018, the fixed pension contribution provided to employees ranged from \$2.25 to \$2.85 per hour based on location and labor agreement.

Plan A also provides to nonrepresented salaried and certain represented hourly participants a fixed company match contribution. The fixed company match provision is 50 percent of the participant's contribution up to 5 percent of base salary.

Plan A also provides to nonrepresented salaried and certain represented hourly participants a salary retirement contribution of 3 percent of base salary.

Contributions by nonrepresented salaried and certain represented hourly participants of Plan A, up to 5 percent of base salary, are eligible for an additional quarterly company matching contribution up to 50 percent of the participant's contribution and potential supplemental contributions based on quarterly company performance during the year. All participant contributions, including any earnings thereon, are 100 percent vested at all times.

**December 31, 2018 and 2017****Note 1 - Plan Description (Continued)**

Plan B participants may elect to invest in Plan B through payroll deductions up to 20 percent of eligible wages, as defined by Plan B. Contributions by a participant, up to 5 percent of base salary, are eligible for a company matching contribution up to 100 percent of participant contributions and potential supplemental contributions based on company performance during the year. No supplemental contributions were made for the year ended December 31, 2018.

Plan C participants may elect to invest in Plan C through payroll deductions up to 100 percent of eligible wages, depending on the unit-specific plan provision. In addition, the Company may match some portion of employee contributions, depending on the unit-specific plan provision.

Certain employees participate in International Association of Machinists and Aerospace Workers (IAM) Pension Plan. However, an IAM pension plan provision limits contributions based on compensation for 2,080 hours for the year. Once an affected hourly employee at the Butler Works location reaches contributions for 2,080 hours in the IAM plan for the year, participation will revert back to Plan C for the remainder of the calendar year. The contribution rates per hour are the same for both plans.

Plan B and Plan C provide for employer discretionary contributions, as may be approved from time to time by the board of directors. No discretionary contributions were made for the year ended December 31, 2018.

***Vesting***

Participants are immediately 100 percent vested in employee salary and rollover contributions and any income or loss thereon. Vesting in the Company's contribution portion of their accounts, plus actual net earnings thereon, is based on years of service. Pension contributions in Plan A vest over three to five years based on location and labor agreement. Plan A participants become fully vested in the remaining company contributions and related net earnings after three years of service. Plan B participants are fully vested in all contributions and related net earnings at all times and are not subject to forfeiture for any reason. Plan C participants become fully vested in the fixed contributions made by the Company and related net earnings after three years of service.

***Participant Notes Receivable***

Participants may borrow from their accounts subject to certain maximum and minimum amounts, as prescribed in the Plans and in the Internal Revenue Code. Notes receivable are collateralized by the participant's account balance and bear interest at a market rate.

***Benefit Payments***

Distributions are payable upon retirement, death, disability, or termination of employment in the form of a lump-sum amount equal to the vested balance of a participant's account. Any portion of the participant's account balance invested in company stock may be paid in cash or company stock.

***Hardship Withdrawals***

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

***Forfeitures***

If a participant is not fully vested on his or her termination date, the nonvested amount of the account is forfeited. Forfeitures are used to reduce future company contributions or to pay administrative expenses of the Plans. At December 31, 2018 and 2017, forfeited account balances in Plan A totaled \$4,957 and \$660, respectively. At December 31, 2018 and 2017, there were no forfeited account balances in Plan B. At December 31, 2018 and 2017, forfeited account balances in Plan C totaled \$1,261 and \$297, respectively.

**December 31, 2018 and 2017****Note 1 - Plan Description (Continued)*****Party-in-interest Transactions***

Certain plan assets are in investment funds managed by T. Rowe Price Trust Company or its affiliates. T. Rowe Price Trust Company is the trustee of the Plans; therefore, these transactions qualify as party-in-interest transactions, as defined under ERISA guidelines. The Plans invest in the common stock of the Company, and the Company pays certain administrative fees on behalf of the Plans. The Company is the Plans' sponsor; therefore, these transactions qualify as party-in-interest transactions, as defined under ERISA guidelines.

***Termination***

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

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

The fair value of each plan's interest in the AK Steel Corporation Thrift Plans Master Trust (the "Master Trust") is based on the beginning of the year value of the plan's interest in the Master Trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses. The Master Trust's investments are stated at fair value except as noted below. See Note 4 for additional information.

