

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2018</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☒ a single-employer plan	☐ a DFE (specify) ____	
B	This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ☒		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program	
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan THYSSENKRUPP CRANKSHAFT COMPANY RETIREMENT INCOME PLAN FOR EMPLOYEES COVERED BY THE BARGAINING AGREEMENT WITH THE INTERNATIONAL UNION,	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>01/01/1977</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THYSSENKRUPP CRANKSHAFT COMPANY, LLC 1000 LYNCH SPUR DANVILLE, IL 61834-0214	2b	Employer Identification Number (EIN) <u>20-4023938</u>
		2c	Plan Sponsor's telephone number <u>217-444-5297</u>
		2d	Business code (see instructions) <u>332110</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2019	KIM DAULTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2019	JOHN VOGT
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 150
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 29 6a(2) 25 6b 93 6c 8 6d 126 6e 16 6f 142 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 3H 1I b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

A Name of plan <u>THYSSENKRUPP CRANKSHAFT COMPANY RETIREMENT INCOME PLAN FOR EMPLOYEES COVERED BY THE BARGAINING AGREEMENT WITH THE INTERNATIONAL UNION,</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THYSSENKRUPP CRANKSHAFT COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>20-4023938</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2018</u>	
2 Assets:	
a Market value.....	2a <u>14390762</u>
b Actuarial value	2b <u>13583358</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants <u>104</u> (2) Vested Funding Target <u>9582852</u> (3) Total Funding Target <u>9582852</u>
b For terminated vested participants	<u>16</u> <u>548523</u> <u>548523</u>
c For active participants	<u>29</u> <u>4096966</u> <u>4112604</u>
d Total	<u>149</u> <u>14228341</u> <u>14243979</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>5.54 %</u>
6 Target normal cost	6 <u>24795</u>

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

SIGN HERE	
<u>THOMAS G. FIELDS</u>	<u>10/10/2019</u>
Signature of actuary	Date
<u>WILLIS TOWERS WATSON US LLC</u>	<u>17-05317</u>
Type or print name of actuary	Most recent enrollment number
<u>3340 PLAYERS CLUB PARKWAY SUITE 200 MEMPHIS, TN 38125</u>	<u>901-930-0000</u>
Firm name	Telephone number (including area code)
<u></u>	
Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>15.32</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		37
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.75</u> %		2
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		39
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	95.36%
15 Adjusted funding target attainment percentage	15	95.36%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	96.34%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/10/2018	28142	0			
07/09/2018	28142	0			
10/09/2018	28093	0			
01/09/2018	28141	0			
09/11/2019	43020	0			
Totals ▶			18(b)	155538	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	147932

20 Quarterly contributions and liquidity shortfalls:

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 3.92%	2nd segment: 5.52%	3rd segment: 6.29%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	Prior regulation:	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute
	Current regulation:	☐ Prescribed - combined	☐ Prescribed - separate	☐ Substitute

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	24795	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	660621	123125	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	147920	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	147920	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	147932	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	12	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 THYSENKRUPP CRANKSHAFT COMPANY RETIREMENT INCOME PLAN FOR EMPLOYEES COVERED BY THE BARGAINING AGREEMENT WITH THE INTERNATIONAL UNION,	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THYSENKRUPP CRANKSHAFT COMPANY, LLC	D Employer Identification Number (EIN) 20-4023938	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 50 59 62	NONE KNOWN	8703	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan THYSSENKRUPP CRANKSHAFT COMPANY RETIREMENT INCOME PLAN FOR EMPLOYEES COVERED BY THE BARGAINING AGREEMENT WITH THE INTERNATIONAL UNION,	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THYSSENKRUPP CRANKSHAFT COMPANY, LLC	D Employer Identification Number (EIN) 20-4023938	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TK OPPORTUNISITIC MASTER TRUST UNIT</u>			
b Name of sponsor of entity listed in (a): <u>THYSSENKRUPP NORTH AMERICA, INC.</u>			
c EIN-PN <u>38-2535907-004</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4989253	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TK EXT DURATION MASTER TRUST UNIT</u>			
b Name of sponsor of entity listed in (a): <u>THYSSENKRUPP NORTH AMERICA, INC.</u>			
c EIN-PN <u>38-2535907-003</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3852749	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TK CASH/S.T. BOND MASTER TRUST UNIT</u>			
b Name of sponsor of entity listed in (a): <u>THYSSENKRUPP NORTH AMERICA, INC.</u>			
c EIN-PN <u>38-2535907-005</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 85524	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TK FIXED INCOME MASTER TRUST UNIT</u>			
b Name of sponsor of entity listed in (a): <u>THYSSENKRUPP NORTH AMERICA, INC.</u>			
c EIN-PN <u>38-2535907-002</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1275489	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TK EQUITY MASTER TRUST UNIT</u>			
b Name of sponsor of entity listed in (a): <u>THYSSENKRUPP NORTH AMERICA, INC.</u>			
c EIN-PN <u>38-2535907-001</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2285126	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		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 THYSSENKRUPP CRANKSHAFT COMPANY RETIREMENT INCOME PLAN FOR EMPLOYEES COVERED BY THE BARGAINING AGREEMENT WITH THE INTERNATIONAL UNION,	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 THYSSENKRUPP CRANKSHAFT COMPANY, LLC	D Employer Identification Number (EIN) 20-4023938

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	14314349	12488141
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	14314349 12488141
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	14314349 12488141

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	163317
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers)	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	163317
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	0
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		-858304
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-694987

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1111739	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1111739
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	9555	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)	9927	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		19482
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1131221

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1826208
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: PLANTE & MORAN, PLLC

(2) EIN: 38-1357951

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f	X		2605
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4164669. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan <u>THYSSENKRUPP CRANKSHAFT COMPANY RETIREMENT INCOME PLAN FOR EMPLOYEES COVERED BY THE BARGAINING AGREEMENT WITH THE INTERNATIONAL UNION,</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THYSSENKRUPP CRANKSHAFT COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>20-4023938</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>38-2535907</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>6</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 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):

ThyssenKrupp North America, Inc. Defined Benefit Plans

ThyssenKrupp Industrial Solutions (USA), Inc. Retirement Plan

ThyssenKrupp Materials NA, Inc. Pension Plan

ThyssenKrupp Crankshaft Company Retirement Income Plan for Employees

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

Rotek Salaried and Florence Hourly Pension Plan

Rotek Incorporated Pension Plan for Aurora-Ravenna Hourly Employees

The Budd Company Pension Plan for Executive and Administrative Employees

Modified Cash Basis Financial Report

December 31, 2018

ThyssenKrupp North America, Inc. Defined Benefit Plans

Contents

Independent Auditor's Report	1-2
Statements of Net Assets Available for Benefits - Modified Cash Basis	3-4
Statements of Changes in Net Assets Available for Benefits - Modified Cash Basis	5-6
Notes to Modified Cash Basis Financial Statements	7-20
ThyssenKrupp Industrial Solutions (USA), Inc. Retirement Plan Schedule of Assets Held at End of Year - Modified Cash Basis	21
ThyssenKrupp Industrial Solutions (USA), Inc. Retirement Plan Schedule of Reportable Transactions - Modified Cash Basis	22

Independent Auditor's Report

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of ThyssenKrupp Industrial Solutions (USA), Inc. Retirement Plan; ThyssenKrupp Materials NA, Inc. Pension Plan; ThyssenKrupp Crankshaft Company Retirement Income Plan for Employees Covered by the Bargaining Agreement with the International Union, United Automobile, Aerospace, and Agricultural Implement Workers of America, U.A.W. Local 2128; Rotek Salaried and Florence Hourly Pension Plan; Rotek Incorporated Pension Plan for Aurora-Ravenna Hourly Employees; and The Budd Company Pension Plan for Executive and Administrative Employees (collectively, the "Plans"), which comprise the statements of net assets available for benefits - modified cash basis as of December 31, 2018 and 2017 and the related statements of changes in net assets available for benefits - modified cash basis for the years then ended, and the related notes to the modified cash basis financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by The Bank of New York Mellon/BNY Mellon, N.A. (the "Trustee"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee holds the Plans' investment assets and executes related transactions. The plan administrator has obtained certifications from the Trustee as of and for the years ended December 31, 2018 and 2017 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.

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

Basis of Accounting

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

Other Matter

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

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

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

Plante & Moreau, PLLC

Southfield, Michigan
October 7, 2019

ThyssenKrupp North America, Inc. Defined Benefit Plans

Statements of Net Assets Available for Benefits - Modified Cash Basis

December 31, 2018

	ThyssenKrupp Industrial Solutions (USA), Inc. Retirement Plan	ThyssenKrupp Materials NA, Inc. Pension Plan	ThyssenKrupp Crankshaft Company Retirement Income Plan for Employees Covered by the Bargaining Agreement with the International Union, United Automobile, Aerospace, and Agricultural Implement Workers of America, U.A.W. Local 2128	Rotek Salaried and Florence Hourly Pension Plan	Rotek Incorporated Pension Plan for Aurora-Ravenna Hourly Employees	The Budd Company Pension Plan for Executive and Administrative Employees
Assets						
Investments at fair value:						
Investment in the ThyssenKrupp North America, Inc. Master Trust (Note 5)	\$ 28,264,036	\$ 46,169,615	\$ 12,488,141	\$ 19,804,043	\$ 7,973,925	\$ 230,432,749
Money market fund	393,207	-	-	-	-	-
Net Assets Available for Benefits	\$ 28,657,243	\$ 46,169,615	\$ 12,488,141	\$ 19,804,043	\$ 7,973,925	\$ 230,432,749

ThyssenKrupp North America, Inc. Defined Benefit Plans

Statements of Net Assets Available for Benefits - Modified Cash Basis

December 31, 2017

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

ThyssenKrupp North America, Inc. Defined Benefit Plans

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

Year Ended December 31, 2018

	ThyssenKrupp Industrial Solutions (USA), Inc. Retirement Plan	ThyssenKrupp Materials NA, Inc. Pension Plan	ThyssenKrupp Crankshaft Company Retirement Income Plan for Employees Covered by the Bargaining Agreement with the International Union, United Automobile, Aerospace, and Agricultural Implement Workers of America, U.A.W. Local 2128	Rotek Salaried and Florence Hourly Pension Plan	Rotek Incorporated Pension Plan for Aurora-Ravenna Hourly Employees	The Budd Company Pension Plan for Executive and Administrative Employees
Additions						
Employer contributions	\$ -	\$ 3,691,008	\$ 163,317	\$ -	\$ -	\$ 5,225,886
Investment loss - Plan's share of the ThyssenKrupp North America, Inc. Master Trust investment loss (Note 5)	(1,991,694)	(3,589,822)	(858,304)	(1,380,116)	(539,974)	(15,602,445)
Other income	6,170	158	-	60	24	-
Total additions - Net of investment loss	(1,985,524)	101,344	(694,987)	(1,380,056)	(539,950)	(10,376,559)
Deductions						
Benefits paid directly to participants or beneficiaries	1,350,963	5,413,688	1,111,739	1,133,244	562,925	26,745,242
Administrative expenses	50,110	648,316	19,482	25,959	12,224	1,892,849
Total deductions	1,401,073	6,062,004	1,131,221	1,159,203	575,149	28,638,091
Net Decrease	(3,386,597)	(5,960,660)	(1,826,208)	(2,539,259)	(1,115,099)	(39,014,650)
Net Assets Available for Benefits						
Beginning of year	32,043,840	52,130,275	14,314,349	22,343,302	9,089,024	269,447,399
End of year	<u>\$ 28,657,243</u>	<u>\$ 46,169,615</u>	<u>\$ 12,488,141</u>	<u>\$ 19,804,043</u>	<u>\$ 7,973,925</u>	<u>\$ 230,432,749</u>

ThyssenKrupp North America, Inc. Defined Benefit Plans

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

Year Ended December 31, 2017

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

See notes to modified cash basis financial statements.

ThyssenKrupp North America, Inc. Defined Benefit Plans

Notes to Modified Cash Basis Financial Statements

December 31, 2018 and 2017

Note 1 - Plan Description

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

General

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

All of the Plans are frozen to new participants. Additionally, further accrual of benefits were frozen under the Plans effective as of the dates below:

Plan	Benefit Accrual Freeze Date
Crankshaft Plan	September 30, 2010
E&A Plan	May 31, 2012
TKIS Plan	December 31, 2017
Materials Plan	December 31, 2018
Rotek Salary and Florence Hourly Plan	
(salaried employees only)	December 31, 2018
Rotek Aurora Hourly Plan	January 1, 2019

Hourly employees participating in the Rotek Salary and Florence Hourly Plan are still eligible to accrue benefits under the Plan.