The fully benefit-responsive unallocated contracts are valued at contract value. Contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value represents deposits made to the contract, plus earnings at guaranteed crediting rates, less withdrawals and fees.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date.

***Participant Notes Receivable***

Participant notes receivable are recorded at their unpaid principal balances plus any accrued interest. Participant notes receivable are written off when deemed uncollectible.

***Benefit Payments***

Benefits are recorded when paid.

***Risks and Uncertainties***

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

***Administrative Expenses***

Various administrative costs are paid by the Company, then reimbursed by the Plans and allocated to participants.

December 31, 2018 and 2017

**Note 2 - Summary of Significant Accounting Policies (Continued)*****Use of Estimates***

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

***Subsequent Events***

The financial statements and related disclosures include evaluation of events up through and including September 9, 2019, which is the date the financial statements were available to be issued.

***Upcoming Accounting Pronouncement***

In February 2017, the Financial Accounting Standards Board (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.

**Note 3 - Unaudited Information**

T. Rowe Price Trust Company (the "Trustee") holds the Plans' investments and participant notes receivable and executes all related transactions. The investment and participant notes receivable balances and related income and losses included in the accompanying financial statements, including master trust information included in Note 4, are based solely on information certified by the Trustee.

**Note 4 - Interest in Master Trust**

The Plans' investments are in the Master Trust, which was established for the Plans' asset investments. Each participating plan's interest in the Master Trust is based on account balances of the participants and their elected investment options. The assets of the Master Trust are held by the Trustee. Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based upon average monthly balances invested by each plan.

At December 31, 2018 and 2017, the Plans' respective interests in the Master Trust were as follows:

|        | 2018   | 2017   |
|--------|--------|--------|
| Plan A | 56.2 % | 51.7 % |
| Plan B | 0.8    | 1.3    |
| Plan C | 43.0   | 47.0   |

**December 31, 2018 and 2017**

**Note 4 - Interest in Master Trust (Continued)**

Investments held by the Master Trust are stated at fair value except for the AK Steel Fixed Income Fund, which is stated at contract value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In determining fair value, the Company uses various valuation approaches. The hierarchy of those valuation approaches is broken down into three levels based on the reliability of inputs as follows:

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.

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

***Common Stock***

Common stocks are valued at quoted prices reported in active markets.

***Mutual Funds***

Mutual funds are valued at quoted prices reported in active markets.

***Common Collective Trust Fund***

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

***Self-directed Brokerage Accounts***

Plans A, B, and C allow participants to invest in self-directed brokerage accounts. The self-directed brokerage accounts include various investments in publicly traded securities, which are valued at the quoted prices reported in active markets.

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

# Notes to Financial Statements

**December 31, 2018 and 2017**
**Note 4 - Interest in Master Trust (Continued)**

The following tables present information about the Master Trust's assets measured at fair value on a recurring basis at December 31, 2018 and 2017:

|                                                                    |    | Master Trust Assets at<br>December 31, 2018 |                       |
|--------------------------------------------------------------------|----|---------------------------------------------|-----------------------|
|                                                                    |    | Master Trust<br>Balance                     | Level 1               |
| Investments at fair value:                                         |    |                                             |                       |
| Common stock                                                       | \$ | 795,922                                     | \$ 795,922            |
| Self-directed brokerage accounts                                   |    | 6,314,207                                   | 6,314,207             |
| Mutual funds                                                       |    | 763,938,307                                 | 763,938,307           |
| Total                                                              |    | 771,048,436                                 | <u>\$ 771,048,436</u> |
| Investments measured at NAV - Common collective trust fund (1)     |    | 27,040,261                                  |                       |
| Investment at contract value - AK Steel Fixed Income Fund (Note 5) |    | 177,008,838                                 |                       |
| Net assets of Master Trust                                         |    | <u>\$ 975,097,535</u>                       |                       |

|                                                                    |    | Master Trust Assets at<br>December 31, 2017 |                       |
|--------------------------------------------------------------------|----|---------------------------------------------|-----------------------|
|                                                                    |    | Master Trust<br>Balance                     | Level 1               |
| Investments at fair value:                                         |    |                                             |                       |
| Common stock                                                       | \$ | 1,872,293                                   | \$ 1,872,293          |
| Self-directed brokerage accounts                                   |    | 6,228,743                                   | 6,228,743             |
| Mutual funds                                                       |    | 842,786,210                                 | 842,786,210           |
| Total                                                              |    | 850,887,246                                 | <u>\$ 850,887,246</u> |
| Investment at contract value - AK Steel Fixed Income Fund (Note 5) |    | 183,122,943                                 |                       |
| Net assets of Master Trust                                         |    | <u>\$ 1,034,010,189</u>                     |                       |

- (1) This class represents investments in an actively managed common collective trust fund that invests primarily in equity securities, which may include common stocks, options, and futures.