Eligibility and Vesting

Employees become fully vested in company-funded accrued benefits upon completion of five years of service. Employees who terminate service before becoming fully vested forfeit all benefits under the Plans. Employees in each of the plans became fully vested in their accrued benefits as of the date in which benefits were frozen.

Pension Benefits

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

Death Benefits

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

Notes to Modified Cash Basis Financial Statements

December 31, 2018 and 2017

Note 1 - Plan Description (Continued)

Funding Policy

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

The TKIS Plan is further supported by employee contributions. Neither the plan sponsor's contributions nor the Plan's assets are allocated for the accounts of individuals; however, records of individual employee contributions are maintained. Prior to January 1, 2006, participants were required to contribute 2.25 percent of their monthly compensation. Participants are fully and immediately vested in these contributions. Present employees' accumulated contributions at December 31, 2018 and 2017 were \$804,833 and \$821,414, respectively, including interest credited at rates of 3.47 percent and 2.36 percent in 2018 and 2017, respectively, compounded annually. Beginning January 1, 2006, employee contributions are no longer allowed.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

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

Investment Valuation

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

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

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

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

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

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

Notes to Modified Cash Basis Financial Statements

December 31, 2018 and 2017

Note 2 - Summary of Significant Accounting Policies (Continued)

Actuarial Present Value of Accumulated Plan Benefits

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

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

Actuarial Assumptions

The actuarial present value of accumulated plan benefits is determined by the independent actuary, Willis Towers Watson, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts and interest) and probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The determinations were made as of January 1, 2018.

The significant actuarial assumptions underlying the actuarial computations at January 1, 2018 are as follows:

TKIS, Materials, and E&A Plans:

- Actuarial cost method: Projected unit cost method
- Interest rate: 7.00 percent, 7.40 percent, and 6.80 percent, respectively
- Mortality basis: RP-2014 white collar mortality rates at 2012, increased by 8.50 percent and based on employee rates for nonannuitants and annuitant rates for those in payment

Rotek Aurora Hourly and Crankshaft Plans:

- Actuarial cost method: Projected unit cost method
- Interest rate: 6.80 percent and 6.50 percent, respectively
- Mortality basis: RP-2014 blue collar mortality rates at 2011, increased by 10.90 percent and based on employee rates for nonannuitants and annuitant rates for those in payment

Rotek Salary and Florence Hourly Plan:

- Actuarial cost method: Projected unit cost method
- Interest rate: 7.00 percent
- Mortality basis (salary participants): RP-2014 white collar mortality rates at 2012, increased by 8.50 percent and based on employee rates for nonannuitants and annuitant rates for those in payment
- Mortality basis (hourly participants): RP-2014 blue collar mortality rates at 2011, increased by 10.90 percent and based on employee rates for nonannuitants and annuitant rates for those in payment

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

Notes to Modified Cash Basis Financial Statements**December 31, 2018 and 2017****Note 2 - Summary of Significant Accounting Policies (Continued)*****Benefit Payments***

Benefits are recorded when paid.

During 2018, lump-sum payment options were offered to all terminated vested participants in certain plans. Approximate total payments under these options were as follows:

Crankshaft Plan	\$	178,000
Rotek Salary and Florence Hourly Plan		121,000
Rotek Aurora Hourly Plan		21,000

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

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

Administrative Expenses

Various administrative expenses associated with the Plans were paid by the Company and its affiliates during the years ended December 31, 2018 and 2017.

Risks and Uncertainties

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

Use of Estimates

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

Upcoming Accounting Pronouncement

In February 2017, 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.

ThyssenKrupp North America, Inc. Defined Benefit Plans

Notes to Modified Cash Basis Financial Statements

December 31, 2018 and 2017

Note 2 - Summary of Significant Accounting Policies (Continued)

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including October 7, 2019, which is the date the financial statements were available to be issued.

Note 3 - Unaudited Information

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

Certain assets of the Master Trust are in investment funds managed by The Bank of New York Mellon/BNY Mellon, N.A. or its affiliates. Since The Bank of New York Mellon/BNY Mellon, N.A. is the Trustee of the Plans, these transactions qualify as party-in-interest transactions, as defined under ERISA guidelines. The market value of these investments was approximately \$35,000,000 and \$63,000,000 at December 31, 2018 and 2017, respectively.

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

Note 4 - Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by the independent actuary, Willis Towers Watson. The actuarial present value of accumulated plan benefits as of January 1, 2018 was as follows:

	TKIS Plan	Materials Plan	Crankshaft Plan	Rotek Salary and Florence Hourly Plan	Rotek Aurora Hourly Plan	E&A Plan
Actuarial present value of accumulated plan benefits:						
Vested benefits:						
Participants currently receiving benefit payments	\$ 11,871,256	\$ 13,119,378	\$ 9,019,896	\$ 10,030,712	\$ 5,080,530	\$ 251,042,106
Other vested participants	9,974,086	35,787,589	4,217,295	7,090,350	2,142,770	20,353,053
Total vested benefits	21,845,342	48,906,967	13,237,191	17,121,062	7,223,300	271,395,159
Nonvested benefits	-	1,089,985	19,427	864,848	548,910	190,048
Total actuarial present value of accumulated plan benefits	<u>\$ 21,845,342</u>	<u>\$ 49,996,952</u>	<u>\$ 13,256,618</u>	<u>\$ 17,985,910</u>	<u>\$ 7,772,210</u>	<u>\$ 271,585,207</u>

ThyssenKrupp North America, Inc. Defined Benefit Plans

Notes to Modified Cash Basis Financial Statements

December 31, 2018 and 2017

Note 4 - Accumulated Plan Benefits (Continued)

The following schedule summarizes the components of the change in actuarial present value of accumulated plan benefits for the year ended January 1, 2018:

	TKIS Plan	Materials Plan	Crankshaft Plan	Rotek Salary and Florence Hourly Plan	Rotek Aurora Hourly Plan	E&A Plan
Actuarial present value of accumulated plan benefits - Beginning of year	\$ 21,219,816	\$ 52,411,682	\$ 13,527,930	\$ 19,020,964	\$ 8,003,023	\$ 289,379,893
Increase (decrease) during the year attributable to:						
Benefits accumulated, including actuarial gains and losses	615,903	2,096,897	(75,070)	825,867	410,327	726,937
Interest due to the decrease in the discount period	1,473,903	3,656,436	836,245	1,288,620	523,133	18,226,135
Benefits paid	(1,236,647)	(7,854,123)	(923,197)	(2,953,367)	(1,084,339)	(34,696,058)
Change of assumptions	(227,633)	(313,940)	(109,290)	(196,174)	(79,934)	(2,051,700)
Net increase (decrease)	625,526	(2,414,730)	(271,312)	(1,035,054)	(230,813)	(17,794,686)
Actuarial present value of accumulated plan benefits - End of year	<u>\$ 21,845,342</u>	<u>\$ 49,996,952</u>	<u>\$ 13,256,618</u>	<u>\$ 17,985,910</u>	<u>\$ 7,772,210</u>	<u>\$ 271,585,207</u>

During the year ended January 1, 2018, the changes in actuarial assumptions to better reflect anticipated plan experience relate to the following:

- TKIS Plan: Decreased by \$227,633 as a result of increasing the discount rate from 6.90 percent to 7.00 percent
- Materials Plan: Decreased by \$313,940 as a result of increasing the discount rate from 7.30 percent to 7.40 percent
- Crankshaft Plan: Decreased by \$109,290 as a result of increasing the discount rate from 6.40 percent to 6.50 percent
- Rotek Salary and Florence Hourly Plan: Decreased by \$196,174 as a result of increasing the discount rate from 6.90 percent to 7.00 percent
- Rotek Aurora Hourly Plan: Decreased by \$79,934 as a result of increasing the discount rate from 6.70 percent to 6.80 percent
- E&A Plan: Decreased by \$2,051,700 as a result of increasing the discount rate from 6.70 percent to 6.80 percent

Plan amendments to the Materials Plan, and Rotek Salary and Florence Hourly Plan (salaried employees only), and Rotek Aurora Hourly Plan to freeze the accrual of all benefits in the Plans as of December 31, 2018; December 31, 2018; and January 1, 2019, respectively, are not reflected in the calculation of accumulated plan benefits above.

ThyssenKrupp North America, Inc. Defined Benefit Plans

Notes to Modified Cash Basis Financial Statements

December 31, 2018 and 2017

Note 5 - Interest in Master Trust

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

The following tables represent the fair value of the investment units held by the Master Trust, including the Plans' ownership interests in each investment unit at December 31, 2018 and 2017:

December 31, 2018													
	Master Trust Investment Unit Fair Value	TKIS Plan	Plan Owner- ship Interest Percent	Materials Plan	Plan Owner- ship Interest Percent	Crankshaft Plan	Plan Owner- ship Interest Percent	Rotek Salary and Florence Hourly Plan	Plan Owner- ship Interest Percent	Rotek Aurora Hourly Plan	Plan Owner- ship Interest Percent	E&A Plan	Plan Owner- ship Interest Percent
Opportunistic Master Trust Unit	\$ 162,957,398	\$ 9,106,977	6.00 %	\$ 16,576,269	10.00 %	\$ 4,989,253	3.00 %	\$ 5,821,779	4.00 %	\$ 2,117,526	1.00 %	\$ 54,008,741	33.00 %
Extended Duration Master Trust Unit	46,691,989	9,602,839	21.00	8,977,523	19.00	3,852,749	8.00	6,616,219	14.00	2,629,577	6.00	14,497,045	31.00
Cash/S.T. Bond Master Trust Unit	2,083,077	1,996	-	2,504	-	85,524	4.00	16,564	1.00	59,091	3.00	536,216	26.00
Fixed Income Master Trust Unit	213,019,624	-	-	-	-	1,275,489	1.00	1,027,429	-	816,335	-	83,803,617	39.00
Equity Master Trust Unit	184,361,123	9,552,224	5.00	20,613,319	11.00	2,285,126	1.00	6,322,052	3.00	2,351,396	1.00	77,587,130	42.00
Total	\$ 609,113,211	\$ 28,264,036	5.00 %	\$ 46,169,615	8.00 %	\$ 12,488,141	2.00 %	\$ 19,804,043	3.00 %	\$ 7,973,925	1.00 %	\$ 230,432,749	38.00 %

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

ThyssenKrupp North America, Inc. Defined Benefit Plans

Notes to Modified Cash Basis Financial Statements

December 31, 2018 and 2017

Note 5 - Interest in Master Trust (Continued)

The following table is a summary, at fair value, of the net assets of the investment units held by the Master Trust at December 31, 2018 and 2017:

	2018	2017
Assets		
Cash - Noninterest bearing:		
Opportunistic Master Trust Unit	\$ -	\$ 831
Extended Duration Master Trust Unit	236,054	536,404
Cash/S.T. Bond Master Trust Unit	-	164
Fixed Income Master Trust Unit	1,157,512	1,869,024
Equity Master Trust Unit	102,961	16,188
Total cash - Noninterest bearing	1,496,527	2,422,611
Investments - At fair value:		
Interest-bearing cash:		
Extended Duration Master Trust Unit	2,311,399	764,921
Cash/S.T. Bond Master Trust Unit	2,103,683	19,006,046
Fixed Income Master Trust Unit	2,372,307	3,989,073
Equity Master Trust Unit	1,116,813	868,871
Total interest-bearing cash	7,904,202	24,628,911
Mutual funds:		
Opportunistic Master Trust Unit	95,093,201	106,197,315
Cash/S.T. Bond Master Trust Unit	-	862,306
Equity Master Trust Unit	16,752,960	20,041,381
Total mutual funds	111,846,161	127,101,002
Common collective trust funds:		
Opportunistic Master Trust Unit	51,737,189	65,044,586
Equity Master Trust Unit	71,776,982	93,840,095
Total common collective trust funds	123,514,171	158,884,681
Partnerships:		
Opportunistic Master Trust Unit	16,126,123	17,110,515
Fixed Income Master Trust Unit	30,967,637	33,957,780
Total partnerships	47,093,760	51,068,295
Fixed-income securities:		
Extended Duration Master Trust Unit	28,762,263	18,151,928
Fixed Income Master Trust Unit	166,060,528	158,738,011
Total fixed-income securities	194,822,791	176,889,939
Fixed-income securities - Loaned:		
Extended Duration Master Trust Unit	18,146,075	27,940,062
Fixed Income Master Trust Unit	9,133,367	22,552,809
Total fixed-income securities - Loaned	27,279,442	50,492,871
Common and preferred stocks:		
Extended Duration Master Trust Unit	94,867	176,502
Fixed Income Master Trust Unit	628,373	2,131,088
Equity Master Trust Unit	86,904,100	98,284,895
Total common and preferred stocks	87,627,340	100,592,485
Common and preferred stocks - Loaned - Equity Master Trust Unit	7,413,181	11,285,502
Total investments - At fair value	607,501,048	700,943,686