The components of investment loss for the Master Trust for the year ended December 31, 2018 are as follows:

|                                                                |                        |
|----------------------------------------------------------------|------------------------|
| Net realized and unrealized losses - Investments at fair value | \$ (100,030,821)       |
| Interest and dividends                                         | 65,115,086             |
| Other expense                                                  | (93,818)               |
| Credit adjustments                                             | <u>2,152,126</u>       |
| Net investment loss                                            | <u>\$ (32,857,427)</u> |

**December 31, 2018 and 2017****Note 5 - AK Steel Fixed Income Fund**

The Plans provide to participants a separately managed stable value investment option that currently includes synthetic investment contracts (SICs) that are issued to the Fixed Income Fund, as well as a collective short-term investment fund. The SICs issued to the Fixed Income Fund are issued by high-quality insurance companies and banks. The SICs are supported by units of three stable value collective trust funds that invest in investment grade fixed-income securities, including U.S. Treasuries, corporate bonds, mortgage-backed and asset-backed securities, commercial mortgage-backed securities, and cash reserves. Each SIC provides that participants execute transactions at contract value. Contract value represents contributions made to the fund, plus earnings, less participant withdrawals. The interest rates on the SICs are typically reset on a quarterly basis based on the current yield of the underlying investments, the differences between the contract value and the market value of the underlying assets supporting the contracts amortized over the duration of each contract. The interest rate cannot be less than zero. As described in Note 2, because the SICs are fully benefit responsive, contract value is the relevant measurement attribute for that portion of the net assets attributable to the SICs. While participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value, certain events, such as a plan termination or a plan merger initiated by the plan sponsor, may limit the ability of the Plans to transact at contract value or may allow for the termination of the SICs by the issuers at less than contract value. The Plans' sponsor does not currently believe that any events that may limit the ability of the Plans to transact at contract value are probable.

The Fixed Income Fund may also invest in guaranteed investment contracts (GICs), which carry a fixed rate of interest for a fixed period of time and may include the same types of contract restrictions for certain events as the SICs. The Fixed Income Fund does not currently hold any GICs.

**Note 6 - Tax Status**

The Plans have each received a determination letter from the Internal Revenue Service indicating that the Plans, as designed, are qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Accordingly, no provision for income taxes has been made in the accompanying financial statements.

## AK Steel Corporation Thrift Plans

# AK Steel Corporation Thrift Plan - Plan Document A Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i  
EIN 31-1267098, Plan No. 005  
December 31, 2018

| (a)(b)<br>Identity of Issuer | (c)<br>Description of Investment                                                         | (d)<br>Cost | (e)<br>Current Value |
|------------------------------|------------------------------------------------------------------------------------------|-------------|----------------------|
| Participants*                | Participant notes receivable bearing interest at rates ranging from 3.25 to 7.25 percent | -           | \$ 6,158,859         |

\*Denotes party in interest

## AK Steel Corporation Thrift Plans

# AK Steel Corporation Thrift Plan - Plan Document B Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i  
EIN 31-1267098, Plan No. 016  
December 31, 2018

| (a)(b)<br>Identity of Issuer | (c)<br>Description of Investment                                                         | (d)<br>Cost | (e)<br>Current Value |
|------------------------------|------------------------------------------------------------------------------------------|-------------|----------------------|
| Participants*                | Participant notes receivable bearing interest at rates ranging from 5.25 to 6.25 percent | -           | \$ 37,287            |

\*Denotes party in interest

## AK Steel Corporation Thrift Plans

# AK Steel Corporation Thrift Plan - Plan Document C Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i  
EIN 31-1267098, Plan No. 007  
December 31, 2018

| (a)(b)<br>Identity of Issuer | (c)<br>Description of Investment                                                         | (d)<br>Cost | (e)<br>Current Value |
|------------------------------|------------------------------------------------------------------------------------------|-------------|----------------------|
| Participants*                | Participant notes receivable bearing interest at rates ranging from 3.25 to 7.25 percent | -           | \$ 15,507,528        |

\*Denotes party in interest