ThyssenKrupp North America, Inc. Defined Benefit Plans

Notes to Modified Cash Basis Financial Statements

December 31, 2018 and 2017

Note 5 - Interest in Master Trust (Continued)

	2018	2017
Assets		
Collateral held under securities lending agreements - Money market funds:		
Extended Duration Master Trust Unit	\$ 18,536,850	\$ 28,568,467
Fixed Income Master Trust Unit	9,353,505	23,031,436
Equity Master Trust Unit	7,593,754	11,545,785
Total collateral held under securities lending agreements - Money market funds	35,484,109	63,145,688
Other assets:		
Opportunistic Master Trust Unit	885	247
Extended Duration Master Trust Unit	62,467	50,917
Cash/S.T. Bond Master Trust Unit	-	29,351
Fixed Income Master Trust Unit	1,628,315	1,588,916
Equity Master Trust Unit	378,772	529,999
Total other assets	2,070,439	2,199,430
Net receivable for security sales:		
Extended Duration Master Trust Unit	-	1,556,610
Fixed Income Master Trust Unit	1,822,809	240,843
Equity Master Trust Unit	-	439,020
Total net receivable for security sales	1,822,809	2,236,473
Total assets	648,374,932	770,947,888
Liabilities		
Obligations under securities lending agreements:		
Extended Duration Master Trust Unit	(18,536,850)	(28,568,467)
Fixed Income Master Trust Unit	(9,353,505)	(23,031,436)
Equity Master Trust Unit	(7,593,754)	(11,545,785)
Total obligations under securities lending agreements	(35,484,109)	(63,145,688)
Unsettled trades:		
Extended Duration Master Trust Unit	(2,921,136)	(1,366,980)
Cash/S.T. Bond Master Trust Unit	(20,606)	-
Fixed Income Master Trust Unit	(751,224)	-
Equity Master Trust Unit	(84,646)	(387,476)
Total unsettled trades	(3,777,612)	(1,754,456)
Total liabilities	(39,261,721)	(64,900,144)
Net Assets of the Master Trust		
Opportunistic Master Trust Unit	162,957,398	188,353,494
Extended Duration Master Trust Unit	46,691,989	47,810,364
Cash/S.T. Bond Master Trust Unit	2,083,077	19,897,867
Fixed Income Master Trust Unit	213,019,624	225,067,544
Equity Master Trust Unit	184,361,123	224,918,475
Total net assets of the Master Trust	\$ 609,113,211	\$ 706,047,744

ThyssenKrupp North America, Inc. Defined Benefit Plans

Notes to Modified Cash Basis Financial Statements

December 31, 2018 and 2017

Note 5 - Interest in Master Trust (Continued)

The investment (loss) income for the Master Trust for the years ended December 31, 2018 and 2017 is as follows:

	2018	2017
Net realized and unrealized (losses) gains in fair value of investments:		
Opportunistic Master Trust Unit	\$ (18,813,176)	\$ 20,654,921
Extended Duration Master Trust Unit	(2,067,138)	5,544,681
Cash/S.T. Bond Master Trust Unit	(4,440)	136,569
Fixed Income Master Trust Unit	(17,004,611)	17,049,694
Equity Master Trust Unit	(18,573,071)	41,269,158
Total net realized and unrealized (losses) gains in fair value of investments	(56,462,436)	84,655,023
Interest and dividends:		
Opportunistic Master Trust Unit	5,795,348	5,082,792
Extended Duration Master Trust Unit	211,066	208,163
Cash/S.T. Bond Master Trust Unit	90,000	260,578
Fixed Income Master Trust Unit	6,868,190	7,254,919
Equity Master Trust Unit	3,462,050	3,111,168
Total interest and dividends	16,426,654	15,917,620
(Loss) gain on derivative instruments:		
Extended Duration Master Trust Unit	(147,303)	308,391
Fixed Income Master Trust Unit	829,872	689,969
Equity Master Trust Unit	(58,401)	7,023
Total gain on derivative instruments	624,168	1,005,383
Securities lending income:		
Extended Duration Master Trust Unit	51,683	60,602
Cash/S.T. Bond Master Trust Unit	13,514	6,530
Fixed Income Master Trust Unit	67,405	75,942
Equity Master Trust Unit	12,474	12,899
Total securities lending income	145,076	155,973
Net investment (loss) income:		
Opportunistic Master Trust Unit	(13,017,828)	25,737,713
Extended Duration Master Trust Unit	(1,951,692)	6,121,837
Cash/S.T. Bond Master Trust Unit	99,074	403,677
Fixed Income Master Trust Unit	(9,239,144)	25,070,524
Equity Master Trust Unit	(15,156,948)	44,400,248
Total net investment (loss) income	\$ (39,266,538)	\$ 101,733,999

Securities Lending

The Master Trust participates in a securities lending program with the Trustee for its U.S. and non-U.S. securities held in custody with the Trustee. The program allows up to \$100,000,000 of the qualified assets to be on loan at any given time. These securities are lent to certain unrelated third-party brokers in exchange for cash and noncash collaterals. U.S. assets and non-U.S. assets on loan are collateralized at 102 percent and 108 percent, respectively, of the assets' market value. Both the collateral and the securities loaned are marked to market on a daily basis, with additional collateral obtained or refunded as necessary. In the event that the loaned securities are not returned by the borrower, the bank will, at its own expense, either replace the loaned securities or, if unable to purchase those securities on the open market, credit the plan's accounts with cash equal to the fair value of the loaned securities.

Notes to Modified Cash Basis Financial Statements

December 31, 2018 and 2017

Note 5 - Interest in Master Trust (Continued)

The net assets of the investment units of the Master Trust reflect, as an asset, the collateral received under the securities lending arrangement with an offsetting liability representing the Master Trust's obligation to return the collateral to the borrower. The collateral received from borrowers totaled \$35,484,109 and \$63,145,688 as of December 31, 2018 and 2017, respectively. At December 31, 2018 and 2017, the entire balance received consisted of cash collateral, which was invested in a money market fund. In the event that a loaned security is called, the Master Trust will receive the market value of the asset in cash. The market value of loaned securities totaled \$34,692,623 and \$61,778,373 at December 31, 2018 and 2017, respectively.

Although the Plan's securities lending activities are collateralized as described above, and although the terms of the securities lending agreement with the custodial bank require the bank to comply with government rules and regulations related to the lending of securities held by ERISA plans, the securities lending program involves both market and credit risk. In this context, market risk refers to the possibility that the borrower of securities will be unable to collateralize the loan upon a sudden material change in the fair value of the loaned securities or the collateral, or that the bank's investment of collateral received from the borrowers of the Plan's securities may be subject to unfavorable market fluctuations. Credit risk refers to the possibility that counterparties involved in the securities lending program may fail to perform in accordance with the terms of their contracts.

Derivative Instruments

The Master Trust is party to certain agreements that are designed to manage exposure to interest rate risks. The interest rate instruments are used for the purpose of hedging changes in the fair value of assets that result from interest rate changes or as an efficient substitute for traditional securities. The notional amount represents the contract amount, not the amount at risk. The notional amount of interest rate instruments was approximately \$13,720,000 and \$13,650,000 at December 31, 2018 and 2017, respectively. Management has elected to present derivative information on a gross basis when subject to master netting arrangements. The estimated fair value of derivative instruments at December 31, 2018 and 2017 is insignificant. For the years ended December 31, 2018 and 2017, gains of \$624,168 and \$1,005,383, respectively, attributable to derivative instruments were recognized as investment gains in the statements of changes in net assets available for benefits - modified cash basis.

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

Note 6 - Fair Value Measurements

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

Level 1

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

Level 2

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

ThyssenKrupp North America, Inc. Defined Benefit Plans

Notes to Modified Cash Basis Financial Statements

December 31, 2018 and 2017

Note 6 - Fair Value Measurements (Continued)

Level 3

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

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

The Master Trust's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer. There were no significant transfers between levels of the fair value hierarchy during 2018 and 2017.

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 December 31, 2018				
	Master Trust Balance	Level 1	Level 2	Level 3
Investments at fair value:				
Mutual funds	\$ 111,846,161	\$ 111,846,161	\$ -	\$ -
Common and preferred stocks	95,040,521	95,040,521	-	-
Debt securities	222,102,233	98,623,605	123,478,628	-
Money market fund	35,484,109	-	35,484,109	-
Interest-bearing cash	7,904,202	-	7,904,202	-
Total	472,377,226	\$ 305,510,287	\$ 166,866,939	\$ -
Investments measured at NAV:				
Common collective trust funds	123,514,171			
Partnerships	47,093,760			
Total investments at fair value	\$ 642,985,157			

ThyssenKrupp North America, Inc. Defined Benefit Plans

Notes to Modified Cash Basis Financial Statements

December 31, 2018 and 2017

Note 6 - Fair Value Measurements (Continued)

Master Trust Assets at December 31, 2017				
	Master Trust Balances	Level 1	Level 2	Level 3
Investments at fair value:				
Mutual funds	\$ 127,101,002	\$ 127,101,002	\$ -	\$ -
Common and preferred stocks	111,877,987	111,877,987	-	-
Debt securities	227,382,810	103,179,297	124,203,513	-
Money market fund	63,145,688	-	63,145,688	-
Interest-bearing cash	24,628,911	-	24,628,911	-
Total	554,136,398	\$ 342,158,286	\$ 211,978,112	\$ -
Investments measured at NAV:				
Common collective trust funds	158,884,681			
Partnerships	51,068,295			
Total investments at fair value	\$ 764,089,374			

Investments in Entities that Calculate Net Asset Value per Share

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

At December 31, 2018 and 2017, the fair value, unfunded commitments, and redemption rules of those investments are as follows:

	December 31, 2018	December 31, 2017			
	Fair Value	Fair Value	Unfunded Commitments	Redemption Frequency, if Eligible	Redemption Notice Period (in Business Days)
Common collective trust funds:					
Equity investments (1)	\$ 71,776,982	\$ 93,840,095	\$ -	Daily	1-2
Balanced investments (2)	51,737,189	65,044,586	-	Monthly	30
Partnerships:					
GMO Multi-Strategy Fund (Offshore), L.P. (3)	16,126,123	17,110,515	-	Monthly	5
Western Asset Global Multi- Strategy LLC (4)	30,967,637	33,957,780	-	Daily	15
Total	\$ 170,607,931	\$ 209,952,976	\$ -		

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

Notes to Modified Cash Basis Financial Statements

December 31, 2018 and 2017

Note 6 - Fair Value Measurements (Continued)

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

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

Note 7 - Tax Status

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

Note 8 - Plan Termination

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2018

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

Plan Name: ThyssenKrupp Crankshaft Company Retirement Income Plan
 EIN / PN: 20-4023938 / 001
 Plan Sponsor: thyssenkrupp Crankshaft Company, LLC
 Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- | | |
|-----------------------|-----------------|
| ■ Applicable month | September |
| ■ Interest rate basis | 3-Segment Rates |

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
■ First segment rate	3.92%	1.75%
■ Second segment rate	5.52%	3.76%
■ Third segment rate	6.29%	4.66%
■ Effective interest rate	5.54%	3.84%

Annual rates of increase

- | | |
|--------------------------------------|-------|
| ■ Compensation: | N/A |
| ■ Future Social Security wage bases | N/A |
| ■ Statutory limits on compensation | N/A |
| ■ Assumed cost of living adjustments | 0.00% |

Administrative expenses

The amount included this year for administrative expenses is \$24,795. The administrative expenses are determined by the average of the prior three years administrative expenses.

Plan Name:	ThyssenKrupp Crankshaft Company Retirement Income Plan
EIN / PN:	20-4023938 / 001
Plan Sponsor:	thyssenkrupp Crankshaft Company, LLC
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

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

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

Mortality

■ **Healthy** Separate tables of rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2033 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2025 using Scale AA).

■ **Disabled** Revenue Ruling 96-7 mortality table was used.

Termination

Rates varying by age and service

The withdrawal rates used for employees with less than five years of service are shown below:

Years of Service	Withdrawal Rate
0	30%
1	25%
2	20%
3	15%
4	15%

Ultimate withdrawal rates for employees with five or more years of service are shown below:

Years of Service	Withdrawal Rate
20	9.90%
25	9.70%
30	9.30%
35	8.70%
40	7.80%
45	6.40%
50	4.20%
55	1.50%
60	0.10%
63	0.00%
65	0.10%
68 and over	0.00%

Plan Name: ThyssenKrupp Crankshaft Company Retirement Income Plan
EIN / PN: 20-4023938 / 001
Plan Sponsor: thyssenkrupp Crankshaft Company, LLC
Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

Disability

The following table shows rates at various ages:

Disability Rates per 100 Employees	
Rates	Males
20	0.03
25	0.03
30	0.04
35	0.05
40	0.07
45	0.10
50	0.18
55	0.36
60	0.90
64	2.22

Retirement

Rates varying by age and credited service:

Male and Female	
Age & Credited Service	Rate
58 & 25	50%
63 & 5	100%

Benefit commencement date:

- Preretirement death benefit The later of the death of the vested active participant or the date the participant would have attained age 58.
- Deferred vested benefit The later of age 65 or age 62 with 5 years of vesting service.
- Disability benefit Upon disablement.
- Retirement benefit Upon termination of employment.

Form of payment

Participants are assumed to elect the normal form.

Percent married

It was assumed that 100% of all active participants are married.

Spouse age

Wives are assumed to be three years younger than husbands.

Plan Name: ThyssenKrupp Crankshaft Company Retirement Income Plan
EIN / PN: 20-4023938 / 001
Plan Sponsor: thyssenkrupp Crankshaft Company, LLC
Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

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

Valuation date	First day of plan year
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Funding target	Present value of accrued benefits as required by regulations under IRC §430.
-----------------------	--

Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
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Actuarial value of assets for determining minimum required contributions	<p>Average of the fair market value of assets on the valuation date and the dates 12 and 24 months before the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 6.60% for the 2016 plan year and 6.40% for the 2017 plan year. The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.)</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p>
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Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. Willis Towers Watson has reviewed the plan provisions with thyssenkrupp Crankshaft Company, LLC and, based on that review, is not aware of any significant benefits required to be valued that were not.
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Plan Name:	ThyssenKrupp Crankshaft Company Retirement Income Plan
EIN / PN:	20-4023938 / 001
Plan Sponsor:	thyssenkrupp Crankshaft Company, LLC
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Sources of Data and other Information

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

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

Assumptions Rationale - Significant Demographic Assumptions

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

Plan Name:	ThyssenKrupp Crankshaft Company Retirement Income Plan
EIN / PN:	20-4023938 / 001
Plan Sponsor:	thyssenkrupp Crankshaft Company, LLC
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

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

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation	<p>The following changes in assumptions were made as part of this valuation:</p> <ul style="list-style-type: none">■ The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2016 to September 2017, which was subsequently revised by applying the corridors of HATFA.■ The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.■ The assumed plan-related expenses added to the target normal cost were changed from \$23,049 for 2017 to \$24,795 for 2018.■ The expected rate of earnings for purposes of development of the actuarial value of assets as of January 1, 2017 was changed from 6.60% for the 2016 plan year to 6.40% for the 2017 plan year. The expected rate of earnings for the 2018 plan year is 6.29% as limited by the 3rd segment rate.
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Plan Name:	ThyssenKrupp Crankshaft Company Retirement Income Plan
EIN / PN:	20-4023938 / 001
Plan Sponsor:	thyssenkrupp Crankshaft Company, LLC
Valuation Date	January 1, 2018

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

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

Round off amounts to nearest dollar.

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

A Name of plan ThyssenKrupp Crankshaft Company Retirement Income Plan For Employees Covered By The Bargaining Agreement With The International Union	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF thyssenkrupp Crankshaft Company, LLC	D Employer identification number (EIN) 20-4023938
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2018			
2 Assets:			
a Market value.....	2a	14,390,762	
b Actuarial value.....	2b	13,583,358	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	104	9,582,852	9,582,852
b For terminated vested participants.....	16	548,523	548,523
c For active participants.....	29	4,096,966	4,112,604
d Total.....	149	14,228,341	14,243,979
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	5.54%	
6 Target normal cost.....	6	24,795	

Statement by Enrolled Actuary

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

**SIGN
HERE**

Thomas G. Fields

Signature of actuary

Thomas G. Fields

Type or print name of actuary

Willis Towers Watson US LLC

Firm name

3340 Players Club Parkway
Suite 200
Memphis TN 38125

Address of the firm

10/10/2019

Date

1705317

Most recent enrollment number

901-930-0000

Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2018
v. 171027

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

21 Discount rate:			
a Segment rates:	1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) Prior regulation: ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			
Current regulation: ☐ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	24,795
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		660,621	123,125
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)		34	147,920
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)		36	147,920
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	147,932
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	12
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2018

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name:	ThyssenKrupp Crankshaft Company Retirement Income Plan
EIN / PN:	20-4023938 / 001
Plan Sponsor:	thyssenkrupp Crankshaft Company, LLC
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	thyssenkrupp Crankshaft Company, LLC
EIN/PN	20-4023938 / 001
Plan Name	ThyssenKrupp Crankshaft Company Retirement Income Plan
Valuation Date	January 1, 2018
Enrolled Actuary	Thomas G. Fields
Enrollment Number	17-05317

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The plan was originally effective January 1, 1977. The plan was amended and restated since then effective January 1, 2008. The plan was amended, effective September 30, 2010, to freeze participation in the plan and to freeze benefit accruals to all participants.

Covered employees

Production and maintenance employees at thyssenkrupp Crankshaft Company, LLC's Danville Plant who were hired prior to May 3, 1994 and who have at least 1,000 hours in their first year or any plan year thereafter are eligible to participate in the plan. Leased employees are not eligible. Participation commences on the first day an eligible employee performs an hour of employment with thyssenkrupp Crankshaft Company, LLC.

Participation in the plan was frozen effective September 30, 2010.

Participation date

Date of becoming a covered employee

Definitions

Years of service

One Year of Service is granted for each plan year commencing on or after January 1, 1977, in which an employee works at least 1,000 hours. Additional service is granted to those who were participants on January 1, 1977 who would have been eligible to participate prior to January 1, 1977 if the Plan had been in existence.

Plan Name:	ThyssenKrupp Crankshaft Company Retirement Income Plan
EIN / PN:	20-4023938 / 001
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Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Credited service

For plan years beginning on or after January 1, 1977, one year of Credited Service will be earned for full-time employees in which 2,340 hours are worked in a plan year, with a fraction of service credited to employees with at least 180 hours of employment. One year of Credited Service will be earned for part-time employees in which 2,000 hours are worked in a plan year, with a fraction of service credited to employees with at least 1,000 hours of employment. Credited service is limited as follows based on age at the annuity commencement date.

Age of Commencement	Credited Service Limit
62 or older	35
61	34
60	33
59	32
58	31

Credited service accruals were frozen for all participants as of September 30, 2010. However, a participant shall be credited with years of credited service after September 30, 2010 for the purpose of determining eligibility for early retirement.

Normal retirement date (NRD)

First of month coinciding with or next following the attainment of age 65 with five years of pension service

Monthly pension benefit

Benefit rate times Credited Service, as limited for the age at the annuity commencement date.

Date of Termination	Benefit Rate
6/1/2002 – 5/31/2003	\$32.00
6/1/2003 – 5/31/2004	\$33.00
6/1/2004 – 6/30/2005	\$34.00
7/1/2005 – 6/30/2006	\$35.00
7/1/2006 – 6/30/2007	\$36.00
7/1/2007 – 6/30/2008	\$37.00
7/1/2008 – 6/30/2009	\$38.00
7/1/2009 and after	\$39.00

Benefit accruals are frozen to all participants effective September 30, 2010.

Monthly preretirement death benefit

50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday

Plan Name: ThyssenKrupp Crankshaft Company Retirement Income Plan
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Plan Sponsor: thyssenkrupp Crankshaft Company, LLC
Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Age 58 and five years of Credited Service.
Postponed retirement	Retirement after NRD
Vested termination	A participant is 100% vested upon completion of five Years of Service.
Disability	Total and permanent disability as determined by the Pension Committee and the Social Security Administration and five years of Credited Service.
Supplemental Benefit	Age 58 and 25 Years of Credited Service.
Automatic Benefit Increases	Participant who retired with a Normal, Late or Early Retirement benefit on or after January 1, 2006.
Qualified Pre-Retirement Survivor Annuity	Married, with five Years of Credited Service.
Alternative death benefit for participants in active service	Age 55 with 5 Years of Credited Service.

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD
Early retirement	Accrued benefit as of early retirement date payable immediately, reduced 6% per year for retirement prior to age 62.
Postponed retirement	The greater of (i) the actuarial equivalent of the normal retirement benefit or (ii) the accrued benefit calculated at the deferred retirement date.

Plan Name:	ThyssenKrupp Crankshaft Company Retirement Income Plan
EIN / PN:	20-4023938 / 001
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Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Vested termination	Accrued benefit (with credited service limited to 35 years) as of termination date payable at age 65. Reduced accrued benefit (with credit service limited based on commencement age) payable at age 58, reduced 6% per year for benefit commencement prior to age 62.
Disablement	Monthly benefit of benefit rate times Credited Service (maximum 35 years) at Disability Retirement Date without reduction for early commencement.
Supplemental Benefit	Temporary benefit payable to age 62. The monthly temporary benefit is \$1,600 (\$1,800 effective June 1, 2008) unless the accrued benefit calculated as of the retirement date.
Automatic Benefit Increases	The Normal, Deferred or Early Retirement benefit and the Supplemental benefits shall be increased to reflect benefit rate increases effective July 1, 2006, July 1, 2007, July 1, 2008 and July 1, 2009.
Qualified Pre-Retirement Survivor Annuity	Spouse will receive the benefit that would be payable under the 50% Joint and Survivor option calculated assuming the employee terminated employment, survived to the earliest retirement age, retired and elected the 50% Joint and Survivor annuity, and died the next day.
Alternative death benefit for participants in active service	Accrued benefit reduced by 6% per year for commencement before age 62, payable for 120 monthly instalments beginning on the earliest retirement date. Married participants with 5 Years of Service are required to waive the Qualified Pre-Retirement Survivor Annuity to receive the Alternative Death Benefit.

Plan Name:	ThyssenKrupp Crankshaft Company Retirement Income Plan
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Plan Sponsor:	thyssenkrupp Crankshaft Company, LLC
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment	Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a ten-year certain and life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a life annuity, ten-year certain and life annuity, joint and 50%, 66 2/3%, 75% and 100% contingent annuities with a joint annuitant, social security adjustment, and a cash-out of the lump sum value of a participant's accrued benefit if the lump sum value is less than \$5,000.
Pension Increases	None
Plan participants' contributions	None
Actuarial Equivalence	<p>Factors to convert from the Ten-Year Certain and Life Annuity to other annuity forms are listed in Appendix A of the plan document.</p> <p>Actuarial equivalence for cash-out purposes is based on the applicable mortality table specified in IRC Section 417(e) and the interest rate described in IRC Section 417(e) for the November preceding the plan year in which the date of payment occurs.</p>
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for determining contributions.

Future Plan Changes

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

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SCHEDULE SB ATTACHMENTS

Changes in Benefits Valued Since Prior Year

A lump sum window was offered to terminated vested participants in the fourth quarter of 2017. There have been no other changes in benefits valued since the prior year.

Substantive Commitment

None.

Plan Name:	ThyssenKrupp Crankshaft Company Retirement Income Plan
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Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2018

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2018	205,874	7.00000	205,874	33,609
2. Shortfall	01/01/2017	316,138	6.00000	280,396	51,914
3. Shortfall	01/01/2016	227,580	5.00000	174,351	37,602
Total				660,621	123,125

Plan Name: ThyssenKrupp Crankshaft Company Retirement Income Plan
EIN / PN: 20-4023938 / 001
Plan Sponsor: thyssenkrupp Crankshaft Company, LLC
Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

The expected rate of earnings for purposes of development of the actuarial value of assets as of January 1, 2017 was changed from 6.60% for the 2016 plan year to 6.40% for the 2017 plan year. The expected rate of earnings for the 2018 plan year is 6.29% as limited by the 3rd segment rate.

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